

Rural Emergency Hospital  
Conversion Action Plan

Facility Name:

Current CCN:

Summary of Conversion Plan:

{Include details regarding the facility's efforts to initiate REH services for the provision of emergency care, observation care and other medical and health services. Include details regarding the discontinuation of inpatient services and transfer of care outside of the REH's capabilities. Include staffing details for the provision of REH services (number and type of qualified staff)}

List the specific services the facility will retain (including a distinct part skilled nursing facility if applicable):

List the specific services the facility will modify:

List the specific services the facility will add (including a distinct part skilled nursing facility if applicable):

List the specific services the facility will discontinue: { This should include the provision of inpatient services }

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Provide a description of services the facility elects to provide on an outpatient basis (such as behavioral health services, laboratory, radiology, maternal health, surgical services outpatient rehabilitation):

Provide information regarding how the facility intends to use the additional facility payment. This includes a description of the services that the additional facility payment would be supporting such as the operation and maintenance of the facility and furnishing of services (i.e. telehealth services, ambulance services etc.).

Signature: \_\_\_\_\_

(The Action Plan should be signed by the Administrator or Legal Representative of the REH.)

Title: \_\_\_\_\_

Date: \_\_\_\_\_