

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

JUN 28 2013

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION HEALTH FACILITIES & SERVICES REVIEW BOARD
This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	St. Elizabeth's Hospital-Discontinuation of Acute Mental Illness Category of Service		
Street Address:	211 South Third Street		
City and Zip Code:	Belleville, Illinois 62220		
County:	St. Clair County	Health Service Area	11 Health Planning Area: F-01

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starrman-Harrison, RN, FACHE
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Maryann Reese
Title:	President and CEO
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-641-5462
E-mail Address:	mreese@sebh.org
Fax Number:	618-222-4650

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

Additional Contacts

[Person who is also authorized to discuss the application for permit]

Name:	Edwin Parkhurst
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	800 Roosevelt Road Bldg E Suite 110 Glen Ellyn, Illinois 60137
Telephone Number:	630-790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	630-790-2696

Name:	James Burke
Title:	Division Vice President and HSHS Corporate Counsel
Company Name:	St. Elizabeth's Hospital
Address:	211 S. 3rd Street, Belleville, Illinois 62220
Telephone Number:	618-222-1000
E-mail Address:	jburke@hshs.org
Fax Number:	618-222-1100

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott, Will & Emery LLP
Address:	227 West Monroe Street, Suite 4700, Chicago, Illinois 606406
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312-277-2964

Name:	Amy L. Marquardt
Title:	Registered Agent
Company Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-9167
E-mail Address:	Amarquardt@hshs.org
Fax Number:	217-523-0542

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Maryann Reese
Title:	President and CEO
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-641-5462
E-mail Address:	mreese@sebh.org
Fax Number:	618-222-4650

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner:	211 South Third Street, Belleville, Illinois 62220
Street Address or Legal Description of Site:	211 South Third Street, Belleville, Illinois 62220
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	St. Elizabeth's Hospital		
Address:	211 South Third Street, Belleville, Illinois 62220		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name:	St. Elizabeth's Hospital-Discontinuation of Acute Mental Illness Category of Service				
Street Address:	211 South Third Street				
City and Zip Code:	Belleville, Illinois 62220				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis				
Address:	211 South Third Street, Belleville, Illinois 62220				
Name of Registered Agent:	Amy L. Marquardt				
Name of Chief Executive Officer:	Maryann Reese				
CEO Address:	211 South Third Street, Belleville, Illinois 62220				
Telephone Number:	618-641-5462				

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership		
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental		
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. 					
<p>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>					

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Maryann Reese
Title:	President and CEO
Company Name:	St. Elizabeth's Hospital
Address:	211 South Third Street, Belleville, Illinois 62220
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Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
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Additional Contacts

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Company Name:	PRISM Healthcare Consulting
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Telephone Number:	630-790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	630-790-2696

Name:	James Burke JD CPA MBA
Title:	Division Vice President and HSHS Corporate Counsel
Company Name:	St. Elizabeth's Hospital
Address:	211 S. 3rd Street, Belleville, Illinois 62220
Telephone Number:	618-222-1000
E-mail Address:	jburke@hshs.org
Fax Number:	618-222-1100

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott, Will & Emery LLP
Address:	227 West Monroe Street, Suite 4700, Chicago, Illinois 606406
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
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Name:	Amy L. Marquardt
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Company Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-9167
E-mail Address:	Amarquardt@hshs.org
Fax Number:	217-523-0542

Flood Plain Requirements Not applicable. The application for permit does not involve construction.

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements Not Applicable. The application for permit does not involve construction or modernization.

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
 Category A Project
 Category B Project
 DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

St. Elizabeth's Hospital ("SEB, "Hospital") and Hospital Sisters Health System ("HSHS") are seeking a certificate of need permit to discontinue the Hospital's 35-bed acute mental illness ("AMI") category of service. Discontinuation is anticipated to occur by January 15, 2016, contingent upon approval of the St. Elizabeth's Project ("Project") as well as the approval of Touchette Regional Hospital's application to add 18 acute mental illness beds.

The current AMI beds at both St. Elizabeth's Hospital and Touchette Regional Hospital are located in Acute Mental Illinois Acute Mental Health Planning Area 10. According to the May 16, 2013 Illinois Department of Mental Health State Summary Revised Bed Need Determination, this planning area has an excess of 28 beds. When the proposed discontinuation of 35 AMI beds at St. Elizabeth's Hospital and the increase of 18 AMI beds at Touchette Regional Hospital are approved by the Health Facilities and Services Review Board, the result will be a net decrease of 12 AMI beds in the Planning Area and an overall reduction of excess beds to only 11 beds.

The space vacated by the AMI category of service at St. Elizabeth's Hospital will be reused for non clinical functions at no capital cost.

Three support letters are included as Narrative, Exhibit 1.

According to Public Act 96-31, substantive projects include projects for the discontinuation of a service; therefore, this Project is a substantive project. There are no capital costs associated with the proposed discontinuation of AMI services at St. Elizabeth's Hospital.



**St. Elizabeth's
Hospital**

June 24, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

**Re: Letter of support for application of St. Elizabeth's Hospital to
discontinue Acute Mental Illness beds in Belleville, IL**

Dear Ms. Avery:

My name is Randy Jung, MD, and I am a board certified psychiatrist on staff at St. Elizabeth's Hospital (SEB) in Belleville, Illinois.

I firmly support the discontinuation of the AMI beds at St. Elizabeth's Hospital if the expansion of the unit at Touchette Regional Hospital is approved. The collaboration around Behavioral Health Services (BHS) between St. Elizabeth's Hospital (SEB), Touchette Regional Hospital (TRH) as a Regional Mental Health Center of Excellence in the Metro East region will best address the long term needs of BHS patients in the region.

I urge you to approve the expansion of the Touchette unit, in light of the discontinuation of the St. Elizabeth's Hospital unit, to preserve access to behavioral health services in this region of Illinois.

Sincerely,

Randy J. Jung, MD

Randy Jung, MD
Medical Director and Department Chairperson, Psychiatry
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

*An Affiliate of
Hospital Sisters
Health System*



**St. Elizabeth's
Hospital**

June 24, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

**Re: Letter of support for application of St. Elizabeth's Hospital to
discontinue Acute Mental Illness beds in Belleville, IL**

Dear Ms. Avery:

My name is Deborah F. Vogel, MSW, LCSW, and I am the Director of Behavioral Health Services on staff at St. Elizabeth's Hospital (SEB) in Belleville, Illinois.

This collaboration between St. Elizabeth's Hospital (SEB) and Touchette Regional Hospital (TRH) to create a Regional Mental Health Center of Excellence in the Metro East region, will best address the long term needs of Behavioral Health patients in our region. We have long been committed to the care of those suffering from mental illness and such a regional access to care and modern facility made possible by this collaboration, will bring us into the future.

I urge you to approve these requests to preserve access to behavioral health services in this region of Illinois. I firmly support the discontinuation of the AMI beds at St. Elizabeth's Hospital if the expansion of the unit at Touchette Regional Hospital is approved.

Sincerely,

Deborah F. Vogel, MSW, LCSW
Director of Behavioral Health Services
St. Elizabeth's Hospital
211 South Third St., Belleville, IL 62220
(618) 234-2120 ext 1456
dvogel@sebh.org

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Belleville, IL 62220
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**St. Elizabeth's
Hospital**

June 24, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

**Re: Letter of support for application of St. Elizabeth's Hospital to
discontinue Acute Mental Illness beds in Belleville, IL**

Dear Ms. Avery:

My name is Len Glover, MD, and I am board certified in emergency medicine. I am the Chief Medical Officer at MEDS (Medical Emergency Department Services) in St. Clair County, IL.

The creation of a Regional Mental Health Center of Excellence in the Metro East region will provide the needed resources for patients with mental illness in our community. I firmly support the collaboration between St. Elizabeth's Hospital (SEB) and Touchette Regional Hospital (TRH). This venture will best address the long term needs and maximize resources for BHS patients in the region.

Thank you, and I encourage you to approve these requests to preserve access to behavioral health services in Southern Illinois. I support the discontinuation of the AMI beds at St. Elizabeth's Hospital if the expansion of the unit at Touchette Regional Hospital is approved.

Sincerely,

Len Glover, MD

Chief Medical Officer
Midwest Emergency Department Services (MEDS)
320 East Highway 50
O'Fallon, IL 62269-2704

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

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Health System*

Project Costs and Sources of Funds Not applicable. There is neither square footage nor capital costs associated with this project.

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ Not applicable.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): January 15, 2016

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): **Not applicable. Projects that have no cost shall be considered obligated upon HFSRB issuance of a permit.**

Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
 Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

NA All reports regarding outstanding permits **There are no outstanding permits.**
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements Not applicable. There is neither square footage nor capital costs associated with this project.

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: St. Elizabeth's Hospital		CITY: Belleville, Illinois			
REPORTING PERIOD DATES: From: January 1, 2011 to: December 31, 2011					
Category of Service	Authorized Beds	Admissions	Patient Days *	Bed Changes	Proposed Beds
Medical/Surgical	202	6,428	27,725		202
Obstetrics/Gyn	30	1,313	3,458		30
Pediatrics	14	0	0		14
Intensive Care **	24	1,174	4,922		24
Comprehensive Physical Rehabilitation	33	495	5,944		33
Acute/Chronic Mental Illness	35	1,956	7,801		35
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	338	11,366	49,850	0	338

Source: *Hospital Profiles CY 2010*

1. Includes observation days
2. Direct admissions only

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: St. Elizabeth's Hospital		CITY: Belleville, Illinois			
REPORTING PERIOD DATES: From: January 1, 2012 to: December 31, 2012					
Category of Service	Authorized Beds	Admissions	Patient Days ¹	Bed Changes	Proposed Beds
Medical/Surgical	202	6,330	26,247		202
Obstetrics/Gyn	30	1,169	2,920		30
Pediatrics	14	0	0		14
Intensive Care ²	24	1,334	5,014		24
Comprehensive Physical Rehabilitation	33	433	5,026		33
Acute/Chronic Mental Illness	35	1,787	6,990	(35)	0
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	338	11,053	46,197		303

Source: Annual Hospital Questionnaire, 2012

1. Includes observation days
2. Direct admissions only

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Hospital Sister Health System

*
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

 SIGNATURE	 SIGNATURE
--	---

Mary Starmann-Harrison

Lawrence P. Schumacher

PRINTED NAME

PRINTED NAME

President and Chief Executive Officer

Chief Operating Officer

PRINTED TITLE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of June

Notarization:
Subscribed and sworn to before me
this 30 day of June


Signature of Notary
OFFICIAL SEAL
DONNA J. CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2014


Signature of Notary
OFFICIAL SEAL
DONNA J. CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2014

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of St. Elizabeth's Hospital *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Maryann L. Reese
 SIGNATURE

Maryann L. Reese
 PRINTED NAME

President & CEO
 PRINTED TITLE

William S. Lyke
 SIGNATURE

William S. Lyke
 PRINTED NAME

Chairperson-Board
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 24 day of June, 2013

Yvonne S Stroder
 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 YVONNE S STRODER
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 12/10/2015

Notarization:
 Subscribed and sworn to before me
 this 24 day of June, 2013

Yvonne S Stroder
 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 YVONNE S STRODER
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 12/10/2015

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	23 – 25
2	Site Ownership	26 - 27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28 – 30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31 – 32
5	Flood Plain Requirements	33
6	Historic Preservation Act Requirements	34
7	Project and Sources of Funds Itemization	35
8	Obligation Document if required	36
9	Cost Space Requirements	37
10	Discontinuation	38 – 64
11	Background of the Applicant	NA
12	Purpose of the Project	NA
13	Alternatives to the Project	NA
14	Size of the Project	NA
15	Project Service Utilization	NA
16	Unfinished or Shell Space	NA
17	Assurances for Unfinished/Shell Space	NA
18	Master Design Project	NA
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	General Long Term Care	NA
29	Specialized Long Term Care	NA
30	Selected Organ Transplantation	NA
31	Kidney Transplantation	NA
32	Subacute Care Hospital Model	NA
33	Post Surgical Recovery Care Center	NA
34	Children's Community-Based Health Care Center	NA
35	Community-Based Residential Rehabilitation Center	NA
36	Long Term Acute Care Hospital	NA
37	Clinical Service Areas Other than Categories of Service	NA
38	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
39	Availability of Funds	NA
40	Financial Waiver	NA
41	Financial Viability	NA
42	Economic Feasibility	NA
43	Safety Net Impact Statement	65 – 70
44	Charity Care Information	71 – 78
Appendix A	MapQuest Drive Time Maps for Impact Letter Recipients	79 – 87

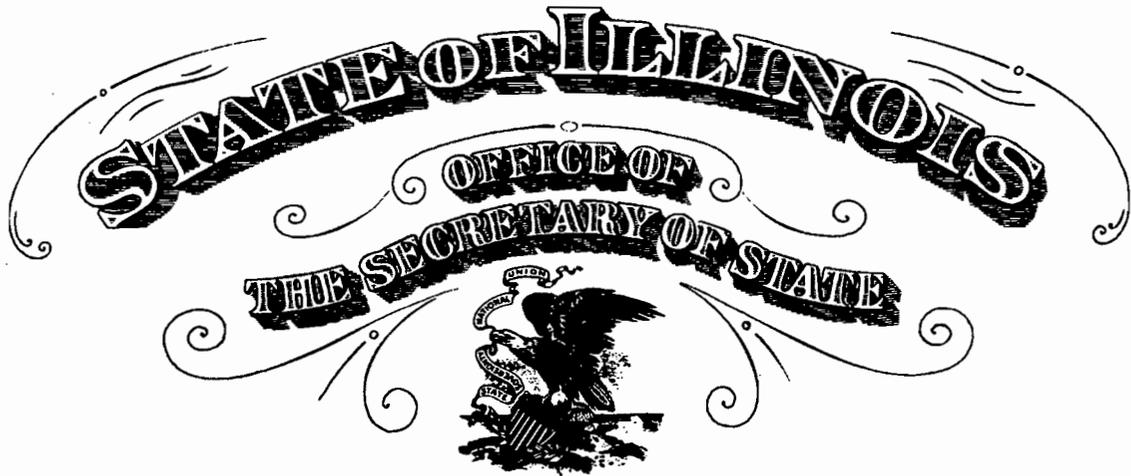
ATTACHMENTS

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Applicant /Co-Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road, Springfield Illinois 62707
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Mary Starrman-Harrison, RN, FACHE
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number:	217-523-5483

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address:	211 South Third Street, Belleville, Illinois 62220
Name of Registered Agent:	Amy L. Marquardt
Name of Chief Executive Officer:	Maryann Reese
CEO Address:	211 South Third Street, Belleville, Illinois 62220
Telephone Number:	618-641-5462



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1314901918

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MAY A.D. 2013 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1314901914

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MAY A.D. 2013 .

Jesse White

SECRETARY OF STATE

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner:	211 South Third Street, Belleville, Illinois 62220
Street Address or Legal Description of Site:	211 South Third Street, Belleville, Illinois 62220
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	

A notarized statement of St. Elizabeth's Hospital attesting to the ownership of the St. Elizabeth's Hospital's site is appended as Attachment 2, Exhibit 1.



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 24, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: St. Elizabeth's Hospital, Belleville, Illinois
Discontinuation of Acute Mental Illness Category of Service

Dear Ms. Avery:

This attestation letter is submitted to indicate that St. Elizabeth's Hospital owns the St. Elizabeth's Hospital, Belleville, Illinois site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the May 2010 Permit Application Edition.

Respectfully,

Maryann L. Reese

Maryann L. Reese
President and CEO

Notarization:

Subscribed and sworn to before me
this 24th day of June, 2013.

Debra L. Rose
Signature of Notary

Seal



211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

An Affiliate of
Hospital Sisters
Health System

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis		
Address:	211 South Third Street, Belleville, Illinois 62220		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
<p>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>			



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



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Jesse White

SECRETARY OF STATE

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

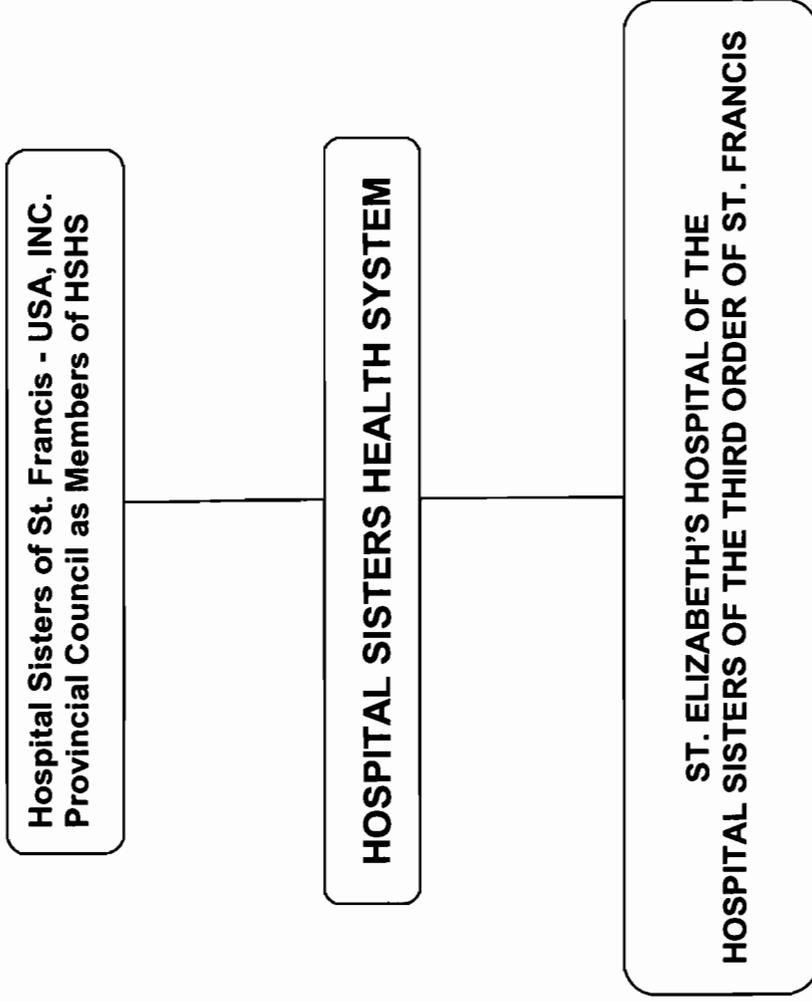
This Section must be completed for all projects.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

Attachment 4, Exhibit 1 is an organizational chart of Hospital Sisters Health System. It shows all of the organizations relevant to the Project including Hospital Sisters Health System and St. Elizabeth's Hospital in Belleville.

Corporate Relationship Chart



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

Not Applicable. The application for permit does not involve construction.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

Not Applicable. The application for permit does not involve construction.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Project Costs and Sources of Funds **Not applicable. There is neither square footage nor capital costs associated with this project.**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- | | |
|--|--|
| <input checked="" type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): January 15, 2016

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): **Not applicable. Projects that have no cost shall be considered obligated upon HFSRB issuance of a permit.**

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
- Project obligation will occur after permit issuance.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Cost Space Requirements Not applicable. There is neither square footage nor capital costs associated with this project.

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
LTC							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

This application is for the discontinuation of the acute mental illness category of service at St. Elizabeth's Hospital in Belleville. There is no project cost. The applicants will respond to Attachments 43 and 44 of this application.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

INTRODUCTION

The term “behavioral health” is used to describe the treatment of both mental illness and substance abuse disorders. Further the term “acute mental illness” (“AMI”) is the Health Facilities and Services Review Board (“HFSRB”) terminology to describe inpatient behavioral health beds which are a defined category of service. Both terms (behavioral health and acute mental illness) are used in this application.

General Information Requirements

1. Identify the categories of service and the number of beds, if any, to be discontinued.

St. Elizabeth’s Hospital, Belleville (SEB, Hospital) is proposing to discontinue its acute mental illness (AMI) category of service. The Hospital has 35 authorized AMI beds.

2. Identify all of the other clinical services that are to be discontinued.

The Hospital is also proposing to discontinue a partial hospitalization program and outpatient behavioral health services.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The Hospital expects to discontinue the AMI service by January 15, 2016. This discontinuation date is contingent upon the HFSRB’s approval of the expansion of Touchette Regional Hospital’s certificate of need application to increase the number of AMI beds at that facility and for the Touchette beds to be constructed and ready for occupancy. Saint Elizabeth’s Hospital will cease accepting admissions approximately December 15, 2015. Any patients still on the unit at the time of discontinuation will be transferred to either Touchette Regional Hospital or another facility of choice of the patient and family.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

St. Elizabeth’s Hospital has not designated a specific use for the vacated AMI unit, related support space, and furnishing and equipment when the AMI category of service is discontinued. The most likely reuse of the space will be for administrative offices or to meet other non-clinical space needs. There would be no capital cost associated with the potential reuse of the space.

5. *Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and length of time the records will be maintained*

All paper records will be scanned into St. Elizabeth's Hospital's Meditech system where they will be stored for 30 years. All paper records will be destroyed after 90 days. The electronic medical records will be managed according to the Hospital's then-current medical records policy which meets all licensure and regulatory compliance.

6. *For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g. annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.*

Not applicable. The proposed discontinuation is only for the AMI category of service at St. Elizabeth's Hospital.

Reasons for Discontinuation

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See Criterion 1110.130. (b) for examples.

St. Elizabeth's Hospital has been committed to providing high quality behavior health services to the community.

There are two major reasons to seek the proposed discontinuation:

1. Declining utilization, and
2. Loss of revenue.

Both declining utilization and loss of revenue compromise St. Elizabeth's Hospital's ability to provide a quality behavioral health program.

Declining Utilization of the AMI Beds

Today, St. Elizabeth's Hospital has 35 authorized AMI beds, a partial hospitalization program and outpatient behavioral health services. The inpatient program serves adult patients. Utilization of the inpatient AMI unit has been declining since 2010, primarily due to a 13.0 percent decrease in admissions and an 11.4 percent decrease in average length of stay.

Attachment 10, Table 1
Utilization of AMI Beds, 2010 through 2012

Year	Admissions	Patient Days	Average Length of Stay	Average Daily Census	Authorized Beds	Percent Occupancy
2010	2,053	8,944	4.4	24.5	35	70.0
2011	1,956	7,801	4.0	21.4	35	61.1
2012	1,787	6,990	3.9	19.2	35	54.9
Percent Change	-13.0	-21.8	-11.4	-21.6	--	-15.1

Source: *Hospital Profiles, 2010, 2011 and 2012.*

In each of the latest 3 years, the occupancy of the unit has been below the State Target Occupancy of 85 percent for acute mental illness beds.

St. Elizabeth's Hospital is located in Acute Mental Illness Health Planning Area 10. According to the May 16, 2013 Illinois Department of Mental Health State Summary Revised Bed Need Determination, this planning area has an excess of 28 beds. When the proposed discontinuation of 35 acute mental illness beds at St. Elizabeth's Hospital and the increase of 18 acute mental illness beds at Touchette Regional Hospital are approved by the HFSRB, the result will be a net decrease of AMI 17 beds and an overall reduction of a Planning Area excess of only 11 beds.

The Hospital also offers day only and half day outpatient programs for patients recovering from mental illness or addiction; these program offer a supportive environment where patients can enhance their recovery skills and develop a healthier life style, while returning home each evening to be with their families. Psychiatrists oversee the care provided by professionals including counselors, social workers, and recreational therapists. The average daily census of the day program is 15 patients.

Behavior health service at the Hospital partners with counselors and therapists in private practice as well as with community agencies to provide outpatient treatment services. Patients and families needing individual, marital, or family follow-up services are referred to professionals in the community.

Dilemma Facing St. Elizabeth's Hospital

In recent years, Hospital Sisters Health System and St. Elizabeth's Hospital have been faced with an increasingly difficult dilemma. On one hand, how could they assure that the community would have access to high quality behavioral health services with declining program utilization and, on the other hand, concurrently maintain the financial integrity of St. Elizabeth's Hospital? As the behavioral health census continued to decline, it became increasingly difficult to meet the commitment to providing excellent care; all basic services had to be curtailed or eliminated. Further, it became increasingly difficult to retain the number of physicians and other health professionals to provide the range of special services and coverage that define a comprehensive behavioral health program.

As the result of the declining volume but given the need to retain an essential infrastructure for the behavioral health program, the Hospital determined that, overtime, the behavioral health program could not be financially sustained. In FY 2013, the behavioral health program reported a \$2 million loss.

In addition, it became increasingly clear that the declining utilization and associated financial loss were jeopardizing the core mission of the Hospital; that core mission is the provision of medical surgical, obstetric, and rehabilitation services. It also became evident that the Hospital could not be "all things to all people" and that resources would have to be focused on those programs and services that could meet St. Elizabeth's Hospital's standards of excellence.

Assessing Alternatives

HSHS and the Hospital undertook an comprehensive process to identify and assess a range of alternatives to meet the goals of providing high quality behavioral health services to the community while maintaining the financial health of St. Elizabeth's Hospital in a rapidly changing healthcare landscape.

Internal preliminary analysis informed them that behavioral health services were not an essential complement to the core mission; that there was not the same flexibility of staffing and use of other resources, and that funding a program which was losing money compromised the support of the core mission programs in an increasingly constrained reimbursement environment.

Because of the long-standing commitment to behavioral health services, HSHS and the Hospital first considered continuing to provide behavioral health services and accepting the ongoing financial loss. This option was rejected. HSHS and the Hospital were unwilling to compromise other programs and services that were needed by the community in order to support the infrastructure needed to sustain the declining volume of the behavioral health program. They could not curtail investments in the core mission programs that in recent years included expansion of the cardiovascular, cancer and stroke/tele-stroke programs and the development of a chronic wound care program. Investment further included an outpatient pediatric clinic in the Emergency Department, institution of an intensivist program, and expanding infusion services. Next, they considered reducing the size of the behavioral health program, and again, rejected this option. To further reduce the size and scope of the program would exacerbate the current issues. With a smaller patient base that would necessarily need to be supported by essentially the same infrastructure, the likelihood of increasing financial losses and providing a mediocre program seemed inevitable.

Since continued provision of behavioral health services did not appear to be a viable alternative, HSHS and St. Elizabeth's Hospital sought to determine if there were other options that would meet the community need for these services.

First, they identified the characteristics of a behavioral health program that would best serve the community. They determined that an "ideal" program would be:

- A sustainable regional mental healthcare provider with a focus on the delivery of inpatient, partial, and outpatient services that will preserve the tradition of excellence in the community
- A center of excellence that will provide a comprehensive range of programs and services to meet special needs of behavioral health patients
- A center of excellence that can develop a comprehensive continuum of care and reduce the current fragmentation of the delivery of behavioral health services, and
- A regional provider that will have a critical volume of patients that will achieve operational efficiencies and manage costs.

Alternative of Choice

HSHS and St. Elizabeth's Hospital have had a long-standing collaborative relationship with Southern Illinois Health Foundation (SIHF). SIHF has an active residency program at St. Elizabeth's Hospital and provides and staffs a Federally Qualified Health Center (FQHC) on the Hospital's campus. Because of these and other initiatives, St. Elizabeth's Hospital and SIHF representatives meet on a regular basis and frequently engage in discussions of ways to better serve the community and the region. Not unlike St. Elizabeth's Hospital, Touchette Regional Hospital has a continued history of providing behavioral health services to St. Clair and Madison counties along with portions of Clinton, Macoupin, and the surrounding region for nearly 100 years.

It was natural that during these meetings the discussions turned to the concept of a regional center of excellence for behavioral health services. Based on the institutions' mutual commitment to ensuring comprehensive, quality mental health services to St. Clair County and beyond, St. Elizabeth's Hospital and Touchette Regional Hospital began working together to best address the immediate and longer term needs of regional behavior health patients. As an outcome of this mutual planning effort, a plan to discontinue behavioral health services at St. Elizabeth's Hospital and expand these services and improve regional access at nearby Touchette Regional Hospital was conceived. It makes sense for Touchette to provide the service given its geographic location between East St. Louis and Belleville. Further, economic efficiencies will occur when the two units are consolidated. Finally, St. Elizabeth's Hospital has determined that AMI is not a core service long term, whereas Touchette has determined that AMI will be one of its core services.

However, to achieve leadership in a regional behavioral health service, Touchette needs access to capital in order to finance the construction of additional AMI bed capacity to support an expanded program. Because of HSHS's commitment to excellent behavior health services for the community and the confidence that SIHF and Touchette Regional Hospital could provide them, HSHS offered to act as guarantor to the debt that Touchette Regional Hospital would need to incur for program expansion. When the certificate of need application for the discontinuation of the St Elizabeth's Hospital's AMI category of service and of Touchette Regional Hospital's application for expansion are approved by the HFSRB, a \$10 million loan will be finalized for Touchette with HSHS as the guarantor.

Continuing Involvement of St. Elizabeth's in the Provision of High Quality Behavioral Health Service to the Community

Since the completion date of the proposed discontinuation of the AMI category of service at St. Elizabeth's Hospital is more than 2 years into the future due to the schedule to expand Touchette's AMI bed capacity, many details related to the discontinuation have not been fully resolved. However, because staffing is a very high priority, staff retention to support the unit until discontinuation occurs and staff transition planning are already underway. The staffing plan is considering both colleagues who will be eligible for retirement as well as those who choose to continue to be employed. Future employment opportunities will be available for staff in the expanded behavioral health services at Touchette and in other services at St. Elizabeth's. The Hospital is confident that those St. Elizabeth's Hospital's colleagues who so desire will have an opportunity for continued employment.

HSHS and St. Elizabeth's Hospital will continue to be involved in the regional delivery of behavioral health services. They are studying opportunities to collaborate with Touchette on the integrated care of patients with simultaneous behavioral health and medical issues; this collaboration may include tele-psych services or behavioral health clinics in the Belleville area. Further, HSHS, St. Elizabeth's Hospital, and Touchette Regional Hospital jointly are working to establish a Regional Access to Healthcare Foundation. The goals of this organization will be to improve the regional delivery of behavioral health services. This collaboration is an example of two health care providers working together to improve access, comprehensiveness, continuity, and quality of health care.

Thus, through a thoughtful and deliberate process, the Hospital Sisters Health System and St. Elizabeth's Hospital will be able to actively continue their commitment to mental health care to the region while at the same time preserving the core mission and financial viability of the Hospital.

Impact on Access

1. Document that the discontinuation of each service or the entire facility will not have an adverse effect upon access to care for the residents of the facility's market area.

St. Elizabeth's Hospital has received one response to the impact letter sent to acute mental illness providers within 45 minutes travel time of Belleville. A map of the area included in the 45 minute travel time is included as Attachment 10, Exhibit 1. This letter is from Touchette Regional Hospital; they provide assurance that, pending HFSRB's approval of their certificate of need application, they will have the capacity to care for AMI patients currently treated at St. Elizabeth's Hospital without conditions, limitations, or discrimination.

Letters received from other area providers will be forwarded to the State Agency upon receipt.

Attachment 10, Table 2 shows the available capacity at each of the acute mental illness providers within 45 minutes drive time of St. Elizabeth's Hospital as well as one provider that is located further away. In 2011, the most recent year data available, there was available capacity for an additional average daily census of 40.9 at Alton Memorial and Gateway Regional.

Attachment 10, Table 2
Travel Times from St. Elizabeth Hospital
Belleville, Illinois

Hospital	Miles	Drive Time Minutes	Authorized AMI Beds	Total Capacity at 85 percent occupancy	2011 ADC	Available Capacity
Hospital within 45 minutes						
Touchette Regional Hospital	9.09	14	12	10	1.0 ¹	9.0
Gateway Regional Medical Center	22.53	33	100	85	55.5	29.5
Alton Memorial Hospital	38.53	47	<u>20</u>	<u>17</u>	<u>5.6</u>	<u>11.4</u>
Total	--	--	132	112	62.1	49.9
Hospitals beyond 45 minutes						
Greenville Regional Hospital, Inc.	57.85	66	10	8	6.3	1.7

Source: *Hospital Profiles, 2011* and MapQuest. MapQuest distance and drive time maps are located in Appendix A

¹ Touchette Regional Hospital's mental illness beds opened in November 2011. Touchette's average daily census was 8 in 2012.

2. *Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.*

Copies of the letters sent to each AMI provider are included as Attachment 10, Exhibit 2.

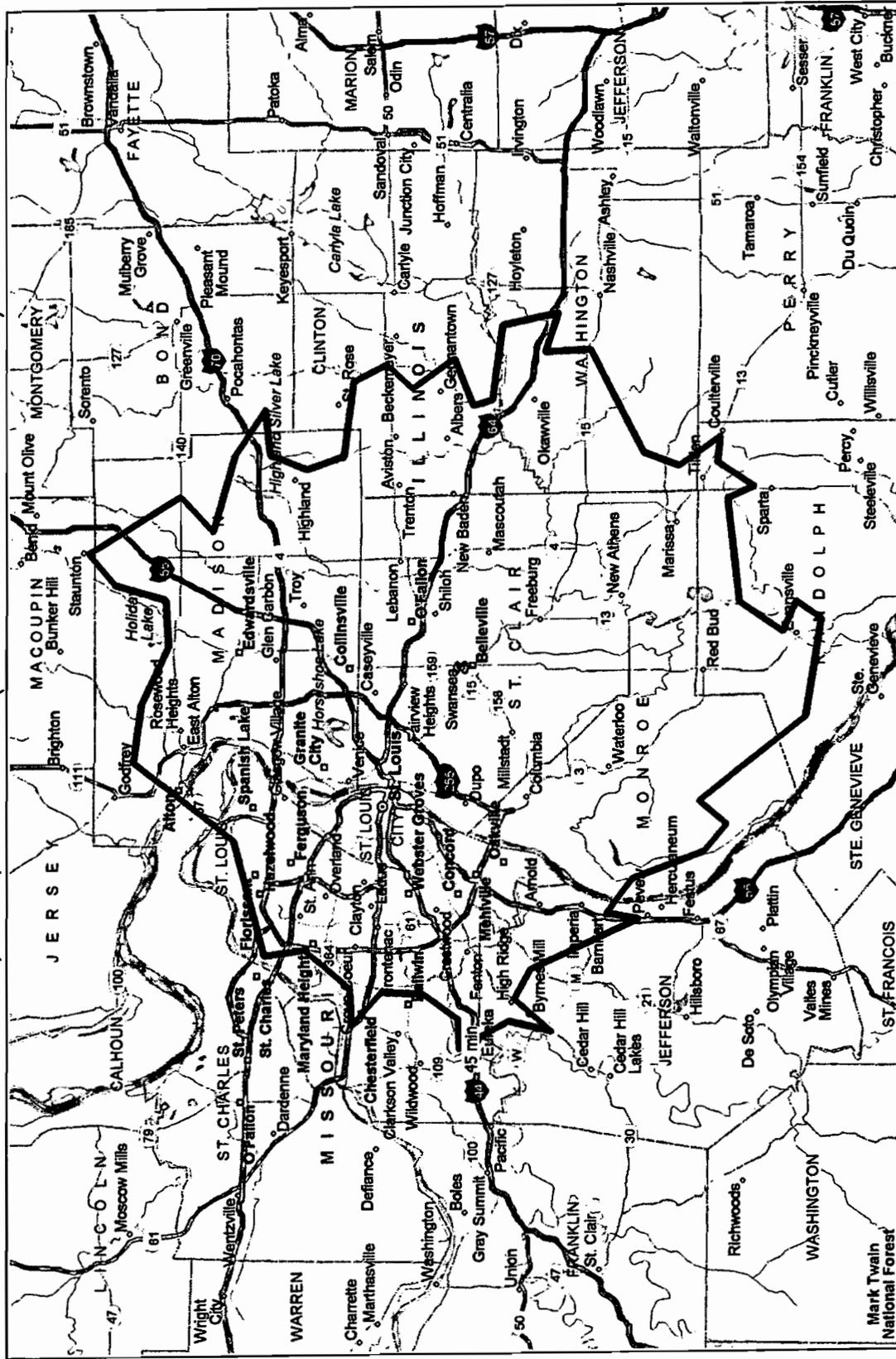
Attachment 10, Exhibit 3 contains documentation that a written request for an impact letter was received by each existing or approved acute mental illness facilities located within 45 minutes travel time of St. Elizabeth's Hospital.

3. *Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicants' workload will be absorbed without conditions, limitations or discrimination.*

Copies of impact letters received from other AMI providers located within 45 minutes travel time of St. Elizabeth's Hospital are included as Attachment 10, Exhibit 4.

Only one letter has been received at the time of filing this application; the letter is included as Attachment 10, Exhibit 4 and provides assurance that Touchette Regional Hospital, pending approval of its certificate of need application by the HFSRB to add 18 beds, will have capacity to accommodate St. Elizabeth's Hospital's 2011 average daily census of 21.4 patients and its 2012 average daily census of 19.2 patients without conditions, limitations, or discrimination.

Belleville, Illinois, United States (45-Minute Drive Time from SEB)



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Letters Sent to
AMI Providers within
45 Minute Travel Time of
St. Elizabeth's Hospital

Alton Memorial Hospital

Gateway Regional Medical Center

Touchette Regional Hospital

Greenville Regional Hospital, Inc.



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 21, 2013

Mr. David Braasch, Administrator
Alton Memorial Hospital
One Memorial Drive
Alton, Illinois 62002

Dear Mr. Braasch:

In accordance with Title 77, Chapter II, Subchapter a, Part 1110.130 Discontinuation, the purpose of this letter is to advise you that St. Elizabeth's Hospital will be filing a certificate of need application requesting a permit from the Health Facilities and Services Review Board to discontinue its 35-bed acute mental illness (AMI) category of service.

Over the last several months, Hospital Sisters Health System and St. Elizabeth's Hospital have been thoughtfully assessing our role in the provision of AMI services. Based on the outcome of this assessment, we have determined that we will discontinue our AMI category of service by January 15, 2016.

As part of the State's requirements for discontinuation, we are providing you with this notice of our intent to discontinue the service, and we invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24 month period is as follows:

AMI Utilization at St. Elizabeth's Hospital, Belleville, 2011 and 2012

Year	Beds	Admissions	Patient Days	Average Daily Census	Percent Occupancy
2011	35	1,956	7,801	21.4	61.1
2012	35	1,787	6,990	19.2	54.9

Further, we would appreciate you advising us as to whether your facility has the capacity to assume additional adult AMI patients without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the additional average daily census of patients that your facility could accept.

Please take into consideration that Touchette Regional Medical Center is simultaneously going to request that its 12-bed AMI unit will be expanded to a 30-bed unit, which will result, if both the St. Elizabeth's Hospital and the Touchette applications are approved, in a net reduction of 17 AMI beds in the planning area. We believe the HFSRB will consider both applications at the same meeting.

Please send your response to Donna Meyers, Administrative Director of Patient Care Services, at 211 South Third Street, Belleville IL 62220. You may also want to send a copy directly to Ms. Courtney Avery, Administrator, Health Facilities and Services Review Board, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

Of course, if you have any questions about our plans, or how we can work together to relocate patients, please do not hesitate to call me at 618-641-5462.

Sincerely,

Maryann Reese
President and CEO

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 21, 2013

Mr. Mark Bethell, Administrator
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, Illinois 62040

Dear Mr. Bethell:

In accordance with Title 77, Chapter II, Subchapter a, Part 1110.130 Discontinuation, the purpose of this letter is to advise you that St. Elizabeth's Hospital will be filing a certificate of need application requesting a permit from the Health Facilities and Services Review Board to discontinue its 35-bed acute mental illness (AMI) category of service.

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Sincerely,

Maryann Reese
Maryann Reese
President and CEO

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 21, 2013

Mr. Larry McCulley
Touchette Regional Hospital
5900 Bond Avenue
Centreville, Illinois 62207

Dear Mr. McCulley:

In accordance with Title 77, Chapter II, Subchapter a, Part 1110.130 Discontinuation, the purpose of this letter is to advise you that St. Elizabeth's Hospital will be filing a certificate of need application requesting a permit from the Health Facilities and Services Review Board to discontinue its 35-bed acute mental illness (AMI) category of service.

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Of course, if you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to call me at 618-641-5462.

Sincerely,

Maryann Reese
President and CEO

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 21, 2013

Mr. Brian Nall, Administrator
Greenville Regional Hospital, Inc.
200 Healthcare Drive
Greenville, Illinois 62246

Dear Mr. Nall:

In accordance with Title 77, Chapter II, Subchapter a, Part 1110.130 Discontinuation, the purpose of this letter is to advise you that St. Elizabeth's Hospital will be filing a certificate of need application requesting a permit from the Health Facilities and Services Review Board to discontinue its 35-bed acute mental illness (AMI) category of service.

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Sincerely,

Maryann Reese
President and CEO

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

Impact Letter Receipt Documentation

Alton Memorial Hospital

Gateway Regional Medical Center

Touchette Regional Hospital

Greenville Regional Hospital, Inc.

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 211 S. Third St.
 Belleville, IL 62220

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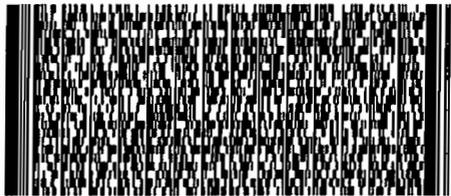
SHIP TO: (618) 234-2120 X 1223 **BILL THIRD PARTY**
David Braasch, Administator
Alton Memorial Hospital
One Memorial Drive

ALTON, IL 62002

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 PO #
 Dept # 8611 Admin

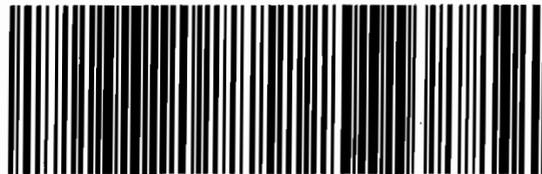
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Recipient:
David Braasch, Administrator
Alton Memorial Hospital
One Memorial Drive
ALTON, IL 62002 US

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St.Elizabeth Materials Mgmt
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Mark Bethell, Administrator
Gateway Regional Medical Center
2100 Madison Avenue

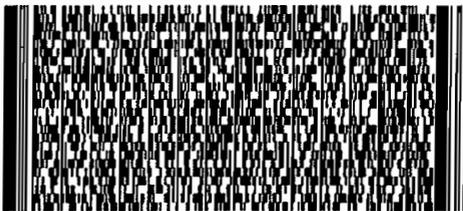
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Dept # 8611 Admin

GRANITE CITY, IL 62040

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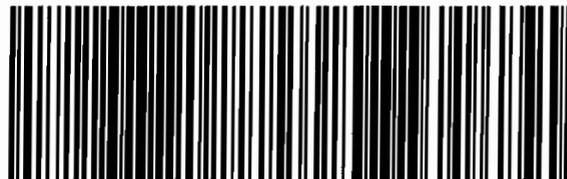
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June 24,2013

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Tracking number:	796060742864	Ship date:	Jun 21, 2013
		Weight:	0.5 lbs/0.2 kg

Recipient:
Mark Bethell, Administrator
Gateway Regional Medical Center
2100 Madison Avenue
GRANITE CITY, IL 62040 US

Shipper:
St.Elizabeth Materials Mgmt
211 S. Third St.
Belleville, IL 62220 US

Reference
Department number

Maryann Reese
8611 Admin

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SHIP TO: (618) 234-2120 X 1223 BILL THIRD PARTY
Mr. Larry McCulley
Touchette Regional Hospital
5900 BOND AVE

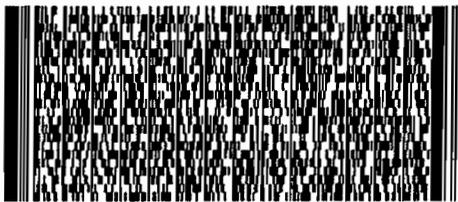
Centreville, IL 62207

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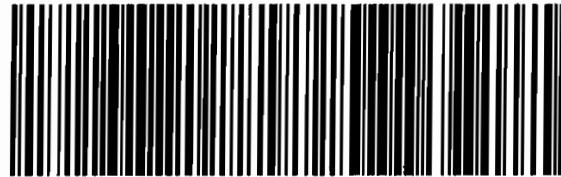
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June 24, 2013

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Service type:	FedEx Priority Overnight	Delivery date:	Jun 24, 2013 10:03
Special Handling:	Deliver Weekday		

Shipping Information:

Tracking number:	796060709946	Ship date:	Jun 21, 2013
		Weight:	0.5 lbs/0.2 kg

Recipient:

Mr. Larry McCulley
Touquette Regional Hospital
5900 BOND AVE
Centreville, IL 62207 US

Shipper:

St.Elizabeth Materials Mgmt
211 S. Third St.
Belleville, IL 62220 US

Reference

Department number

Maryann Reese

8611 Admin

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St.Elizabeth Materials Mgmt

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211 S. Third St.
Belleville, IL 62220



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SHIP TO: (618) 234-2120 X 1223 BILL THIRD PARTY
Brian Nall, Administrator
Greenville Regional Hospital
200 Healthcare Drive
GREENVILLE, IL 62246

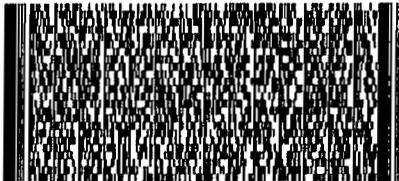
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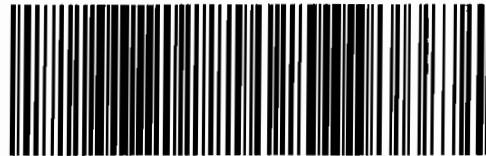
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<https://www.fedex.com/shipping/html/en/PrintIFrame.html>

6/21/2013



June 24, 2013

Dear Customer:

The following is the proof-of-delivery for tracking number **796060727669**.

Delivery Information:

Status:	Delivered	Delivered to:	Shipping/Receiving
Signed for by:	T.ALBERS	Delivery location:	200 HEALTH CARE DR GREENVILLE, IL 62246
Service type:	FedEx Priority Overnight	Delivery date:	Jun 24, 2013 12:00
Special Handling:	Deliver Weekday		

Shipping Information:

Tracking number:	796060727669	Ship date:	Jun 21, 2013
		Weight:	0.5 lbs/0.2 kg

Recipient:
Brian Nall, Administrator
Greenville Regional Hospital
200 Healthcare Drive
GREENVILLE, IL 62246 US

Shipper:
St.Elizabeth Materials Mgmt
211 S. Third St.
Belleville, IL 62220 US

Reference
Department number

Maryann Reese
8611 Admin

Thank you for choosing FedEx.

June 20, 2013

Ms. Maryann Reese, President & CEO
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

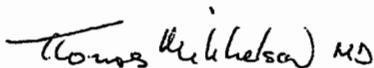
RE: Request from St. Elizabeth's for Impact Statement

Dear Ms. Reese:

Thank you for your request for impact letter. As both St. Elizabeth's Hospital and Touchette Regional Hospital have been planning together to address the inpatient and behavioral health needs of our community, I am able to state that the discontinuation of St. Elizabeth's inpatient behavioral health, or acute mental illness unit will have no impact upon Touchette. I say this with optimism that if the St. Elizabeth's request to discontinue its service is approved by the Illinois Health Facilities and Services Review Board ("HFSRB"), the Touchette request to expand its unit will also be approved by the Board. If it is not, our twelve bed unit will not have the capacity to accept the current volume of patients seen at St. Elizabeth's.

We have enjoyed our collaboration with St. Elizabeth's on behalf of this community. We understand St. Elizabeth's intends to continue to operate its unit until such time as Touchette's expansion is certified occupancy (again, if HFSRB approves both projects). The commitment demonstrated by St. Elizabeth's administration and sponsorship is rewarding to see, in an era when so many circumstances are combining to make it difficult for health care providers to navigate the financial and clinical environment we operate in. Under the latter circumstances, Touchette will be able to and agrees to take patients formerly seen at St. Elizabeth's, without regard to ability to pay and in a non-discriminatory manner.

Thank you,



Thomas Mikkelson, Chief Operating Officer
Touchette Regional Hospital

DM_US 43323894-1.T13706.0010

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

XI. Safety Net Impact Statement

1. *The Project's material impact, if any, on essential safety net services to the community, to the extent that it is feasible for an applicant to have such knowledge.*

In 2011, Hospital Sisters Health System hospitals contributed more than \$166.1 million in benefits to the community including the delivery of free medical, dental and mental health services as well as care assistance to women and children. These care benefits are supplemented by information and wellness programs that reach people in need through hundreds of clinics, outreach programs and similar health events.

Although St. Elizabeth's Hospital is proposing to discontinue its acute mental illness category of service, the Hospital and Touchette Regional Hospital have developed a plan that will allow Touchette to expand its facility and increase inpatient beds to better meet the behavioral health care needs of the region. Therefore, the St. Elizabeth's discontinuation in conjunction with the expansion of Touchette will have a positive impact on essential safety net services in the community by expanding capacity and thus making behavioral health services more accessible to patients, including a growing number of patients with financial barriers, special needs, or other limitations.

2. *The Project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably know by the applicant.*

St. Elizabeth's Hospital's discontinuation of its acute mental illness category of service should not affect any other facility's ability to cross subsidize other safety net services. The patients who historically have used St. Elizabeth's acute mental health services historically will most likely use Touchette Regional Hospital's expanded behavioral health services. Consequently, St. Elizabeth's discontinuation should not affect any other facilities' ability to cross-subsidize safety net services.

3. *How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.*

St. Elizabeth's discontinuation of its acute mental illness category of service should not impact the remaining safety net providers in the region. Touchette Regional Hospital is a disproportionate share hospital and a safety net hospital. The proposed Project will provide Touchette's ability to enhance safety net services to the community.

Safety Net Impact Statements shall also include all of the following.

1. *For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.*

2. *For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.*

By signatures on this application, Hospital Sisters Health System and St. Elizabeth's Hospital certify that the following charity care information is accurate and complete and in accordance with Illinois Community Benefits Act, and certify that the amount of care provided to Medicaid patients is consistent with the information published in the Annual Hospital Profiles.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2010	Year 2011	Year 2012
Inpatient	697	447	403
Outpatient	<u>1,894</u>	<u>1,633</u>	<u>967</u>
Total	<u>2,591</u>	<u>2,080</u>	<u>1,370</u>
Charity (cost In dollars)			
Inpatient	\$3,379,425	\$2,549,549	\$2,103,347
Outpatient	<u>\$2,316,191</u>	<u>\$2,212,403</u>	<u>\$2,456,260</u>
Total	<u>\$5,695,616</u>	<u>\$4,761,952</u>	<u>\$4,559,607</u>
MEDICAID			
Medicaid (# of patients)	Year 2010	Year 2011	Year 2012
Inpatient	2,081	2,332	2,041
Outpatient	<u>19,353</u>	<u>22,506</u>	<u>24,040</u>
Total	<u>21,434</u>	<u>24,838</u>	<u>26,081</u>
Medicaid (revenue)			
Inpatient	\$10,963,466	\$15,401,085	\$12,022,130
Outpatient	<u>\$ 6,699,448</u>	<u>\$17,345,015</u>	<u>\$ 6,220,280</u>
Total	<u>\$17,662,914</u>	<u>\$32,746,100</u>	<u>\$18,242,410</u>

3. *Any information the applicant believes is directly relevant to safety net services, including information regarding teaching and research, and any other service.*

The following are highlights of the recent community benefits provided by St. Elizabeth's Hospital in Belleville.

Auxiliary Health Care Scholarships Awarded: Annually the St Elizabeth's Hospital Auxiliary awards scholarships to candidates who plan to enter a health care field.

"Let's Move" Program for Henry Raab Students: Funded by the Friends of St. Elizabeth's Hospital and created by the Community Wellness Coordinator, "Let's Move" provides students with nutritional facts and fun activities to do throughout the summer to keep them moving and healthy.

"Sunflowers and Sunshine": St Elizabeth's Hospital sponsored a tent in the Children's Art Garden at the nationally recognized Art of the Square. Children participated in the Hospital's "Sunflowers and Sunshine" activity by filling cups with potting soil and planting a sunflower to take home and nurture and grow. The activity encourages children to be mindful of their environment and experience the growing process.

Community Education on Drinking and Driving: St. Elizabeth's Hospital Emergency Department partnered with Arch Air Medical to highlight the dangers of drinking and driving to area high school students in a mock DUI drill.

Rotary International Group from Japan: St Elizabeth's Hospital toured a team of registered nurses from Japan as part of the Group Study Exchange program of the Rotary Foundation.

Heart Health Month Events: "Go Red for Heart Health" themed educational events are presented throughout the month of February.

Real Men Wear Pink and Breast Health Awareness Month Events: St. Elizabeth's Hospital presents educational events throughout the month of October to raise community awareness of breast health topics.

Collaboration with the St. Clair County Health Department: St. Elizabeth's Hospital has a long-standing collaborative relationship with the St. Clair County Health Department. St. Elizabeth's Hospital participates in the Health Department's initiatives, such as the "Get Up and Go" program.

Over the course of several years, the Health Department has been part of the Hospital's community benefits team. Together they completed the Community Needs Assessment. The model they developed and used was considered a "best practice" at the meeting of the National Association of County and City Organizations in Washington, DC.

St. Elizabeth's Hospital was invited to join the Health Department at that meeting.

St. Elizabeth's Hospital's most recent Community Benefits Year-End Summary Report is included as Attachment 43, Exhibit 1.

In summary, Hospital Sisters Health System and St. Elizabeth's Hospital make a vital contribution to the health care of Southwest Illinois communities.

Community Benefits Year-End Summary

Community Benefits, FY 2012

The following amounts were spent on various community benefit programs offered by St. Elizabeth's Hospital.

Benefits for the Poor

• Charity care at cost	\$ 4,559,607
• Unpaid cost of Medicaid and other public programs	10,220,867
• Community Health Services	<u>305,032</u>
Total	\$15,085,506

Benefits for the Broader Community

• Community Health Services	\$ 153,135
• Health Professions Education	1,784,392
• Research	<u>190,128</u>
Total	\$ 2,217,655
Total Community Benefits	<u>\$17,213,161</u>
Adding Other Benefits	
Other Uncompensated Care	5,613,001
Total FY 2012	<u>\$22,826,162</u>

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year 2009	Year 2010	Year 2011
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

Attachment 44, Table 1 includes audited charity care information for St. Elizabeth's Hospital for the last 3 years.

Attachment 44, Exhibit 1 is a copy of Hospital Sisters Health Systems and St. Elizabeth's Hospital Christian Assistance Program. The Christian Assistance Application form and Uninsured Discount policy are provided on the Internet. The charity care policy at Touchette Memorial Hospital is at least as generous as the policy at St. Elizabeth's Hospital.

Attachment 44, Table 1
 St. Elizabeth's Hospital

CHARITY CARE			
	Year 2010	Year 2011	Year 2012
Net Patient Revenue	183,292,815	171,185,007	165,837,300
Amount of Charity Care (charges)	17,565,475	14,788,672	15,749,939
Cost of Charity Care	5,383,601	4,761,952	4,559,607



HOSPITAL POLICY AND DIRECTIVE MANUAL Category <u>Finance</u> Title <u>Christian Assistance Program</u>	No. 800.12 Reference: HSHS Executive Manual Policy _____ Directive _____
Approved by:	Page <u>1</u> of <u>6</u>
Chief Executive Officer Effective Date: 5-1-07	

Directive:

St. Elizabeth's Hospital shall assure that the medically indigent and uninsured receive necessary services. Catholic health care is respectful of the dignity of the person, regardless of financial status. The quality of care should not be affected by the inability to pay. Services are always to be rendered in a courteous and gracious manner.

St. Elizabeth's Hospital will not exclude any person from service by reason of inability to pay, and makes available reasonable amount of service at no cost, or less than full cost, to people who cannot pay.

Eligibility criteria and the determination process will be established by the Administrator, and implemented in the Patient Accounts Departments, under the direction of the Assistant Administrator/Finance. St. Elizabeth's Hospital's Christian Assistance Program policy will comply with Hospital Sisters Health Systems, Charity Care policy, F-11, and Uninsured Patient Discounts, policy F-27.

Purpose:

The purpose of this policy is to provide a standard method to determine eligibility for charity and the uninsured discount, referred to as the Christian Assistance Program (CAP).

Eligibility Criteria

Eligibility is based upon the following criteria:

- The lesser of Personal or family income for the preceding 3 months multiplied by 4 or the adjusted gross income on their last filed income tax return.
- Size of the patient/guarantor's family as claimed or to be claimed on the patient's family's Income tax return.
- Assets

Income eligibility guidelines will be based upon the Federal Poverty Guidelines as published each year by the Department of Health and Human Services. See attached schedule for discounts.

Income shall include, but is not limited to: Gross wages and salaries; gross income less employment expenses (excluding depreciation) for self-employed persons; pensions or grants from the State, Federal, or private sources; annuities; unemployment benefits; workers' compensation; alimony; child support; rent; interest.

Income is the primary factor in determining eligibility; however substantial assets will limit the eligibility. Assets will include savings, checking, stocks, bonds, IRA, and CD accounts. The total financial resources after exemptions shall be considered available resources for payment of obligation. If the patient has available resources, the total dollar value of the charity discount will be reduced by the dollar amount of the available resources. Guidelines will be based upon the Illinois State Medicaid Program.

Christian Assistance consideration may be denied for the following:

- Services that could have been paid by Illinois Public Aid but patient refused application or failed to make their appointment for such consideration.
- Services defined as not covered by the HSHS employee health plan.

Consideration for Christian Assistance may be approved for patients who do not fall within the guidelines of this policy, however can prove extenuating hardship.

Patient/Guarantor's Responsibilities:

To determine eligibility, the patient/guarantor must cooperate with the hospital in providing the following information:

- Application for Christian Assistance
- Copy of the most recent Federal Income Tax Return
- The last 3 months income verification (i.e. check stubs, social security benefit statements, retirement benefit statements, unemployment statements, worker's compensations check stubs).

The patient/guarantor, who qualifies for a partial write off or is denied, must cooperate with the hospital to establish and comply with a reasonable payment plan. A patient responsible for paying a hospital bill shall communicate to the hospital any material change in the patient's financial situation that may affect the patient's ability to abide by the provisions of an agreed upon reasonable payment plan or qualification for financial assistance within 30 days of the change.

The patient/guarantor may be billed by the hospital and subject to collection activities consistent with the hospital's billing and collection policies and practices for patients/guarantors who do not qualify for assistance under the charity program, when the patient/guarantor:

- Fails to satisfy his or her responsibilities as outlined above or
- Has a payment obligation to the hospital and fails to cooperate with the hospital to establish and comply with a reasonable payment plan.

Notification

The hospital will place signs in Admitting, ER, Outpatient Testing Center, Urgi-Care, and the Cashiers Office advising patients that the hospital has available a certain amount of healthcare assistance for anyone who is eligible.

Information about how to apply for the Christian Assistance Program will also be printed in the Patient Guide distributed at the point of admission and printed on the bills and monthly guarantor statements mailed to the patients.

Application Process

Any patient or guarantor may request the Christian Assistance Program (CAP) application:

- Upon admission when admitting materials are distributed
- As calls/requests are received in the Patient Accounts Department and/or any outsourcing agency St. Elizabeth's Patient Accounts Department has employed.

An application will be valid for an applicant and his/her family for six months from the date the application was signed.

Evaluation Process

The Patient Accounts Manager or his/her designee will review the application and make a determination of the responsible party's eligibility. Approval must be obtained on the balances listed below.

Account Balances over \$2,500.00 requires approval by a Patient Account Manager
Account Balances over \$15,000.00 requires approval by the Director of Patient Accounts
Account Balances over \$30,000.00 requires approval by the Assistant Administrator of Finance

Uninsured patients will automatically receive a 20% discount for all services as defined as covered by the HSHS employee health plan.

A determination of the applicant's eligibility for any discount greater than 20% will be rendered within ten (10) working days from receipt of application and income verification. Collection efforts will cease on accounts pending determination.

A deduction for Christian Assistance is only applicable to the patient portion of the bill.

Amounts previously paid will not be considered for Christian Assistance.

Christian Assistance will not be approved until all third party payments have been received from all sources and will be applied only to the personal balance due after such payments.

If the patient or guarantor has been determined eligible, the following procedure will be followed:

- The guarantor and/or responsible party will be notified in writing that they have been approved for financial assistance and the degree of assistance granted.
- A patient accounts representative will adjust the balance on the account to the Christian Assistance account.
- Financial arrangements to pay any remaining balance will be established and communicated to the patient in writing at the same time notification is given regarding the assistance to be granted. The first payment must be made within thirty (30) days from the date of the letter, or the account is returned for normal collection process.

If the applicant has been determined ineligible, the following procedure will be followed:

- A Patient Account Representative will send a letter, along with the itemized statement, stating the following:
 - The reason for determining ineligibility, and
 - Financial arrangements to pay the enclosed statements will be established and communicated to the patient in writing with the first payment due with thirty (30) days from the date of the letter or the account is returned for normal collection process.

Discount Rates

Annually, the Director of Patient Accounts and the Controller will review the discount rates as of June 30th and if revisions are necessary, provide administration with a recommendation. Discount rates will be effective on October 1st and will remain in effect until October 1st of the following year.

The discount rates will be based upon the Hospital Sisters Health System, policy F-27 and are as follows:

For all uninsured patients whose family income is greater than 400% of the federal poverty level, charges will be reduced by a discount equal to 50% to 75% of the discount given to Hospital Sisters Health System employee health plan.

For all uninsured patients whose family income is less than 400% of the federal poverty level, will receive a charity care discount equal to 25% to 50% of the Hospital's prior year's average Medicare discount rate. However, the discount for these patients will be at a minimum be equal to 75% of the discount given the Hospital Sisters Health System sponsored employee health plan.

For the period of October 1, 2006 through September 30, 2007 the discounts are as follows:

- For patients whose family income is less than 400% of the federal poverty level, they will receive a 30% discount.
- For patients whose family income is equal to or greater than 400% of the federal poverty level, they will receive a 20% discount.

Responsibilities:

Hospital Administration will approve the Christian Assistance Charity Policy.

Admitting will distribute the Christian Assistance Program application and related information to the patient and/or guarantor as requested by the patient/guarantor.

Patient Accounts will be responsible for the review and approval of the application and related correspondence.

Attachment A
Based on gross family income

For Insured Patients										
Discount	100%		100%		75%		50%		30%	
Family Size	Gross Family Income									
	2009 Poverty Guidelines		150% of Poverty Guidelines		200% of Poverty Guidelines		300% of Poverty Guidelines		400% of Poverty Guidelines	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
1	Less than	\$10,830	\$10,831	\$16,245	\$16,246	\$21,660	\$21,661	\$32,490	\$32,491	\$43,320
2	Less than	\$14,570	\$14,571	\$21,855	\$21,856	\$29,140	\$29,141	\$43,710	\$43,711	\$58,280
3	Less than	\$18,310	\$18,311	\$27,465	\$27,466	\$36,620	\$36,621	\$54,930	\$54,931	\$73,240
4	Less than	\$22,050	\$22,051	\$33,075	\$33,076	\$44,100	\$44,101	\$66,150	\$66,151	\$88,200
5	Less than	\$25,790	\$25,791	\$38,685	\$38,686	\$51,580	\$51,581	\$77,370	\$77,371	\$103,160
6	Less than	\$29,530	\$29,531	\$44,295	\$44,296	\$59,060	\$59,061	\$88,590	\$88,591	\$118,120
7	Less than	\$33,270	\$33,271	\$49,905	\$49,906	\$66,540	\$66,541	\$99,810	\$99,811	\$133,080
8	Less than	\$37,010	\$37,011	\$55,515	\$55,516	\$74,020	\$74,021	\$111,030	\$111,031	\$148,040
For each additional member, add		\$3,740		\$5,610		\$7,480		\$11,220		\$14,960

For Uninsured Patients								
Discount	100%		100%		75%		58%	
Family Size	Gross Family Income							
	2009 Poverty Guidelines		150% of Poverty Guidelines		200% of Poverty Guidelines		600% of Poverty Guidelines	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
1	Less than	\$10,830	\$10,831	\$16,245	\$16,246	\$21,660	\$21,661	\$64,980
2	Less than	\$14,570	\$14,571	\$21,855	\$21,856	\$29,140	\$29,141	\$87,420
3	Less than	\$18,310	\$18,311	\$27,465	\$27,466	\$36,620	\$36,621	\$109,860
4	Less than	\$22,050	\$22,051	\$33,075	\$33,076	\$44,100	\$44,101	\$132,300
5	Less than	\$25,790	\$25,791	\$38,685	\$38,686	\$51,580	\$51,581	\$154,740
6	Less than	\$29,530	\$29,531	\$44,295	\$44,296	\$59,060	\$59,061	\$177,180
7	Less than	\$33,270	\$33,271	\$49,905	\$49,906	\$66,540	\$66,541	\$199,620
8	Less than	\$37,010	\$37,011	\$55,515	\$55,516	\$74,020	\$74,021	\$222,060
For each additional member, add		\$3,740		\$5,610		\$7,480		\$22,440

Appendix A
MapQuest Drive Time Maps



Notes
SEB to Alton Memorial

Trip to:
1 Memorial Dr
Alton, IL 62002-6722
38.53 miles / 47 minutes

A 211 S 3rd St, Belleville, IL 62220-1915

- 

1. Start out going north on S 3rd St toward W Lincoln St. [Map](#) **0.02 Mi**
0.02 Mi Total
- 

2. Take the 1st left onto W Lincoln St. [Map](#) **0.2 MI**
Catholic Diocese of Belleville is on the right
If you reach W Washington St you've gone a little too far 0.2 Mi Total
- 

3. Turn slight left onto Centreville Ave. [Map](#) **0.6 MI**
If you are on W Lincoln St and reach S 6th St you've gone a little too far 0.9 Mi Total
- 


4. Merge onto IL-15 W toward E St Louis. [Map](#) **7.5 MI**
If you reach Whiskey Rd you've gone a little too far 8.3 Mi Total
- 


5. Merge onto I-255 N toward Chicago. [Map](#) **14.9 MI**
23.2 Mi Total
- 


6. I-255 N becomes IL-255 N. [Map](#) **9.7 MI**
32.9 Mi Total
- 

7. Take the IL-111 / IL-140 exit, EXIT 10, toward Alton / Bethalto. [Map](#) **0.3 MI**
33.1 Mi Total
- 

8. Keep left to take the ramp toward Alton. [Map](#) **0.06 MI**
33.2 Mi Total
- 


9. Turn left onto E MacArthur Dr / IL-111 / IL-140. Continue to follow IL-140 W. [Map](#) **4.7 MI**
37.9 Mi Total
- 

10. Stay straight to go onto College Ave. [Map](#) **0.4 MI**
38.3 Mi Total
- 

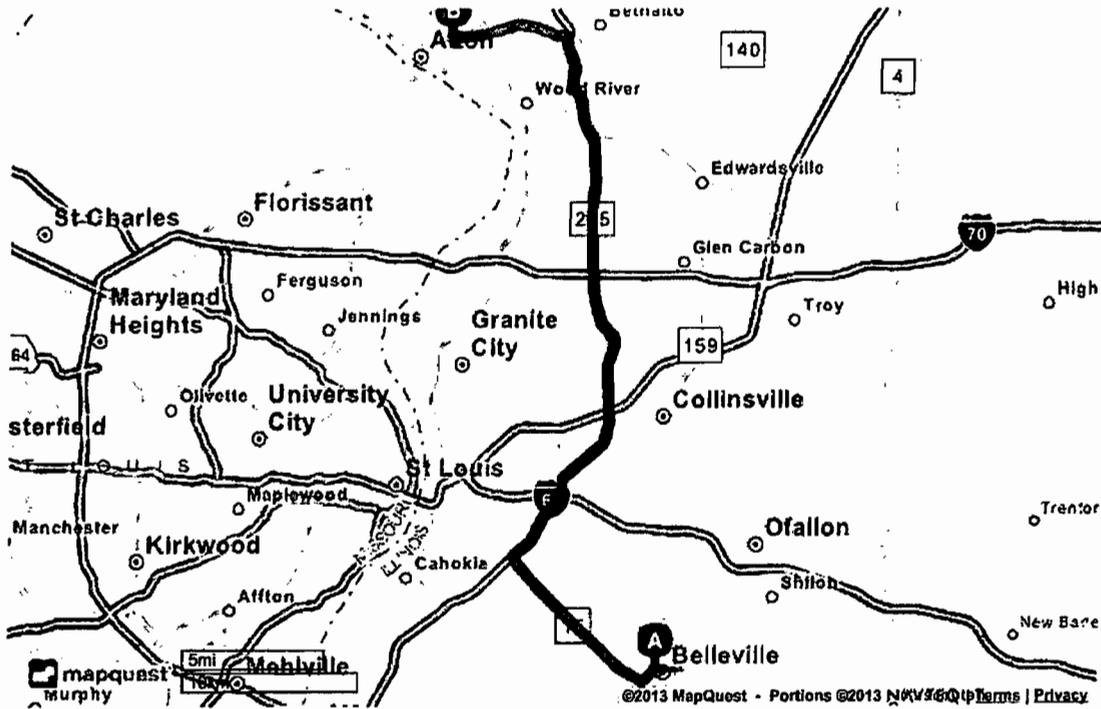
11. Take the 2nd left onto Rock Springs Dr. [Map](#) **0.2 MI**
Rock Springs Dr is 0.2 miles past Humbert St
If you reach Monterey Pl you've gone about 0.1 miles too far 38.5 Mi Total
- 

12. Take the 1st right onto Memorial Dr. [Map](#)
Memorial Dr is just past Edwards St
If you reach Brown St you've gone about 0.2 miles too far
- 

13. 1 MEMORIAL DR is on the left. [Map](#)
If you reach Brown St you've gone about 0.5 miles too far

B 1 Memorial Dr, Alton, IL 62002-6722

Total Travel Estimate: 38.53 miles - about 47 minutes



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Notes

SEB to Gateway Regional Medical Center

Trip to:

2100 Madison Ave

Granite City, IL 62040-4701

22.53 miles / 33 minutes

A 211 S 3rd St, Belleville, IL 62220-1915

- 1. Start out going north on S 3rd St toward W Lincoln St. [Map](#)

0.02 Mi
0.02 Mi Total
- 2. Take the 1st left onto W Lincoln St. [Map](#)

Catholic Diocese of Belleville is on the right
If you reach W Washington St you've gone a little too far

0.2 Mi
0.2 Mi Total
- 3. Turn slight left onto Centreville Ave. [Map](#)

If you are on W Lincoln St and reach S 6th St you've gone a little too far

0.6 Mi
0.9 Mi Total
- 4. Merge onto IL-15 W toward E St Louis. [Map](#)

If you reach Whiskey Rd you've gone a little too far

7.5 Mi
8.3 Mi Total
- 5. Merge onto I-255 N / US-50 E toward Chicago. [Map](#)

3.1 Mi
11.4 Mi Total
- 6. Merge onto I-64 W via EXIT 20. [Map](#)

5.2 Mi
16.6 Mi Total
- 7. Merge onto I-55 N / I-70 E / US-40 E via EXIT 3 toward Chicago / Indianapolis. [Map](#)

0.9 Mi
17.5 Mi Total
- 8. Merge onto IL-203 N via EXIT 4 toward Granite City. [Map](#)

4.2 Mi
21.7 Mi Total
- 9. Turn left onto E 20th St. [Map](#)

E 20th St is 0.2 miles past 14th St
If you reach E 21st St you've gone about 0.1 miles too far

0.7 Mi
22.4 Mi Total
- 10. Turn right onto Madison Ave. [Map](#)

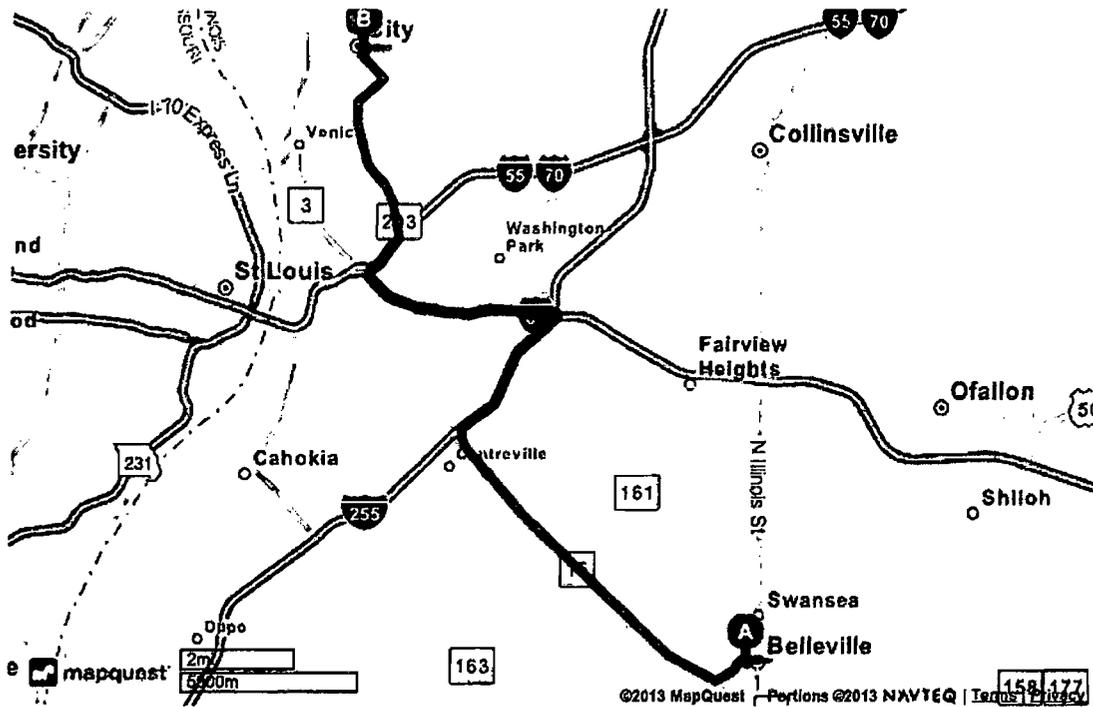
Madison Ave is just past Iowa St
Walgreens is on the corner
If you reach Grand Ave you've gone a little too far

0.1 Mi
22.5 Mi Total
- 11. 2100 MADISON AVE is on the right. [Map](#)

If you reach Niedringhaus Ave you've gone a little too far

B 2100 Madison Ave, Granite City, IL 62040-4701

Total Travel Estimate: 22.53 miles - about 33 minutes



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Notes

SEB to Touchette Regional Hospital, Centreville, IL

Trip to:

5900 Bond Ave

East Saint Louis, IL 62207-2326

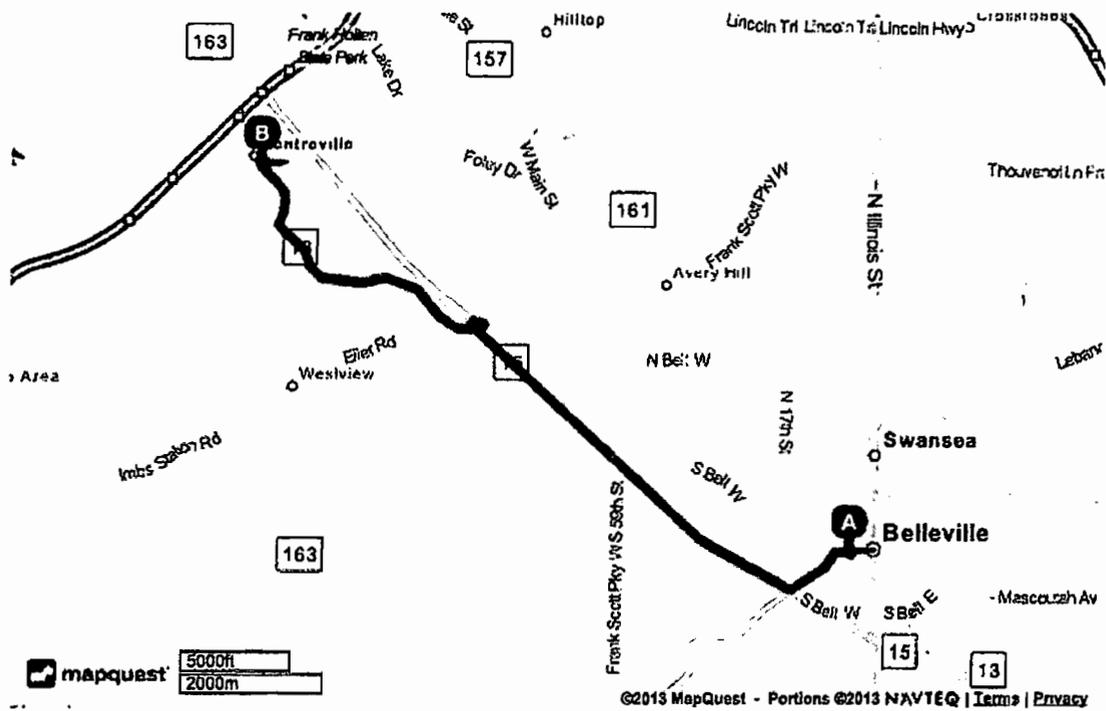
9.09 miles / 14 minutes

A 211 S 3rd St, Belleville, IL 62220-1915

- 1. Start out going north on S 3rd St toward W Lincoln St. [Map](#) **0.02 MI**
0.02 Mi Total
- 2. Take the 1st left onto W Lincoln St. [Map](#) **0.2 MI**
0.2 Mi Total
*Catholic Diocese of Belleville is on the right
If you reach W Washington St you've gone a little too far*
- 3. Turn slight left onto Centreville Ave. [Map](#) **0.6 MI**
0.9 Mi Total
If you are on W Lincoln St and reach S 6th St you've gone a little too far
- 4. Merge onto IL-15 W toward E St Louis. [Map](#) **4.5 MI**
5.4 Mi Total
If you reach Whiskey Rd you've gone a little too far
- 5. Merge onto IL-13 E / Old St Louis Rd toward Centreville. [Map](#) **2.6 MI**
8.0 Mi Total
- 6. Enter next roundabout and take the 2nd exit onto IL-13 W / Old St Louis Rd. [Map](#) **0.4 MI**
8.4 Mi Total
- 7. Turn right onto IL-163 / Old Missouri Ave. [Map](#) **0.3 MI**
8.7 Mi Total
- 8. Stay straight to go onto Bond Ave. [Map](#) **0.4 MI**
9.1 Mi Total
- 9. 5900 BOND AVE is on the left. [Map](#)
If you reach S 57th St you've gone about 0.1 miles too far

B 5900 Bond Ave, East Saint Louis, IL 62207-2326

Total Travel Estimate: 9.09 miles - about 14 minutes



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Notes

SEB to Greenville Regional Hospital, Inc, Greenville, IL ↕

(Corrected address and map)

Trip to:

200 Health Care Dr

Greenville, IL 62246-1154

57.85 miles / 1 hour 6 minutes

A 211 S 3rd St, Belleville, IL 62220-1915

- 

1. Start out going north on S 3rd St toward W Lincoln St. [Map](#) **0.02 Mi**
0.02 Mi Total
- 

2. Take the 1st left onto W Lincoln St. [Map](#) **0.2 Mi**
Catholic Diocese of Belleville is on the right
If you reach W Washington St you've gone a little too far 0.2 Mi Total
- 

3. Turn slight left onto Centreville Ave. [Map](#) **0.6 Mi**
If you are on W Lincoln St and reach S 6th St you've gone a little too far 0.9 Mi Total
- 


4. Merge onto IL-15 W toward E St Louis. [Map](#) **7.5 Mi**
If you reach Whiskey Rd you've gone a little too far 8.3 Mi Total
- 


5. Merge onto I-255 N toward Chicago. [Map](#) **7.9 Mi**
16.3 Mi Total
- 



6. Merge onto I-55 N / I-70 E via EXIT 25A toward Chicago / Indianapolis. [Map](#) **9.1 Mi**
25.3 Mi Total
- 



7. Keep right to take I-70 E via EXIT 20A toward Indianapolis. [Map](#) **26.8 Mi**
52.1 Mi Total
- 

8. Take EXIT 41 toward Greenville. [Map](#) **0.3 Mi**
52.4 Mi Total
- 

9. Turn left onto Millersburg Rd. [Map](#) **0.2 Mi**
52.6 Mi Total
- 


10. Turn right onto US-40 E. [Map](#) **2.3 Mi**
54.9 Mi Total
- 

11. Turn left onto S 4th St / Dudleyville Rd. Continue to follow S 4th St. [Map](#) **1.0 Mi**
If you reach S Elm St you've gone about 0.5 miles too far 55.9 Mi Total
- 

12. Turn right onto W Franklin Ave. [Map](#) **0.06 Mi**
W Franklin Ave is just past Louls Latzer Dr
If you reach W Willard St you've gone a little too far 55.9 Mi Total
- 

13. Take the 1st left onto S 3rd St. [Map](#) **0.6 Mi**
56.5 Mi Total
- 


14. Turn left onto W College Ave / IL-127. Continue to follow IL-127. [Map](#) **0.5 Mi**
IL-127 is just past W Main St
Dairy Queen is on the corner
If you reach W Oak St you've gone a little too far 57.1 Mi Total
- 


15. Turn right onto IL-140. [Map](#) **0.7 Mi**
IL-140 is 0.1 miles past Mill Hill Rd
If you are on Hezel Dell Rd and reach Branch Rd you've gone about 0.3 miles too far 57.7 Mi Total



16. Take the 1st left onto **Grigg St**. Map
If you reach N Elm St you've gone a little too far

0.09 Mi
57.8 Mi Total



17. **Grigg St** becomes **Health Care Dr**. Map

0.04 Mi
57.9 Mi Total



18. **200 HEALTH CARE DR** is on the right. Map
*Your destination is just past Honey Locust Ln
If you reach the end of Health Care Dr you've gone a little too far*



200 Health Care Dr, Greenville, IL 62246-1154