LETTER OF INTENT TO PARTICIPATE

2019-2020 Small Rural Hospital Transitions (SRHT) Project Learning Collaborative for Eligible Hospitals

Please complete and submit this letter of intent (LOI) to participate in the 2019-20 Learning Collaborative (LC). **LOI due to Rhonda Barcus by January 10, 2020.**

1. Hospital Name: _____________________________________
2. Hospital designation – PPS, CAH or IHS: _________________
3. City, State: ________________________________________
4. CEO Name: ________________________________________
   Phone: __________________________________________
   Email address: ____________________________________
5. Do you have a current Strategy Map and/or Balanced Scorecard? ______
6. Number of staffed beds as per the most recently filed Medicare Cost Report: ____
7. Have you ever applied for a SRHT consultation project?
   ☐ Yes. What year? ____________
   ☐ No
8. Have you been selected for a SRHT consultation project in the past?
   ☐ Yes. What year? ____________
   ☐ No
9. All LC participants must complete the **Self-assessment for Transition Planning.**
   What was your self-assessment score? _______ out of 115. (scores will not affect participation – we will select the first nine hospitals to submit a LOI for the LC.)

CEO Signature _____________________________________
Date ____________________

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