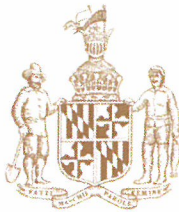


EXHIBIT 11

DOUGLAS J. J. PETERS
Legislative District 23
Prince George's County

MAJORITY LEADER

Budget and Taxation Committee



James Senate Office Building
11 Bladen Street, Room 120
Annapolis, Maryland 21401
410-841-3631 · 301-858-3631
800-492-7122 Ext. 3631
Fax 410-841-3174 · 301-858-3174
Douglas.Peters@senate.state.md.us

The Senate of Maryland
ANNAPOLIS, MARYLAND 21401

April 2, 2018

Maryland Health Care Commission
Attn: Kevin McDonald, Chief
Certificate of Need
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland, LLC

Dear Mr. McDonald:

I am writing this letter to support the certificate of need application by Encompass Health to develop a comprehensive inpatient physical rehabilitation hospital in Bowie, Maryland. As the State Senator who represents District 23 in Prince George's County, I am in contact with the healthcare providers in our county respecting the healthcare challenges and needs of our citizens. Based on my understanding of the challenges facing our citizens, the nationally recognized provider of acute inpatient rehabilitation hospitals, Encompass Health (formerly known as HealthSouth) would be of great benefit to the county. The citizens of Prince George's County, especially our growing elderly population, would benefit greatly from a hospital such as this to compliment the already outstanding array of medical facilities and services available. Building a comprehensive rehabilitation hospital in a convenient location in Bowie will be a perfect post-acute resource to the new Capital Region Medical Center currently under construction in Largo, Maryland.

The provision of comprehensive rehabilitation services will provide the citizens of our county and surrounding areas the opportunity to receive such care in a state of the art, quality driven hospital in the area in which they live. Currently more than 80% of appropriate rehabilitation patients travel outside of Prince George's County for care. Patients and their families will no longer have to navigate the challenges and distance to travel into the Washington DC area for similar services. This will allow for much better coordination of care among the acute care and post-acute care providers and improves the overall clinical outcomes and satisfaction for the patients they serve.

Prince George's County is a dramatically growing part of Maryland and I hope the Health Care Commission can recognize the special need we have for these services and the current barriers preventing us from fully satisfying that need for service. The medical needs of this area, especially among our elderly population, will only continue to expand.

My constituents deserve nothing less than the best access to the best services, and expecting them to travel outside of the county, even into Washington DC, for healthcare services is not adequate. Please count me as an unwavering and enthusiastic supporter of this Encompass application. I am happy to discuss my views on this matter along with Prince George's County's special needs with you anytime.

I appreciate your time and attention to my letter as well as your consideration of the certificate of need application by Encompass Health.

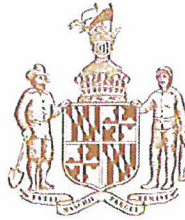
Sincerely,

A handwritten signature in blue ink, appearing to read "Douglas JJ Peters". The signature is stylized with a large initial "D" and a long horizontal flourish.

Senator Douglas JJ Peters

GERALDINE VALENTINO-SMITH
Legislative District 23A
Prince George's County

Appropriations Committee



The Maryland House of Delegates
6 Bladen Street, Room 427
Annapolis, Maryland 21401
301-858-3101 · 410-841-3101
800-492-7122 Ext. 3101
Fax 301-858-3294 · 410-841-3294
Geraldine.Valentino@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

April 2, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland, LLC

Dear Mr. McDonald:

I am writing to express my support for Encompass Health's (formerly known as HealthSouth) Certificate of Need application to build an acute comprehensive rehabilitation hospital in Prince George's County. I am a member in the Maryland House of Delegates, District 23A, Prince George's County and serve on a variety of committees including but not limited to the Appropriations Committee, the Health and Social Services Subcommittee, and most recently the Affordable Care Act (ACA) Work Group. As a former clinical nurse, resident and community leader I have a vested interest to the health and well-being in the citizens of Prince George's County.

We are proud of the existing hospitals and health care services in our county and look forward to the new Capital Region Hospital currently under construction in Largo. The addition of Encompass Rehabilitation Hospital in Bowie to our local healthcare services will help address our community's need for more intensive medical, physical, occupational and speech therapies in an acute inpatient setting which is currently limited in this area. With the State's approval of this CON application, the timing of both hospital openings will greatly benefit the citizens they serve. Having an Acute Rehabilitation Hospital in our county will allow those patients to continue their post-acute care journey to recovery and opportunity to return to their prior level of independence, function, and activities of daily living close to home in the county in which they live. The challenges to travel long distances, outside of the county, are problematic and a barrier to convenient access to the care these patients and their loved ones need and deserve.

As the healthcare landscape evolves, coordination and accountability across the continuum of care is becoming more and more prevalent. The Affordable Care Act promotes accountability between providers to drive down costs and improve quality through the provision of comprehensive treatment options. Encompass Health's reputation for acute rehabilitation care is nationally recognized as a leader and innovator for advanced, state of the art therapeutic modalities and excellent quality outcomes and would be a welcome addition to our healthcare services.

For these reasons and many more, I strongly endorse and support the State's granting a Certificate of Need to Encompass Health for an independent acute comprehensive rehabilitation hospital in Prince George's County. I am happy to discuss my views and the needs of Prince George's County at any time.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Geraldine". The signature is fluid and cursive, with a large initial "G" and a trailing flourish.

Geraldine Valentino-Smith
Delegate, District 23-A, Prince George's County



City of Bowie

15901 Excalibur Road
Bowie, Maryland 20716

April 17, 2018

Mr. Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

The City of Bowie supports Encompass Health's Certificate of Need (CON) application to build an acute comprehensive rehabilitative hospital in Southern Maryland. There is a need and desire for this type of facility in Bowie.

Approving this acute comprehensive rehabilitative hospital will provide needed services within our geographic area. Clients from Bowie and other communities would be able to enter a facility close to family and perhaps even reduce the overall length of their acute care stay. Having such a facility in Bowie will make it much easier for access by families as it would reduce the drive times experienced on many of our congested roadways.

The City of Bowie encourages you to approve the granting of a Certificate of Need to Encompass Health for an independent acute comprehensive rehab hospital in Bowie. It would provide a much needed service to our residents and the surrounding communities as such a hospital does not exist in this region.

Sincerely,

Bowie City Council
G. Frederick Robinson
Mayor



**CAPITOL
TECHNOLOGY
UNIVERSITY**

1927

April 13, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital in Bowie, Maryland

Dear Mr. McDonald:

I am writing in support of Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Bowie, Maryland. In my role as Vice President for Student Engagement, I am responsible for supporting students who are transported to area hospitals.

Capitol Technology University relies on community resources to fulfill student's health needs. While our student body is small emergency services are used by our students for injuries and behavior health crises. As you are likely aware in patient behavioral health placement is a difficult and long process during an urgent issue. Adding facilities to support this need within our community would be a great service to our students.

I hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehab hospital in Bowie, Maryland. It would provide a much needed service to the community.

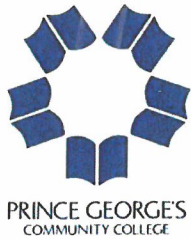
Sincerely,



Melinda Bunnell-Rhyne

Vice President

Student Engagement and University Development



Dr. Charlene M. Dukes
President

301 Largo Road
Largo, MD 20774-2199
o: 301-546-0100
f: 301-350-1239
www.pgcc.edu

April 9, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

I am writing to express the support of Prince George's Community College (PGCC) for Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Southern Maryland. In my role as president of PGCC, I am ultimately responsible for ensuring that the college remains the number one choice of Prince George's County residents for an undergraduate education and the leading institution in training and preparing employees for the county's workforce. Prince George's Community College, among many other things, offers exceptional educational programs preparing students for careers in some of the most in-demand healthcare fields in the region, including: nursing, medical billing/health information management, emergency medical services, respiratory therapy, medical assisting, surgical technology, dental assisting, and medical imaging.

Prince George's Community College takes pride in its ability to offer our students the best learning experiences and training possible, and the Allied Health and Nursing programs at Prince George's Community College have a respected reputation for graduating competent, qualified students that are well-prepared to perform exceptionally on the job. The fact that the vast majority of PGCC students reside right here in Prince George's County means that the addition of an acute comprehensive rehabilitative hospital in this area would greatly enhance our capacity to provide our Allied Health and Nursing students with live clinical experiences covering a wide range of therapeutic and rehabilitative services currently inaccessible in our immediate area. Significant challenges, including distance to and from our students' homes, travel time due to heavy traffic, and inclement weather conditions during the winter months, impede PGCC's ability to establish sustainable clinical sites at the few existing comprehensive rehabilitative hospitals in the greater DMV region. The proposed Encompass Health Rehabilitation Hospital of Southern Maryland presents the opportunity for PGCC to establish hands-on, clinical learning opportunities that will better prepare and more competitively position our graduates for high-demand healthcare careers.

Support Letter for CON Encompass Health Rehabilitation Hospital
April 10, 2018
Page 2

Additionally, as a long-time resident of Prince George's County, I am keenly aware that the challenges we face as an institution in establishing clinical sites of this nature, are also confronted by patients and their families in need of comprehensive inpatient rehab services. The hardships placed on County residents due to the distance and travel conditions encountered when seeking these services, often means settling for less than optimal care and/or longer hospital stays. Easier access to comprehensive, state-of-the-art rehabilitative services for Prince George's County residents will translate into shorter hospital stays, improved physical and cognitive functionality, and overall better quality of life for the residents of Prince George's County.

For these reasons, I hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehab hospital in Southern Maryland.

Sincerely,

A handwritten signature in cursive script, reading "Charlene M. Dukes". The signature is written in black ink and is positioned above the printed name.

Charlene M. Dukes

April 10, 2018

Mr. Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

This letter is to lend our support for Encompass's (previously known as **HealthSouth**) Certificate of Need application to build an acute comprehensive rehabilitative hospital in Prince George's County. As the Chief of Staff of University of Maryland University College (UMUC) and a lifelong resident of Metro Washington region, I have witnessed the growth and need for new and broader scopes of healthcare services for the citizens and the large number of UMUC employees who reside in the DC Metro area.

The health care programs at UMUC have a respected reputation for graduating quality, qualified students that are prepared to perform professionally on the job. Giving our students the best experience and training possible is our central goal. Our mission is to place every graduate in a job in which we trained them to excel. By providing students with learning experiences in the live health care delivery setting, students are exposed to a diverse and interdisciplinary team of health care professionals and patients which enriches their educational knowledge through real-world application. By approving Encompass's Certificate of Need you will be providing another opportunity to learn in an innovative, interdisciplinary rehabilitation center.

I hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehab hospital in Southern Maryland. It would provide a much needed service to clients like those I see in our facilities, as well as, to the larger community, as such a hospital does not exist in this region.

Sincerely,



Frank J. Principe, Jr.
Chief of Staff

April 12, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Support for CON Encompass Health Rehabilitation Hospital for Bowie, Maryland

Dear Mr. McDonald:

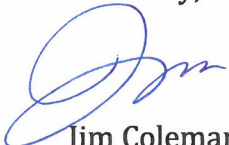
The Prince George's County Economic Development Corporation (EDC) is pleased to take this opportunity to express our support for Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Bowie, Maryland. I understand this project will more than 100 new high paying jobs to Prince George's County and has an estimated capital expenditure of \$33 million. We are pleased that Encompass is interested in doing business in Prince George's County.

The Prince George's County Economic Development Corporation, along with our partners in the Office of the County Executive and the County Council, is committed to bringing quality businesses, services and amenities to Prince George's County. We pride ourselves in providing the business services that help attract, retain and expand businesses, create high-quality jobs and expand Prince George's County's commercial tax base. Adding Encompass's rehabilitative hospital to provide its brand of unique care to our residents in Bowie, Prince George's County and the greater metropolitan region is certainly an investment the County will reap benefits from for decades to come.

In addition to providing the comprehensive support that County residents require after hospitalization to prepare them for rehabilitation, we are delighted to know about the intensive physical, occupational, and speech therapies available that will result in lower lengths of stay, improved physical and cognitive functionality that will allow them to return to daily living activities at a faster pace.

We are confident that the Encompass group is committed to improving the overall quality of health in Prince George's County and hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehabilitation hospital in Bowie, Maryland. Thank you for your consideration of our request.

Sincerely,



Jim Coleman
President & Chief Executive Officer



UNIVERSITY of MARYLAND
LAUREL REGIONAL HOSPITAL

Office of the President

7300 Van Dusen Road
Laurel, MD 20707-9463
301-497-7978 | 301-497-7953 FAX
Trudy.Hall@dimensionshealth.org

April 18, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

I am writing to express my strong support for Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Prince Georges County. In my role as Vice President Medical Affairs and Interim President of University of Maryland Laurel Regional Hospital, I am accountable for the clinical services and operations of this hospital.

I am a Physiatrist by training, and have been a longtime advocate for post-acute services in Maryland. Formally, I was the Rehabilitation Director of University Specialty Hospital under the University of Maryland Medical System. Patients will benefit from an independent acute comprehensive rehabilitation hospital to serve Prince George's County/Southern Maryland. The intensive physical, occupational, and speech therapies result in lower lengths of stay, improved physical and cognitive functionality, and returning patients more quickly to activities of daily living. Also, the increased probability of returning to the community is less of a fiscal burden on the state. This would be preferred than these patients receiving care in long term care facilities indefinitely.

I am well versed on the impact of limited access and need for improved clinical outcomes for patients with acute rehabilitation diagnosis. It is known that patient's outcomes are better when they receive care close to home and can be supported by family and friends. Many of our patients require the advanced rehabilitative care that is currently limited in this area.

On a personal note, my father had eight strokes and was cared for by a Health South (now known as Encompass) facility in Central Florida. He eventually progressed enough to be cared for by my mother for 11 years prior to his passing. I credit his return to the community for the quality of care by this organization. I had this experience as a physician who became a family member through dual lenses.

I urge you to grant a Certificate of Need to Encompass for an independent acute comprehensive rehabilitation hospital in Prince Georges County/Southern Maryland. It would fill a significant void in providing services to patients like those I see in our facilities, and like my father.

Sincerely,

Trudy R. Hall, MD
Interim President & Vice President Medical Affairs

April 11, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

I am writing to convey my support for Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Southern Maryland. In my role as Medical Director of the Physical Medicine and Rehabilitation Department at University of Maryland Prince Georges Hospital Center, I am responsible for evaluating patients' rehabilitation needs and determining the most appropriate level of rehabilitative care for them as they are discharged from the acute hospital setting. In that capacity, I see and treat countless stroke patients who require acute inpatient rehabilitation services including physical, occupational, and speech therapies. All too often, however, many of these patients opt for lower levels of subacute rehabilitation because of geographic barriers and prolonged distance from their family.

Simply put, an independent acute comprehensive rehab hospital in Prince George's County/Southern Maryland would provide innumerable benefits to the residents of Prince Georges County. With a diverse population that is inherently at increased risk for stroke, it is imperative that post-acute intensive rehabilitation and therapies be prudently provided and conveniently located. An acute inpatient comprehensive rehabilitation hospital will provide what this region clearly needs by providing modernized technologies and experts in stroke rehabilitation care within proximity to a stroke survivor's primary support system. The advantages of early and comprehensive therapies for stroke patients are proven and the peace of mind that comes with receiving that care close to home further magnifies the benefits. With the addition of Encompass Health Rehabilitation Hospital, stroke patients and their families will not have to travel to neighboring counties or jurisdictions for the care they need and deserve.

I have seen firsthand the benefits of intensive physical, occupational, and speech therapies that result in lower length of stay, improved psychosocial status, return of physical and cognitive function, and optimized quality of life. In fact, I am honored to assist in leading a Stroke Support Group where the survivors openly speak of the tremendous benefits of their comprehensive acute inpatient stroke rehabilitation care in returning them to their prior roles within their families and community. On many occasions these stroke survivors have also voiced their desire for a centralized location where their stroke related healthcare and rehabilitation needs can be addressed.



UNIVERSITY of MARYLAND
PRINCE GEORGE'S
HOSPITAL CENTER

3001 Hospital Dr
Cheverly, MD 20785-1189
umm.edu

One stroke survivor, a resident of Prince Georges County, spoke of the challenges he faced in receiving acute inpatient stroke rehabilitation care a great distance from family and friends who had to take multiple bus lines to visit him. With dedication and many hours of therapy, he has made remarkable functional gains in walking and self-care. In fact, difficulty speaking is now the only residual sign of his stroke. Encompass Health Rehabilitation Hospital can provide such care without the hardship of traffic and travel which this patient and his family endured.

Given the increasing stroke rehabilitation care needs of Prince Georges County, I strongly urge you to consider granting a Certificate of Need to Encompass for an independent acute comprehensive rehab hospital in Prince Georges County to include Southern Maryland. It would provide a much needed services to patients, their families, and to the larger community, as such a hospital does not exist in this region.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kisha Perkins Brown'.

Kisha Perkins Brown, MD

Medical Director, Physical Medicine and Rehabilitation
University of Maryland Prince Georges Hospital Center



UNIVERSITY of MARYLAND
PRINCE GEORGE'S
HOSPITAL CENTER

3001 Hospital Dr
Cheverly, MD 20785-1189
umm.edu

April 16, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland, LLC

Dear Mr. McDonald:

This letter is to express my support for Encompass's Certificate of Need application to build an inpatient rehabilitative hospital in Southern Maryland. In my role as the stroke program Coordinator and Stroke Nurse Practitioner, I see hundreds of stroke patients annually. I am also responsible for the continuum of care related to these patients suffering from a stroke.

To help these patients recover from their acute illness and improve the opportunity for them to return to as much independent functioning as possible, it is imperative to ensure they have easy access for quality inpatient Physical, Occupational, and Speech Therapy after discharge not far from our hospital. Inpatient Rehabilitation Facilities are able to provide a degree of specialization including more intensive rehabilitation, access to newer rehabilitation technology, daily physician care, and 24 hours rehabilitation-orientated nursing. Besides meeting the goal of returning the patient to the community sooner, the shorter length of stay in an Inpatient Rehabilitation Facility also reduces the risk of hospital-borne infections and can prevent a patient from developing a dependence on institutional care for patient daily needs. Thus, a safe and early discharge home facilitates the patient's progress towards maximum independent. One of the biggest barriers that we face is access to post hospital care and rehabilitation after the patient is discharged from the hospital.

That notwithstanding, many times these patients are forced to choose less intensive arenas to carry out the vital rehabilitation that is needed to reintegrate them back into society. Countless times, we have come across the families of these patients being required to drive hours just to visit their loved ones that are placed in rehabilitation hospitals a long way from home. Many of these family members are of advanced age, which limits their ability to visit and participate in the patient's therapy. The importance of a quality inpatient acute rehabilitation facility for the community surrounding our hospital cannot be over emphasized. To have a reputable intensive rehabilitation facility for the patients we serve in a central location to their home would be welcoming and considered an extreme blessing.



UNIVERSITY *of* MARYLAND
PRINCE GEORGE'S
HOSPITAL CENTER

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Based on these reasons given, I strongly hope you will consider providing a Certificate of Need to Encompass Health to allow them to serve Southern Maryland with the services our community strongly needed. I am confident it will have an immediate positive impact on our hospital's length of stay, on caregiver education, and patient integration back into the community. It would provide a much-needed service to clients like those I see in our facilities, as well as, to the larger community, as such a hospital does not exist in this region.

Sincerely,

A handwritten signature in black ink, appearing to read "Nneka Ezunagu".

Nneka Ezunagu, CRNP, SCRNP, CNRN
Stroke Program Coordinator
University of Maryland
Prince George's Hospital Center



Dr. Kanwaljit Singh Ahuja
Board Certified Neurologist

3231 Superior Lane, Suite A-8
Bowie, MD, 20715
Ph 301-352-6126
Fax 301-352-6127
ahujak@yahoo.com

April 11, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland, LLC

Dear Mr. McDonald:

I am a board certified neurologist serving the citizens, hospitals and skilled nursing facilities in Southern Maryland for over Eighteen years. I am writing today to express my interest and support for Encompass Health's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Southern Maryland. In my role as a community based neurologist serving patients in my private practice as well as patients in the acute care hospitals, I've cared for thousands of patients who have suffered from stroke and other neurological diseases. Patients such as these and other neurological conditions require intense post-acute rehabilitation to achieve maximum physical and cognitive function and return to activities of daily living.

Patients who are cared for in an acute inpatient rehabilitation hospital improve their functional capabilities much faster and more comprehensively compared to those in a skilled nursing facility. This is due to the provision of three hours of physical, occupational or speech therapy per day along with 24/7 nursing care. These patients are cared for by experienced and trained rehabilitation doctors and specialists, nurses and therapists on a daily basis. While there is certainly a place for skilled nursing facilities in the post-acute healthcare continuum, it is well known that those cared for in an acute inpatient rehabilitation hospital have better outcomes and return home or place of residence at a much higher incidence. Having been a Medical Director for organized hospital based stroke programs and having served in skilled nursing facilities I've personally seen the differences. Encompass Health, formerly known as HealthSouth, is nationally recognized for their outstanding rehabilitation hospitals and would be a welcome healthcare provider to Prince George's County.



Dr. Kanwaljit Singh Ahuja
Board Certified Neurologist

3231 Superior Lane, Suite A-8
Bowie, MD, 20715
Ph 301-352-6126
Fax 301-352-6127
ahujak@yahoo.com

Most patients in southern Maryland that need acute inpatient rehabilitation have to travel long distances outside of the county and state to receive such care. This places an undue burden on not only the patient, but their family who have to travel long and complex distances to see their loved ones. Family and care giver participation in the patient's rehabilitation journey is highly encouraged and recommended to achieve maximum outcomes. Driving to Washington, DC for example can be overwhelming, especially for the elderly. Currently such services are extremely limited in Prince George's County and are badly needed for the people who reside here.

For these reasons stated above, I hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehabilitation hospital in Southern Maryland. It will provide a much needed service to the patients I care for on a daily basis, as well as to the healthcare community at large.

Sincerely,

A handwritten signature in blue ink that reads "Kanwaljit Ahuja".

Kanwaljit Ahuja, MD
Board Certified Neurologist



Tristan J. Shockley, MD
C. Obi Onyewu, MD
James Hill, NP
James Perry, PA

Your choice for quality care



Choice Pain & Rehabilitation
9841 Greenbelt Road
Lanham, MD 20706
Phone: 240-786-1001
Fax: 240-786-1002

April 16, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

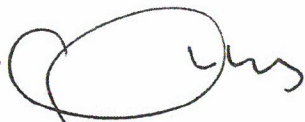
I am a practicing Board Certified Physiatrist in Prince Georges County Maryland and I am writing to provide my support for Encompass's Certificate of Need application to build an acute comprehensive rehabilitative hospital in Southern Maryland. In my role as a practicing physician and a Partner in Choice Pain & Rehabilitation, I know firsthand how the addition of such a facility will positively impact patient care in Prince Georges County/Southern Maryland.

I have patients who suffer from Spinal Cord Injuries, Traumatic Brain Injuries, Strokes and Musculoskeletal injuries who have a clear and undeniable need of an independent acute comprehensive rehabilitation hospital in Prince George's County/Southern Maryland. Currently these patients and their families have to travel a significant distance to Baltimore or Washington DC to receive such care. This inconvenience can be a tremendous burden to the patient and their families who live in a locality that lacks an advanced state of the art facility that can provide comprehensive acute rehabilitation services.

There is no question that my patients would benefit from services like intensive physical, occupational, and speech therapies that result in improved function, independence, improved cognitive functionality, improved activities of daily living, and shorter length of stay in the hospital.

I believe there exist a genuine access to care issue in Prince Georges County/Southern Maryland for acute comprehensive rehabilitation services because such a facility does not exist in this region. For this reason, I hope you will seriously consider the granting of a Certificate of Need to Encompass for an independent acute comprehensive rehabilitation hospital in Southern Maryland. It would provide a much needed service to my patients as well the community at large.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Onyewu', written over a large, loopy scribble.

C. Obi Onyewu, MD, FAAPMR

Board Certified Physical Medicine & Rehabilitation

Board Certified Pain Medicine

Board Certified Independent Medical Examiner

Bruce M. Neckritz, D.O., F.A.A.P.M.R.
Board Certified Physical Medicine and Rehabilitation Specialist
14201 Laurel Park Drive, Suite 223, Laurel, Maryland 20707
Phone: 301-490-6110 Fax: 301490-3655

April 13, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Support for CON Encompass Health Rehabilitation Hospital of Southern Maryland

Dear Mr. McDonald:

I have served as the Medical Director of the only acute rehabilitation inpatient department in Prince George's County for the past sixteen years. It is a 28 bed, continuously CARF accredited center located at Laurel Regional Hospital. This center has helped several thousand area residents recover from serious medical conditions. I am very proud of the work we have accomplished there over the years.

Unfortunately the medical climate is changing. Laurel Regional Hospital is now part of the Capital Region Health Care System of University of Maryland Health Care System. The plan is for a new regional medical center to be built in Largo, Maryland. Laurel Regional Hospital is set to convert to an urgent care center with 48 hour observation beds only by the end of this year.

The acute rehabilitation is a casualty of this change and is going to be closed. It is not going to completely disappear, as it will be relocated to Prince George's Hospital later this year. This move will be a smaller 10 bed unit and significantly smaller in size. There are no plans for the rehab center past this. The new regional medical center does not have this unit as part of the plan.

It will be a loss for the area to have this acute rehab center cease to exist. However, I now have learned of the interest of Encompass Health (formerly Health Couth Corporation) to build a free standing 60 bed acute rehabilitation center in Prince George's County, off of Route 50. This is an exciting development in my opinion.

I have worked with this company for 10 years at their Sarasota, Florida Rehabilitation Center from 1992-2002. I know first hand of the quality inpatient rehabilitation services they provide. This is top tier company. The fact that they have identified Southern Maryland for a center will have significant benefits for the area.

This part of Maryland has been underserved by quality medical care for many years. It is well known that Prince George's county residents go out of the county for medical care, more than other county in Maryland. Building the new regional medical center and now this acute rehab center will significantly enhance the medical delivery system in Prince George's County.

2.

The new Encompass Health Center will be a state of the art facility. It will have the ability to care for a varied spectrum of medical conditions. It will have the staff and features that are necessary to make the rehabilitation process after a serious medical problem a success.

People that are not familiar with acute rehabilitation centers may confuse them with subacute nursing centers. There is a world of difference between the two. The level of medical oversight, interdisciplinary team approach, and amount of daily therapy separates acute rehab centers from the rest of the subacute level of care.

Over the years I can recall several examples of medical problems we identified in patients that were missed by some very quality hospitals that referred patients to my current rehab center. With hospitals now discharging patients very quickly, serious medical problems are not always being investigated. This can have dire consequences for the patient. One patient in particular that was thought to have a stroke actually had metastatic lung cancer to the brain. We discovered that and consulted an Oncology specialist to see her. This would not have been discovered otherwise.

The Encompass Health facility will allow Southern Maryland residents to have a very high level acute rehab center. It is a hardship on families to travel long distances to the next nearest acute rehab center for these services.

I hope you will give serious consideration to the approval of the CON that Encompass Health has applied for. It will be a great asset to the area. This shows a commitment to Southern Maryland. It will be an economic enhancement, bring in an educated staff, and expand the tax base.

This is an opportunity for Prince George's county to work collaboratively with a high quality rehab center. The benefits will be felt for decades to come.

Consider this my full endorsement of the project.

Sincerely,

A handwritten signature in black ink that reads "Bruce M. Neckritz, D.O." The signature is written in a cursive, slightly slanted style.

Bruce M. Neckritz, D.O., F.A.A.P.M.R

Rehabilitation Medical Director
Laurel Regional Hospital
Capital Region Health Care
University of Maryland

EXHIBIT 12



9001 Liberty Parkway
Birmingham, AL 35242

205.967.7116
encompasshealth.com

April 17, 2018

Paul Parker, Director
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SOUTHERN MARYLAND, LLC

Dear Mr. Parker:

This letter serves as confirmation that, with respect to the above-mentioned project, Encompass Health Corporation, the parent company of Encompass Health Rehabilitation Hospital of Southern Maryland, LLC, has available funds and will commit funds for this project.

In 2017 Encompass Health Corporation's operating activities generated \$657 Million and as of the end of 2017, the company had \$54.4 Million of unrestricted cash on its balance sheet. In addition, Encompass Health Corporation has at its discretion a \$700 Million Revolving Credit Facility, of which approximately \$570 Million was available as of December 31, 2017. Existing cash, cash flow from operations, and funds available under the credit facility offer more than adequate funds for the proposed project.

In addition to the commitment for the above noted project, Encompass Health Corporation is also committed to providing the necessary working capital for this proposed project. Encompass Health Corporation has designated funds up to \$40 Million for this project. We have sufficient resources to fully fund these expenditures in addition to our other ongoing obligations.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Edmund Fay", with a long horizontal flourish extending to the right.

Edmund Fay
Senior Vice President and Treasurer
Encompass Health Corporation

EXHIBIT 13



Encompass Health

Financial Assistance Policy

Street, MD zip

xxx-xxx-xxxx

www.encompasshealthlocations.com/

1. PURPOSE

This policy outlines the circumstances under which the hospital will provide free or discounted emergency or other medically necessary care to eligible patients who are unable to pay for their care, as determined by the hospital in accordance with the eligibility criteria and other terms specified in this policy. Patients are expected to cooperate with the hospital's procedures for obtaining Financial Assistance, securing insurance or other forms of payment, and contributing to the cost of their care based on their ability to pay.

2. SCOPE

This policy applies to emergency or medically necessary care provided by the hospital. This policy does not apply to care delivered by physicians or other healthcare providers who bill "privately." See Attachment A for additional information about physicians and other healthcare providers providing care within the hospital.

This policy does not apply to care that is not emergency or medically necessary care, including elective services or items that are solely for the comfort or convenience of a patient.

Financial Assistance does not apply to amounts that are covered by insurance, governmental programs or other funding sources (which may include, but are not limited to, workers' compensation, automobile or other liability insurance, crime victims' compensation funds, and litigation recoveries). To be eligible for Financial Assistance, a patient is expected to apply for and comply with all processes related to seeking assistance from other insurers and/or third-party sources of payment (including all applicable governmental programs) as requested by hospital staff. Patients who are noncompliant or uncooperative in attempting to obtain insurance coverage, qualification under governmental programs, or payment from third-party sources will not be eligible for Financial Assistance.

A patient will be ineligible for Financial Assistance if the patient, or his or her representative, provides false information or falsified documentation of household size, income, assets, or other pertinent information.

3. DEFINITIONS

Covered Services – emergency or medically necessary care provided by the hospital. Covered Services do not include services that are not emergency or medically necessary care, or care that is provided by physicians or other healthcare providers who bill "privately."

Emergency or medically necessary care – services that are necessary and appropriate to sustain life or to prevent serious deterioration in the health of the patient from injury or disease. Medically necessary will be determined by the treating physician.

Family – includes spouse/domestic partner, children, and any other persons treated as “dependents” for federal income tax purposes.

Financial Assistance – reduction of an eligible patient’s account balance for Covered Services under the terms of this policy.

Patient – the individual receiving medical treatment and/or, in the case of an unemancipated minor or other dependent, the parent, legal guardian or other person (guarantor) who is financially responsible for the patient.

Uninsured – a patient who does not have health insurance coverage, is unable to obtain affordable coverage, and is ineligible for government healthcare programs or other third-party payment sources.

Underinsured – a patient who is not uninsured, but whose out-of-pocket medical expenses exceed his or her financial ability to pay.

4. POLICY

Subject to the terms of this policy, Financial Assistance is provided to eligible patients who are uninsured or underinsured. Eligibility for Financial Assistance, and the amount of Financial Assistance that will be provided, are based on an individualized assessment by the hospital of a patient’s financial need, generally determined by measuring the patient’s gross family income against the Federal Poverty Guidelines, provided that the patient does not have other financial resources that could be used to pay for his or her care. The Financial Assistance Discount Guidelines are adjusted annually to reflect changes in the Federal Poverty Guidelines.

A patient determined to be eligible for Financial Assistance will not be billed more than the amount generally billed for emergency or other medically necessary care by hospital to individuals who have insurance covering such care. If a patient is underinsured and is determined to be eligible for Financial Assistance, discounts will only apply to the balance due from the patient after insurance payments and other third-party payment sources have been applied to the account.

See Attachment B for additional information regarding criteria for eligibility and the “amount generally billed” limitation.

For purposes of this policy, “income” includes, but is not limited to, revenue from the following sources (before taxes):

- Wages
- Tips
- Payments from Social Security
- Retirement benefit payments
- Unemployment compensation
- Worker’s compensation
- Veterans’ benefits

- Public assistance
- Alimony
- Child support
- Pensions
- Regular insurance or annuity payments
- Investment income

For purposes of this policy, “other financial resources” includes, but is not limited to the following:

- Savings
- Checking account
- Medical savings account, healthcare savings account and/or flexible spending account
- Trust fund
- Retirement accounts
- Investment assets
- Other liquid assets
- Equity value of real estate, other than the patient’s primary residence
- Benefits from charity organizations
- Pending litigation

5. PROCEDURES

- a) To apply for Financial Assistance, a complete Financial Assistance Application is required. A complete Financial Assistance Application is inclusive of, but not limited to, disclosure of household size, employment information, income, assets and other resources, outstanding financial obligations, and supporting documents (such as recent tax returns, bank statements and pay stubs), as detailed in the Financial Assistance Application and the associated instructions. Undocumented residents (non-U.S. citizens living as residents in the U.S.) and patients who are without a home address may apply for Financial Assistance. Failure to provide the required information and documentation in a timely manner may result in ineligibility for Financial Assistance.
- b) Complete Financial Assistance Applications should be submitted to the hospital. A hospital representative will review the application for completeness. Financial Assistance determinations must be approved by the Facility Controller, and in certain circumstances, by the hospital CEO. Within two business days following a patient's request for financial assistance, the hospital shall make a determination of probable eligibility. The hospital will notify patients in writing of the decision on their eligibility under this policy.
- c) Copies of this policy, a plain language summary of this policy, the Financial Assistance Application, and the associated instructions are available free of charge upon request by writing to the address above. These can be found in the admitting/registration areas of the hospital. The documents may also be downloaded at hospital’s website.
- d) Financial Assistance signage is conspicuously displayed in the admissions office and at the main entrance of the hospital.
- e) All patient billing statements contain information about the availability of financial assistance and provide a telephone number where they may receive more information, as well as web site address where Financial Assistance Policy, application and plain language summary may be found.

- f) All patients will be provided a plain language summary of the Financial Assistance Policy during the intake or admission process.
- g) Annually, hospital will review and disseminate the availability of financial assistance in patient access sites and other places within the community served by the hospital.
- h) Further information about this Financial Assistance Policy and assistance with the application process are available by calling xxx-xxx-xxxx, or in person during normal business hours or by appointment from a hospital finance representative.
- i) When a patient does not qualify for Financial Assistance under this policy but has special circumstances, other discounts may be available that are not part of this Financial Assistance policy. In these situations, hospital staff will review all available information (including documentation of income, liquid and illiquid assets, and other resources, amount of outstanding medical bills and other financial obligations) and make a case-by-case determination of the patient's eligibility for other potential discounts.
- j) Once a patient has been discharged and the patient's balance due has been determined, the Billing Office will mail the patient monthly account statements and make phone calls in an attempt to collect the outstanding balance. If no payment has been received for 120 days, the account may be sent to a third-party collection agency.
- k) The hospital, and any third-parties acting on its behalf, does not engage in extraordinary collection actions such as lawsuits, liens, foreclosures, wage garnishment or reporting adverse information to credit agencies.
- l) For additional information, please see the Billing and Collections Policy, which may be downloaded from hospital website. Copies are also available upon request, free of charge, by mail and in admitting/registration areas of the Hospital.

6. NONDISCRIMINATION & EMERGENCY MEDICAL CARE

Hospital does not have a dedicated emergency department. The hospital will appraise emergencies, provide initial treatment, and refer or transfer an individual to another hospital/facility, when appropriate, without discrimination and without regard to whether the individual is eligible for Financial Assistance. Hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that an individual pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with hospital's appraisal and provision, without discrimination, of such initial treatment.

Attachment B – 2018 Financial Assistance Discount Guidelines

2018 Family Income as a Percent of Federal Poverty Guidelines				
Discount Provided		100% discount	75% discount	50% discount
Family Size	Federal Poverty Guideline *	Income less than or equal to 200% of FPG	Income of 201% - 300% of FPG	Income of 301% - 400% of FPG
1	\$12,140	\$0 - \$24,280	\$24,281 - \$36,420	\$36,421 - \$48,560
2	\$16,460	\$0 - \$32,920	\$32,921 - \$49,380	\$49,381 - \$65,840
3	\$20,780	\$0 - \$41,560	\$41,561 - \$62,340	\$62,341 - \$83,120
4	\$25,100	\$0 - \$50,200	\$50,201 - \$75,300	\$75,301 - \$100,400
5	\$29,420	\$0 - \$58,840	\$58,841 - \$88,260	\$88,261 - \$117,680
6	\$33,740	\$0 - \$67,480	\$67,481 - \$101,220	\$101,221 - \$134,960
7	\$38,060	\$0 - \$76,120	\$76,121 - \$114,180	\$111,421 - \$152,240
8	\$42,380	\$0 - \$84,760	\$84,761 - \$127,140	\$127,141 - \$169,520

* For family units with more than 8 persons, add \$4,320 for each additional person.

Amounts charged to a patient eligible for Financial Assistance under this policy will be based on the applicable discount stated in the table above multiplied by the gross charges otherwise billable to the patient, subject to the “AGB” limitation described below.

In accordance with Internal Revenue Code section 501(r), a patient eligible for Financial Assistance under this policy will not be charged more than the amount generally billed to individuals who have insurance covering such care (“AGB”).

Facility has initially elected to calculate AGB under the “prospective Medicare method” described in applicable Treasury Regulations, using the billing and coding process the Facility would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount the Facility determines would be the total amount Medicare would allow for the care (including both the amounts that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).

Charity Care Policy

For each of the following subparts of this standard, please provide the quote from the policy that meets each provision, and in what section of the policy it can be found.

Standard	Quote from the policy	Section citation
<p>10.24.01.04A(2) (2) Charity Care Policy. Each hospital shall have a written policy for the provision of charity care for indigent patients to ensure access to services regardless of an individual's ability to pay. (a) The policy shall provide:</p>	<p>This policy outlines the circumstances under which the hospital will provide free or discounted emergency or other medically necessary care to eligible patients who are unable to pay for their care, as determined by the hospital in accordance with the eligibility criteria and other terms specified in this policy</p>	<p>1.Purpose</p>
<p>(i) Determination of Probable Eligibility. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital must make a determination of probable eligibility.</p>	<p>Within two business days following a patient's request for financial assistance, the hospital shall make a determination of probable eligibility</p>	<p>5b.</p>
<p>(ii) Minimum Required Notice of Charity Care Policy.</p>		
<p>1. Public notice of information regarding the hospital's charity care policy shall be distributed through methods designed to best reach the target population and in a format understandable by the target population on an annual basis;</p>	<p>Annually, hospital will review and disseminate the availability of financial assistance in patient access sites and other places within the community served by the hospital.</p>	<p>5g.</p>
<p>2. Notices regarding the hospital's charity care policy shall be posted in the admissions office, business office, and emergency department areas within the hospital.</p>	<p>(IRF does not have an emergency room) Financial Assistance signage is conspicuously displayed in the admissions office and at the main entrance of the hospital.</p>	<p>5d.</p>
<p>3. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.</p>	<p>All patients will be provided a plain language summary of the Financial Assistance Policy during the intake or admission process.</p>	<p>5f.</p>

EXHIBIT 14



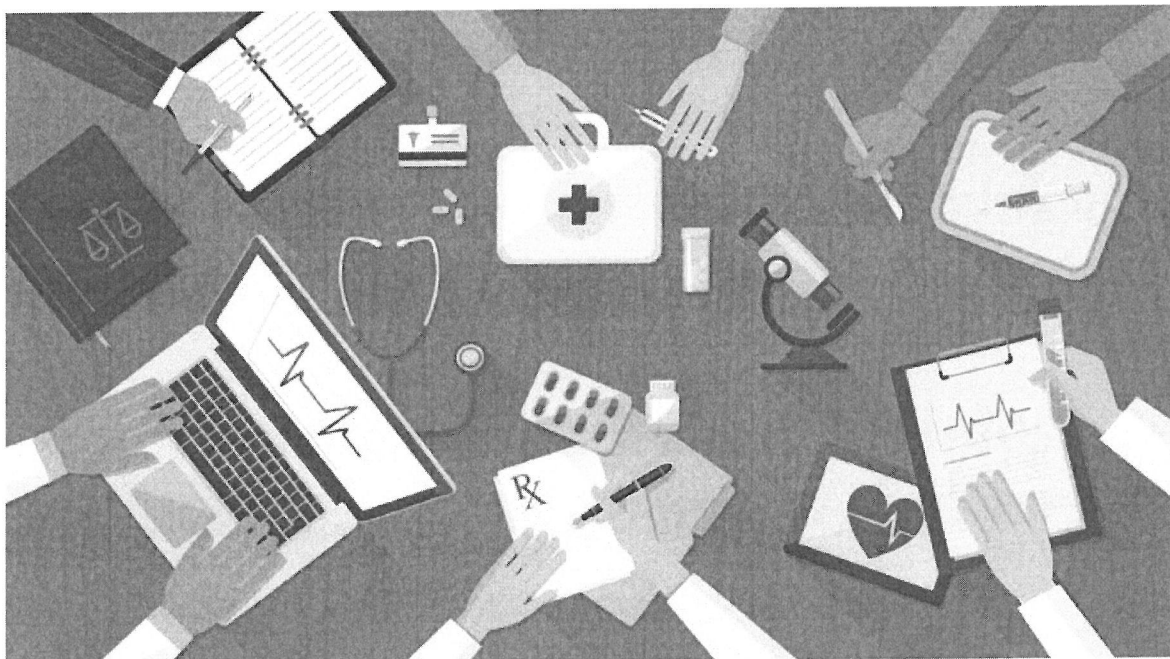
Topic



USE & OPTIMIZATION NEWS

Cerner Partners with HealthSouth for Improved Care Coordination

Cerner and HealthSouth will collaborate to develop evidence-based solutions to improve care coordination in post-acute care settings.



(https://ehrintelligence.com/images/site/article_headers/_large/medical-team-technology.jpg)

Source: Thinkstock



By Kate Monica (<mailto:kmonica@xtelligentmedia.com>)

September 05, 2017 - Cerner Corporation is **collaborating** (<http://www.prnewswire.com/news-releases/healthsouth-and-cerner-announce-formation-of-post-acute-innovation-center-300512628.html>) with HealthSouth Corporation to form the Post-Acute Innovation Center in Alabama in an effort to develop tools to improve care coordination and patient care management.

HealthSouth Corporation is a post-acute services provider specializing in meeting the needs of patients with complex medical conditions. HealthSouth's network includes both facility-based and home-based post-acute care services including inpatient rehabilitation hospitals, home health agencies, and hospice agencies.

The post-acute care provider currently utilizes Cerner EHR systems at most of its care facilities to deliver high quality, patient-centered care. Cerner presently provides EHR systems for 116 of 126 HealthSouth hospital facilities.

Dig Deeper

- **Cerner Ranks Highest for EHR Capabilities in Chilmark Report**
(<https://ehrintelligence.com/news/cerner-ranks-highest-for-ehr-capabilities-in-chilmark-report>)
- **Cerner, Epic, McKesson Among Top 5 Global Health IT Vendors**
(<https://ehrintelligence.com/news/cerner-epic-mckesson-among-top-5-global-health-it-vendors>)
- **Cerner HIT Supporting Population Health Management at TMC**
(<https://ehrintelligence.com/news/cerner-hit-supporting-population-health-management-at-tmc>)

"The post-acute network management tools currently available in the market have largely been developed either by non-providers with limited clinical expertise or providers that have not made the necessary technology investments to advance efficient, patient-focused care," said HealthSouth President & CEO Mark Tarr.

The innovation center will leverage Cerner's health IT solutions and data analytics capabilities to develop evidence-based solutions using existing technology implemented at HealthSouth facilities. Innovators will develop clinical decision support tools geared toward more effectively managing patients across multiple HealthSouth care settings.

"Cerner is committed to supporting HealthSouth as it continues to improve the health of the individual throughout the full continuum of care," said Cerner President Zane Burke.

Cerner and HealthSouth officials stated the primary objective of the innovation center is to use diverse data sets from multiple care settings to develop initiatives aimed to facilitate efficient patient care, improve care coordination, post-acute network performance, and cost management in post-acute care settings.

"Person-centered care is the future, and Cerner is eager to help drive ideas that enhance provider and consumer access to data," said Burke.

Since 2011, HealthSouth rehabilitation facilities spanning 32 states and Puerto Rico have used Cerner Millennium EHR systems. HealthSouth's Cerner implementation included a centralized repository for patient EHRs, computerized physician order entry (CPOE), and remote hosting services, among other product offerings.

Recently, Cerner has also entered the **population health management** (<https://ehrintelligence.com/news/cerner-population-health-management-platform-gains-health-system>) market.

Along with health IT giants such as Epic and Allscripts, Cerner has demonstrated a growing influence over the population health management software market in 2017.

A recent Black Book Research report stated health IT companies specializing in EHR technology have successfully merged EHR systems, predictive analytics, and revenue cycle tools to create comprehensive patient management platforms.

"The activity and energy is high," said Managing Partner of Black Book Research Doug Brown. "Clearly, the best articulation of this energy is coming from the leading electronic medical record (EMR) suppliers, namely Epic Systems, Allscripts and Cerner, that have previously provided fee-for-service (FFS) platforms and are now fully investing in new, non-FFS tethered platforms to manage population health."

In **June** (<https://ehrintelligence.com/news/cerner-population-health-management-platform-gains-health-system>), Cerner's population health management platform—HealtheIntent—gained a health system when Carolina's Healthcare began utilizing the service. The platform will assist in managing patient care for more than 12 million annual patient interactions at all care sites part of Carolinas Physician Alliance.

HealtheIntent includes a suite of products designed to collect data in near-real time from several sources to create a comprehensive view of a patient's experiences across the continuum of care.

"Our goal is to equip our care teams with a holistic and timely picture of a patient's interactions throughout CHS, as well as provide system wide insights to ultimately improve quality of care and reduce costs for our entire patient population," said Carolinas Health System Senior Vice President of Population Health Management Ruth Krystopolski.

Tagged Care Coordination (<https://ehrintelligence.com/tag/care-coordination>)

Cerner EHR (<https://ehrintelligence.com/tag/cerner-ehr>)

Health IT Use (<https://ehrintelligence.com/tag/health-it-use>)

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Population Health Management (<https://ehrintelligence.com/tag/population-health-management>)

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- **Cerner Population Health Management Platform Gains Health System**
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- **Recent Agreements to Extend Cerner EHR, RCM Technology**
(<https://ehrintelligence.com/news/recent-agreements-to-extend-cerner-ehr-rcm-technology>)
- **Keys to Successful EHR Selection in a Value-Based Care System**
(<https://ehrintelligence.com/news/keys-to-successful-ehr-selection-in-a-value-based-care-system>)

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- **Enrich Care Plans to Improve Population Health Management**
(<https://ehrintelligence.com/resources/white-papers/enrich-care-plans-to-improve-population-health-management>)
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- **Blueprint for EPCS Success: Achieving full DEA compliance and delivering a fast, efficient workflow** (<https://ehrintelligence.com/resources/white-papers/blueprint-for-epcs-success-achieving-full-dea-compliance-and-delivering-a-f>)

HealthSouth And Cerner Announce Formation Of Post-Acute Innovation Center

8/31/2017

BIRMINGHAM, Ala., Aug. 31, 2017 /PRNewswire/ -- HealthSouth Corporation (NYSE: HLS) today announced the formation of the Post-Acute Innovation Center in collaboration with Cerner Corporation (NASDAQ: CERN) to develop enhanced tools to manage patients across the continuum of care.

HealthSouth is the nation's largest provider of post-acute services, specializing in caring for medically complex patients. Cerner is a global leader in health information technology (HIT). HealthSouth and Cerner's collaboration began with the development and implementation of HealthSouth's clinical information system. The clinical information system has been installed in 116 of HealthSouth's 126 hospitals thus far.

"The post-acute network management tools currently available in the market have largely been developed either by non-providers with limited clinical expertise or providers that have not made the necessary technology investments to advance efficient, patient-focused care," said HealthSouth President and Chief Executive Officer Mark Tarr. "The Innovation Center combines our experience with clinical collaboration and our installed IT solutions with Cerner's leading health information technology solutions and data analytics. The Innovation Center will be on the forefront of developing evidenced-based solutions."

The Post-Acute Innovation Center will develop clinical decision support tools designed to more effectively and efficiently manage patients across multiple care settings. The objective of the Innovation Center is to use diverse data sets from multiple care settings to develop initiatives that facilitate efficient and high-quality patient care, enhanced care coordination, post-acute network performance and cost management across the post-acute continuum.

"Cerner is committed to supporting HealthSouth as it continues to improve the health of the individual throughout the full continuum of care. We are proud of our history with HealthSouth, and are excited to take this next step forward together," said Cerner President Zane Burke. "Person-centered care is the future, and Cerner is eager to help drive ideas that enhance provider and consumer access to data."

About HealthSouth

HealthSouth is one of the nation's largest providers of post-acute healthcare services, offering both facility-based and home-based patient care in 36 states and Puerto Rico through its network of inpatient rehabilitation hospitals, home health agencies, and hospice agencies. As previously announced, HealthSouth will be changing its name to Encompass Health effective Jan.1, 2018. HealthSouth can be found on the Web at www.healthsouth.com.

About Cerner

Cerner's health information technologies connect people, information and systems at more than 25,000 provider facilities worldwide. Recognized for innovation, Cerner solutions assist clinicians in making care decisions and enable organizations to manage the health of populations. The company also offers an integrated clinical and financial system to help health care organizations manage revenue, as well as a wide range of services to support clients' clinical, financial and operational needs. Cerner's mission is to contribute to the systemic improvement of health care delivery and the health of communities/ Nasdaq: CERN. For more information about Cerner, visit cerner.com, read our blog at blogs.cerner.com, connect with us on Twitter at twitter.com/cerner and on Facebook at facebook.com/cerner. Our **website, blog, Twitter account** and **Facebook page** contain a significant amount of information about Cerner, including financial and other information for investors.

Forward-Looking Statements

Statements contained in this press release which are not historical facts, such as the mission, goals and impact of the Post-Acute Innovation Center, are forward-looking statements. In addition, HealthSouth, through its senior management, may from time to time make forward-looking public statements concerning the matters described herein. All such estimates, projections, and forward-looking information speak only as of the date hereof, and HealthSouth undertakes no duty to publicly update or revise such forward-looking information, whether as a result of new information, future events, or otherwise. Such forward-looking statements are necessarily estimates based upon current information, involve a number of risks and uncertainties, and relate to, among other things, future events, HealthSouth's or the Innovation Center's business strategy, future financial performance, and projected business results or model. Actual events or results may differ materially from those anticipated in these forward-looking statements as a result of a variety of factors. While it is impossible to identify all such factors, factors which could cause actual events or results to differ materially from those estimated by HealthSouth include, but are not limited to, any adverse outcome of various lawsuits, claims, and legal or regulatory proceedings that may be brought by or against HealthSouth; the willingness of other healthcare providers to provide data to or otherwise engage the Innovation Center; the impact of HealthSouth's previously announced rebranding initiative on patient admissions, referral source relationships and the HealthSouth's stock price; the ability to successfully integrate acquisitions; changes in the regulation of the healthcare industry broadly or the inpatient rehabilitation, home health and hospice areas specifically at either or both of the federal and state levels; competitive pressures in the healthcare industry broadly or the inpatient rehabilitation, home health and hospice areas specifically and HealthSouth's response thereto; the ability to maintain proper local, state and federal licensing where the company

does business; potential disruptions, breaches, or other incidents affecting the proper operation, availability, or security of HealthSouth's or its vendors' or partners' information systems, including the unauthorized access to or theft of patient or other sensitive information; changes, delays in (including in connection with resolution of Medicare payment reviews or appeals), or suspension of reimbursement for HealthSouth's services by governmental or private payors; general conditions in the economy and capital markets; and other factors which may be identified from time to time in HealthSouth's SEC filings and other public announcements, including HealthSouth's Form 10-K for the year ended December 31, 2016 and Form 10-Q for the quarters ended March 31, 2017 and June 30, 2017.

Media Contact

Casey Lassiter, 205 447-6410
casey.lassiter@healthsouth.com

Investor Relations Contact

Crissy Carlisle, 205 970-5860
crissy.carlisle@healthsouth.com

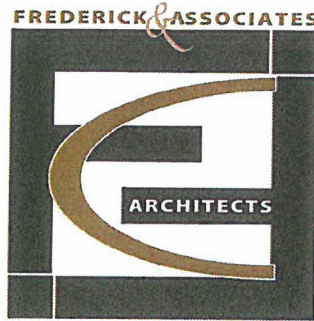
Provider Strategy Contact

David Klementz, 205 970-5722
David.klementz@healthsouth.com

View original content with multimedia:<http://www.prnewswire.com/news-releases/healthsouth-and-cerner-announce-formation-of-post-acute-innovation-center-300512628.html>

SOURCE HealthSouth Corporation

EXHIBIT 15



April 10, 2018

Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

**RE: Encompass Health Rehabilitation Hospital of Prince George's County, LLC
Melford, MD**

Dear Mr. Steffen,

As part of the Certificate of Need process, please accept this letter of verification for construction cost for the development of a 60-bed freestanding inpatient rehabilitation hospital in Bowie (Prince George's County), Maryland.

The new hospital is expected to be 61,810 square feet and we estimate construction costs for the building will be \$17,840,840, which is \$289 per square foot. We also estimated architectural and engineering costs will be \$1,665,227 (including civil engineering). The proposed construction costs for the project shall be reasonable and consistent with current industry and cost experience in Maryland.

We referenced historical data using two recent Encompass Health (formerly HEALTHSOUTH) projects adjusting for location and used the most recent, as well as a close match to the building in square footage, for cost of construction which is \$275 per square foot. Due to the fact that this estimate was derived from last year's averages and construction will commence in 2019, an adjustment for inflation has been added to arrive at \$289 per square foot.

The project will be designed with Construction Documents prepared to adhere to the current applicable codes of the State of Maryland Health Plan for Facilities and Services, and the City of Bowie Building Department. They currently include;

- 2015 International Building Codes w/ Prince George's County Amendments (IBC)
- 2015 International Plumbing Codes w/ Prince George's County Amendments (IBC)
- 2015 International Mechanical Codes w/ Prince George's County Amendments (IBC)
- 2015 International Gas Codes w/ Prince George's County Amendments (IBC)
- 2015 International Fire Prevention Code w/ Prince George's County Amendments (IBC)

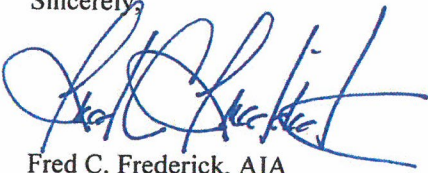
Frederick & Associates - Architects, Inc.

330 S. Pineapple Ave. Suite 204, Sarasota, FL 34236 T 941-366-3231 F 941-366-3245

- 2015 International Energy Conservation Code (IECC)
- 2012 Maryland Accessibility Code (MAC)
- 2015 NFPA 101 Life Safety Code (NFPA)
- 2014 National Electrical Code (NEC)
- 2014 FGI Guidelines for Design And Construction Of Healthcare Facilities (FGI)

We are pleased to assist you and Encompass Health in maintaining high standards of quality in design and operation of your facility.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Fred C. Frederick, AIA', written in a cursive style.

Fred C. Frederick, AIA
Principal
MD Registration Number 0018787

Cc; Mr. John Tschudin, Encompass Health
File

EXHIBIT 16

Reciprocal Patient Transfer Agreement
By and Between
Encompass Health Rehabilitation Hospital of Southern Maryland, LLC
and
Dimensions Health Corporation, d/b/a University of Maryland Prince George's Hospital

THIS RECIPROCAL PATIENT TRANSFER AGREEMENT (this "Agreement") is entered into and is effective as of the latest date(s) set forth on the signature lines below (the "Effective Date" – upon hospital completion of construction and licenses) and is by and between Encompass Health Rehabilitation Hospital of Southern Maryland, LLC, a Delaware limited liability company and Dimensions Health Corporation, doing business as University of Maryland Prince George's Hospital (hereinafter collectively referred to as "Facilities," and each, a "Facility").

WHEREAS, Facilities desire, by means of this Agreement, to facilitate the timely transfer of patients and information useful and/or necessary in the care and treatment of transferred patients; and to ensure the continuity and quality of care and treatment appropriate to the needs of patients at Transferring Facility (as defined below) and Receiving Facility (as defined below) by utilizing the collective knowledge and resources of both Facilities in a coordinated and cooperative effort; and

WHEREAS, some patients at Transferring Facility require a level of service which is not currently available at Transferring Facility; and

WHEREAS, Receiving Facility provides service and is willing to accept transfer of such patients from Transferring Facility; and

WHEREAS, both Transferring Facility and Receiving Facility desire, by means of this Agreement, to assist physicians and the parties hereto in the treatment of patients in the event of an emergency, including any emergency identified in the Transferring Facility's risk assessment plan; and whereas the parties specifically wish to facilitate: (a) the timely transfer of patients and information necessary or useful in the care and treatment of patients transferred; (b) the continuity of the care and treatment appropriate to the needs of these patients; and (c) the utilization of knowledge and other resources of both facilities in a coordinated and cooperative manner to improve the professional health and care of these patients; and

NOW THEREFORE, in consideration of the mutual advantages accruing to both Facilities and their respective patients, and in consideration of the mutual covenants hereinafter set forth, Facilities, with the intention to be legally bound, agree as follows:

I. AGREEMENTS OF TRANSFER

- A. Reciprocity. The Facilities agree that the reciprocal nature of this Agreement provides for either Facility to transfer patients ("Transferring Facility") to the other Facility ("Receiving Facility") in accordance with the terms of this Agreement.
- B. Transferring Facility. Transferring Facility agrees to effect transfers of patients to Receiving Facility in accordance with the terms of this Agreement.
- C. Receiving Facility. Receiving Facility agrees to accept the transfer of patients from Transferring Facility in accordance with the terms of this Agreement.

II. CONDITIONS OF TRANSFER

Each Facility agrees to exercise its best efforts to provide for the admission of any patient transferred from Transferring Facility, or transferred back to Transferring Facility, provided that:

- A. A licensed physician who is a member of the medical staff of either Facility has designated that such transfer is medically appropriate.
- B. All conditions and requirements of admission to Receiving Facility are met, including confirmation of acceptance of the patient.
- C. Adequate and appropriate bed space is available in Receiving Facility to accommodate the patient.
- D. Transferring Facility has received confirmation from Receiving Facility that Receiving Facility will accept the patient.

III. ADMISSION PRIORITIES

Facilities agree that they and members of their medical staffs (referring physicians) will abide by the following notification procedures when patients are transferred:

- A. Under non-emergent circumstances, Transferring Facility's referring physician shall contact Receiving Facility's prospective attending physician, who in turn will contact Receiving Facility's admissions department or emergency department. Receiving Facility's admissions department or emergency department shall then contact Transferring Facility when an appropriate bed for the transferring patient becomes available. All reasonable efforts will be made by Receiving Facility to obtain an appropriate bed within its facility as soon as practical.
- B. In the event of any emergency admission, where the life or health of the patient would be seriously jeopardized by any delay in the transfer, Transferring Facility and/or the referring physician shall notify Receiving Facility's admissions department or emergency department and the prospective attending physician of the impending transfer. Receiving Facility will accept patient provided it has the appropriate capacity and capability.

IV. TRANSFER RESPONSIBILITIES

- A. Transferring Facility agrees to:
 - 1) Arrange for and carry out appropriate transportation of the patient to Receiving Facility, including selection of the mode of transport, using appropriate life support measures to stabilize the patient prior to transfer and during transfer and providing appropriate health practitioner(s) and equipment to accompany the patient unless Receiving Facility specifically undertakes to accept the patient at Transferring Facility and to transport the patient to its facility;

- 2) Complete and forward to Receiving Facility, at the time of transfer, an approved transfer record form or other documentation through an electronic medical record;
- 3) Transfer with the patient the patient's personal effects and provide documentation of presence or absence of personal items on the medical record/valuables sheet; including a notation, if given to patient, family member or placed in Transferring Facility's safe;
- 4) Obtain the consent to transfer from the patient or the patient's legally authorized representative, except in emergency situations where the delay to obtain such consent may seriously jeopardize the patient's life or health; and
- 5) Transmit with each patient at the time of transfer, or as promptly as reasonable thereafter, copies of the patient's medical record or an abstract of pertinent medical and other records necessary for identification of the patient and continuation of uninterrupted and proper treatment. Such medical and other information should include where applicable:
 - a) History of the injury or illness;
 - b) Current medical findings;
 - c) Diagnosis;
 - d) Laboratory and radiology findings, including copies of radiological films, where appropriate;
 - e) Rehabilitation potential;
 - f) Brief summary of the courses of treatment followed up to the time of transfer including medications given and route of administration, fluids given, by type and volume;
 - g) Physician's orders for diet and medical;
 - h) Nursing information useful in the care of the patient;
 - i) Patient's third party billing data;
 - j) Pertinent administrative information as required; and
 - k) Name, address, and telephone number of patient's guardian, authorized agent or surrogate decision-maker.

B. Receiving Facility agrees to:

- 1) Assume responsibility for the patient's care, including providing full inpatient, outpatient and emergency services as appropriate, upon admission of the transferred patient to Receiving Facility or acceptance of the patient by Receiving Facility at Transferring Facility.
- 2) Acknowledge on such forms as may be provided by Transferring Facility, receipt of the patient's effects and medical records.

IV. PATIENT RETURN.

If, in the judgment of the receiving physician at Receiving Facility, the patient is not a medically appropriate candidate for assessment or completion of the services for which the patient was transferred to Receiving Facility, or medical services shall not be pursued, Transferring Facility agrees to accept the patient back for re-admission at Transferring Facility. Receiving Facility will be responsible for obtaining consent from the patient (or, if applicable, from the patient's authorized representative) to the return transfer in accordance with all applicable law and the terms of this Agreement. Nothing in this Agreement shall restrict a patient's freedom of choice to choose to be transferred to an institution other than Transferring Facility.

V. PAYMENT FOR SERVICES

All fees for services performed by either Facility for patients transferred and received pursuant to this Agreement shall be collected directly from the patient, applicable third party payer, or other source of payment by the part rendering such services, and neither Facility shall have any liability to the other Facility for such charges, unless specifically agreed to by Facilities and stated in writing prior to the transfer.

VI. COMPLIANCE WITH LAWS

Each Facility shall comply with all applicable federal, state and local laws, and all requirements imposed by, or pursuant to the regulations of the Department of Health and Human Services and any other applicable governmental agency.

VII. INSURANCE

Each Facility shall, at its own cost and expense, procure, keep, and maintain throughout the term of this Agreement, insurance coverage in the minimum amounts of: One Million Dollars (\$1,000,000.00) per occurrence and Five Million Dollars (\$5,000,000.00) annual aggregate for commercial general liability; One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) annual aggregate for professional liability. In addition, each Facility shall carry adequate worker's compensation insurance for its employees. In addition to the coverage specifically listed herein, each Facility shall maintain any other usual and customary policies of insurance applicable to the work being performed pursuant to this Agreement. By requiring insurance herein, neither Facility represents that coverage and limits will necessarily be adequate to protect Facilities and such coverage and limits shall not be deemed as a limitation on either Facility's liability under the indemnification provisions of this Agreement.

VIII. INDEMNIFICATION

- A. Transferring Facility agrees that it shall defend, indemnify and hold harmless Receiving Facility, its officers, directors, agents, and employees from and against any and all costs, demands, liabilities, settlements or verdicts, including reasonable attorneys' fees, arising out of any claim, demand, action or suit brought by, on behalf of or as a derivative action of any transfer patient or other person for any damages, injuries, or death to persons or property arising out of or in connection with (i) Transferring Facility's performance or failure to perform its duties hereunder; or (ii) any act or omission of Transferring Facility, its agents or employees which occurred

prior to the admission or acceptance by Receiving Facility of any patient transferred from Transferring Facility.

- B. Receiving Facility agrees that it shall defend, indemnify and hold harmless Transferring Facility, its officers, directors, agents and employees from and against any and all costs, demands, liabilities, settlements, or verdicts, including reasonable attorneys' fees, arising out of any claim, demand, action or suit brought by, on behalf of or as a derivative action of any transfer patient or other person for any damages, injuries or death to persons or property arising out of or in connection with (i) Receiving Facility's performance or failure to perform its duties hereunder; or (ii) Receiving Facility's performance or failure to perform its duties hereunder.
- C. This Section shall survive the termination or expiration of this Agreement.

IX. DURATION AND TERM OF AGREEMENT

The Agreement shall continue in effect indefinitely, except that either Facility may terminate this Agreement by giving sixty (60) days' notice in writing to the other Facility of its intention to terminate the Agreement. However, if either Facility shall have its license to operate revoked or suspended by the State, have its accreditation suspended or revoked or placed on probation by any accrediting body or if any governmental agency suspends, revokes or places such party of probation, then the affected Facility shall immediately notify the other Facility, and this Agreement shall terminate as of the date such suspension, revocation or probation becomes effective.

X. EXCLUDED PROVIDER REPRESENTATIONS

Each Facility hereby represents and warrants that it is not and at no time has ever been excluded from participation in any federal or state health care program ("Government Program"). Each Facility hereby agrees to immediately notify the other Facility of any threatened, proposed, or actual exclusion from any Government Program. In the event that either Facility is excluded from participation in any Government Program, during the term of this Agreement, or if any time after the effective date of this Agreement it is determined that either Facility is in breach of this Section, this Agreement shall, as of the effective date of such exclusion or breach, terminate automatically.

XI. USE OF PROTECTED HEALTH INFORMATION AND CONFIDENTIALITY OF MEDICAL RECORDS

Both Facilities acknowledge that they are covered entities as defined in the Health Insurance Portability and Accountability Act of 1996 and regulations issued pursuant thereto ("HIPAA"), each Facility is granting access to the other to their respective patients' Protected Health Information (as defined in HIPAA), and each Facility will be creating, using, and disclosing to the other Facility Protected Health Information for their respective treatment, payment, and operations purposes as a result of this Agreement. Each Facility therefore agrees to comply with all applicable provisions of HIPAA and of any Maryland laws applicable to the creation, use, and disclosure of confidential patient medical information. Therefore, all reasonable efforts will be made by Facilities to preserve the confidential nature of the patient's medical records and to safeguard the rights of the patients as to medical and/or other privileged information contained within said records in accordance with applicable state and federal laws and regulations.

XII. JEOPARDY

Notwithstanding anything to the contrary herein contained, in the event the performance by either Facility hereto of any term, covenant, condition, or provision of this Agreement: (a) jeopardizes such Facility's licensure; participation in or payment or reimbursement from, and Government Program or other third party payer; full accreditation by The Joint Commission, or any other state or nationally recognized accreditation organization; or tax-exempt status or tax-exempt financing; or (b) will prevent or prohibit any physician or any other health care professionals or their patients from utilizing such Facility or any of its services; or (c) violates any statute or regulation governing such Facility, then such Facility may at its option (i) terminate this Agreement immediately upon written notice to the other Facility, or (ii) initiate negotiations to resolve the matter through amendments to this Agreement, and if Facilities are unable to resolve the matter within thirty (30) days thereafter, such Facility may, at its option, terminate this Agreement immediately upon written notice to the other Facility.

XIII. MODIFICATION OF AGREEMENT

This Agreement may be modified or amended from time to time by mutual written agreement of Facilities and any such modification or amendments shall be attached to and become part of this Agreement.

XIV. AUTONOMY OF INSTITUTIONS

Each Facility is an independent contractor and shall have exclusive control over the policies, management, assets and affairs of its respective institution. Neither Facility by virtue of this Agreement assumes any liability for any debts or obligations of a financial or legal nature incurred by the other Facility. Nothing in this Agreement shall be construed as creating a partnership, joint venture, principal-agent or master-servant relationship between Facilities, their agents, employees or representatives.

XV. NON-EXCLUSIVITY

Nothing in this Agreement shall be construed as limiting the right of either Facility to affiliate or contract with any other hospital, nursing home or other health care entity or organization on either a limited or a general basis while this Agreement is in effect.

XVI. NON-DISCRIMINATION

Facilities attest that they are equal opportunity employers that offer employment without regard to race, color, religious creed, disability, ancestry, national or ethnic origin, age, sex, or veteran status. This Agreement shall be construed and carried out in a non-discriminatory manner without regard to race, color, religious creed, disability, ancestry, national or ethnic origin, age, sex, veteran status, or ability to pay.

XVII. MISCELLANEOUS

- A. **Requests for Information.** Each Facility agrees to provide to the other Facility, upon reasonable request, any information deemed relevant by the requesting Facility to determine if the other Facility is able to provide the necessary facilities, care

and/or treatment for a particular patient, group of patients or types of patients.

- B. **Notices.** Whenever under the terms of this Agreement written notice is required or permitted to be given by either Facility to the other Facility, such notice shall be in writing and shall be deemed to have been sufficiently given if personally delivered, delivered by a national overnight courier service (such as Federal Express), or depositing in the United States Mail in a properly stamped envelope, certified or registered mail, return-receipt-requested, addressed to Facility to whom it is to be given, at the address hereinafter set forth. Either Facility may change its address by written notice in accordance with this Section:

Any notice to *Encompass Health Rehabilitation Hospital of Southern Maryland, LLC*:

Encompass Health Rehabilitation Hospital of Southern Maryland, LLC:

Attention: Chief Executive Officer

With a copy to:

Encompass Health Corporation
9001 Liberty Parkway
Birmingham, Alabama 35242
Attention: Legal Services Department

Any notice to University of Maryland Prince George's Hospital Center:

University of Maryland Prince George's Hospital Center
3001 Hospital Drive
Cheverly, Maryland 20785
Attention: Chief Executive Officer

- C. **No Third Party Beneficiaries.** No patient, physician, payor or other third party is intended to be a third party beneficiary under this Agreement and no action to enforce the terms of this Agreement may be brought against any party by any person who is not a party to this Agreement.
- D. **Assignment.** Neither Facility may transfer, assign, pledge or delegate any or all of its duties or interest in this Agreement without the prior written consent of the other, which consent shall not be unreasonably withheld.
- E. **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the successors or assigns of Facilities.
- F. **Entire Agreement.** This Agreement constitutes the entire agreement between Facilities and contains all of the agreements between them with respect to the subject matter and supersedes any and all other agreements, either oral or in writing,

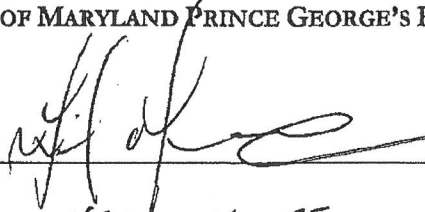
between Facilities with respect to the subject matter. This Agreement may be modified or amended by a mutual, written agreement signed by Facilities.

- G. **Waiver.** No waiver of any term or condition of this Agreement by either Facility shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.
- H. **Severability.** In the event any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue or to be binding upon Facilities in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.
- I. **Headings.** The headings above the various provisions of this Agreement have been included only in order to make it easier to locate the subject covered by each provision; they are not to be used in construing this Agreement.
- J. **Governing Law.** This Agreement is made and entered into in the State of Maryland, and shall be governed and construed in accordance with the laws of Maryland.

[Signature page follows.]

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date set forth below.

DIMENSIONS HEALTH CORPORATION, D/B/A
UNIVERSITY OF MARYLAND PRINCE GEORGE'S HEALTH CENTER


BY: 

NAME: Neil Moore

TITLE: President & CEO

DATE: 4/18/18

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SOUTHERN MARYLAND, LLC

BY: 

NAME: Ed Mowen

TITLE: Regional President

DATE: 4/18/18

EXHIBIT 17

Technology for Acute Rehabilitation Programs

CMR units in general hospitals must compete for capital investment with other hospital service lines, which often results in little or no capital investment in CMR. HealthSouth devotes significant resources to developing, implementing, and maintaining state-of-the-art systems and technologies. The technology investment includes therapy equipment, software, and electronic medical records. The investment in CMR technology and innovation enables HealthSouth to provide the highest quality patient care. Examples of systems and technology to be implemented at HRHHC include the following:

- Risk Management Reporting System
- Rehabilitation equipment
- Automated Medical Records System
- Computerized Order Entry System
- Management Reporting System

Therapy Equipment and Software

HRHHC will have state of the art therapy equipment and software to help patients achieve maximum recovery. More information on the rehabilitation technologies used at HealthSouth hospitals is in Attachment 6. The rehabilitation team incorporates the equipment in an individualized rehabilitation plan for each patient. The following equipment will be available at HRHHC:

Biodex FreeStep Supported Ambulation System (SAS) is an overhead track and harness system that provides a safe ambulation environment for both therapist and patient, as shown in the picture below. Without the fear of falling, patients can focus more fully on their tasks of gait and balance. Likewise, therapists can focus on assisting, rather than supporting. The Freestep SAS provides patient support during training for: sitting to standing, over-ground treadmill walking, climbing and descending stairs, and balance training. FreeStep SAS minimizes fear of falling that often inhibits patient effort, and also protects caregivers and therapists from injuries when treating patients.

Biodex Freestep Supported Ambulation System



Synchrony utilizes virtual reality-based sEMG biofeedback during oral motor and pharyngeal exercises to facilitate better swallowing timing, quality and effort, enhancing treatment outcomes. The use of advanced sEMG-generated electromyograms provide speech language pathologists with valuable data to help assess dysphagia.

Synchrony by ACP



The **Bioness NESS H200** and **NESS L300** (Upper for hand and Lower for foot) Functional Electronic Stimulation (FES) technology used to help patients regain lost mobility for upper and lower extremities. The NESS H200™ is a breakthrough in FES technology that can dramatically assist patients with neurological disorders affecting the function of the arm and hand. The NESS H200 is a custom-fit wrist-hand orthosis that utilizes surface electrodes to sequentially activate muscles of the upper limb to produce functional movement patterns of the hand. The H200 can be used both as a neuroprosthesis (i.e., as a functional aid for performing activities of daily living) and as a therapeutic device to aid motor recovery of function following an upper motor neuron (UMN) lesion. This new therapy option offers design advantages that result in superior function, aesthetics and comfort when compared to other lower limb FES systems. The NESS L300 - Rx Only L300 has proven beneficial for treating several conditions, including stroke, traumatic brain injury, multiple sclerosis and cerebral palsy. In addition to facilitating a more normal gait, the NESS L300 may also stimulate muscle re-education, prevent/retard disuse atrophy, maintain or increase joint range of motion, and increase blood flow.

Bioness NESS H200 and NESS L300z



Bioness BITS is an integrated therapy system designed to evaluate and improve disabilities in patients who have sustained traumatic injuries. BionessBITS has an interactive touch screen and diverse program options to challenge patients to improve performance through visual motor activities, visual and auditory processing, cognitive skills, and endurance training. BionessBITS automates tracking by creating baseline and progress measurements.

BionessBITS

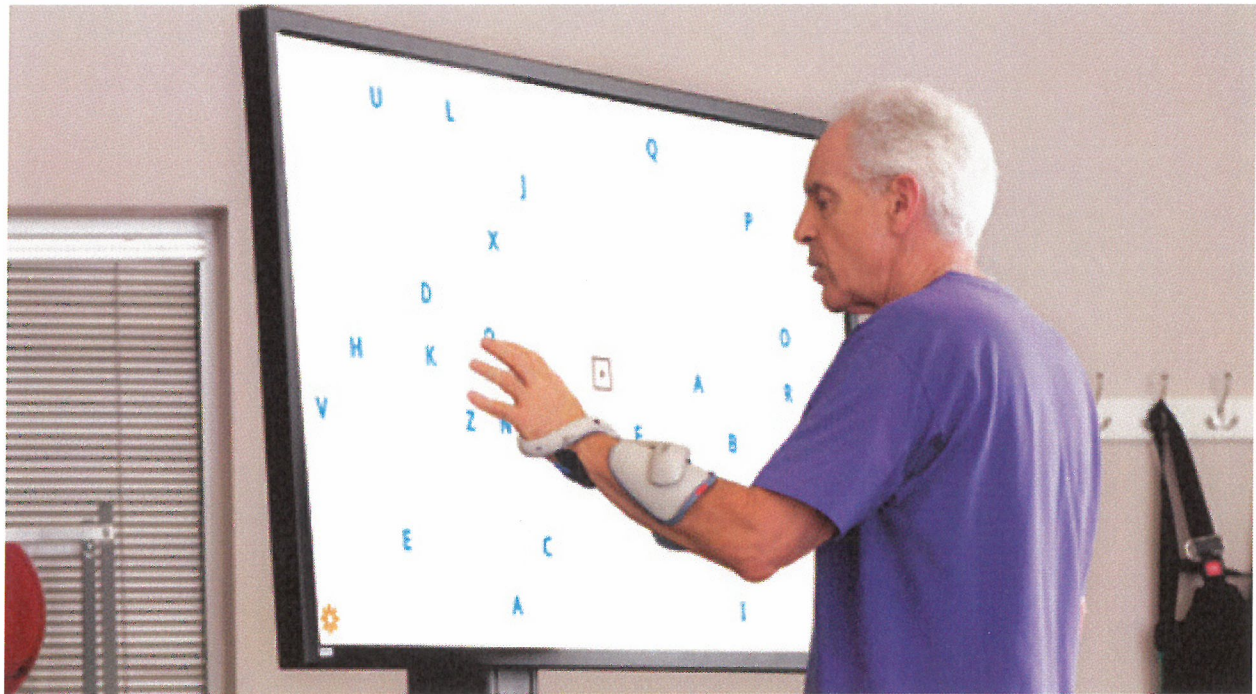


EXHIBIT 18

Encompass Health
Regional Partnerships and Affiliations for Professional Training
April 2018

<i>Effective Date</i>	<i>Expiration Date</i>	<i>SCHOOL/INSTITUTION</i>	<i>SCHOOL LOCATION</i>	<i>STATE</i>	<i>PROGRAMS</i>
6/1/2017	6/1/2020	Allegany College of Maryland	Cumberland, MD	MD	PTA and OTA
2/1/2016	2/1/2019	Anne Arundel Community College	Arnold, MD	MD	PTA
6/1/2014	Expired	Carróll Community College	Westminster, MD	MD	PTA
5/1/2016	5/1/2019	Catholic School of America	Washington DC	DC	Social Work
2/1/2016	2/1/2019	Chesapeake College	Arnold, MD	MD	PTA
11/15/2014	11/15/2017	Community College of Baltimore County	Baltimore, MD	MD	OTA
11/21/2014	11/21/2020	George Washington University	Washington, DC	DC	PT and Speech
5/1/2017	5/1/2020	Howard University	Washington, DC	DC	OT and PT
5/1/2016	5/1/2019	Loyola University Maryland	Baltimore, MD	MD	Speech
1/12/2012	1/12/2018	Salisbury University	Salisbury, MD	MD	Health and Sports Sciences
6/1/2012	6/1/2020	Towson University	Towson, MD	MD	OT
8/31/2014	Expired	University of Maryland Eastern Shore	Princess Anne, MD	MD	Physician Assistant
4/2/2015	4/2/2018	University of Maryland Eastern Shore	Princess Anne, MD	MD	PT
10/1/2015	10/1/2018	University of Maryland Eastern Shore	Princess Anne, MD	MD	Dietetics
10/1/2015	10/1/2018	University of Maryland Eastern Shore	Princess Anne, MD	MD	Pharmacy
3/1/2017	3/1/2020	University of Maryland, Baltimore	Baltimore, MD	MD	PT
11/1/2017	11/1/2020	Wor Wic Community College	Salisbury, MD	MD	PTA
12/1/2014	12/1/2017	Wor Wic Community College	Salisbury, MD	MD	OTA