ORIGINAL

13-046

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
JUL 19 2013
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	St. Joseph Memorial Hospital
Street Address:	2 South Hospital Drive
City and Zip Code:	Murphysboro 62966
County: Jackson	Health Service Area 5 Health Planning Area: Hospital: F-07; LTC: 5-Jackson

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

Exact Legal Name:	Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital
Address:	2 South Hospital Drive, Murphysboro, Illinois 62966
Name of Registered Agent:	Mr. William F. Sherwood
Name of Chief Executive Officer:	Mr. John Brothers, Vice President and Administrator
CEO Address: St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, IL 62966	
Telephone Number:	618-684-3156 X55305 E-Mail Address: john.brothers@sih.net

Type of Ownership of Applicant/Co-Applicant

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- 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.

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:	Ms. Cathy Blythe
Title:	System Planning Manager
Company Name:	Southern Illinois Healthcare
Address:	1239 East Main Street P.O. Box 3988, Carbondale, IL 62902
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

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

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	65 E. Scott Street #9A Chicago, Illinois 60610-5274
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

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

Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Address:	2 South Hospital Drive, Murphysboro, Illinois 62966
Name of Registered Agent:	Mr. William F. Sherwood
Name of Chief Executive Officer:	Mr. Rex Budde
CEO Address: Southern Illinois Healthcare 1239 East Main St. P.O. Box 3988, Carbondale, IL 62902	
Telephone Number:	618-457-5200 X67030

Type of Ownership of Applicant/Co-Applicant

X Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- 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.

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

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

Name:	Mr. Philip L. Schaefer, FACHE
Title:	Vice President, Ambulatory and Physician Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street P.O. Box 3988, Carbondale, IL 62902
Telephone Number:	618-457-5200 X67961
E-mail Address:	phil.schaefer@sih.net
Fax Number:	618-529-0568

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:	Ms. Cathy Blythe
Title:	System Planning Manager
Company Name:	Southern Illinois Healthcare
Address:	1239 East Main Street P.O. Box 3988, Carbondale, IL 62902
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Southern Illinois Hospital Services
Address of Site Owner:	1239 East Main Street Carbondale, IL 62902

Street Address or Legal Description of Site: 2 South Hospital Drive, Murphysboro, IL 62966

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: Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital

Address: 2 South Hospital Drive, Murphysboro, IL 62966

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- 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.**

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.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

003

Flood Plain Requirements

[Refer to application instructions.]

NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE CONSTRUCTION

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

[Refer to application instructions.]

NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE DEMOLITION, NEW CONSTRUCTION OR MODERNIZATION

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:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive	X Part 1120 Not Applicable
X Non-substantive	☐ Category A Project
	☐ Category B Project
	☐ DHS or DVA Project

004

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.

The purpose of this CON application is to seek certification of St. Joseph Memorial Hospital's acute care beds for the Extended Care Category of Service as defined by the Centers for Medicare and Medicaid Services under 42 CFR 405.471.

The purpose of this certification is to enable St. Joseph Memorial Hospital, a Critical Access Hospital, to operate all of its Medical/Surgical beds as swing beds under the Medicare Program.

St. Joseph Memorial Hospital was designated as a Critical Access Hospital in 2004.

There is no cost associated with this project.

This project is non-substantive in accordance with 77 Ill. Adm. Code 1110.40(b) because it is solely and entirely limited in scope to the request that its Acute Care Beds be certified for the Extended Care Category of Service.

05

Project Costs and Sources of Funds

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	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$0	$0	$0
Movable or Other Equipment (not in construction contracts)	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$0	$0	$0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$0	$0	$0

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

THIS ATTACHMENT IS NOT APPLICABLE BECAUSE THE PROJECT DOES NOT HAVE ANY COSTS

006

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 ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes X No*
*This project is for the certification of Acute Care Beds for Extended Care

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 $10,000 for staff training.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

X None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): April 30, 2014

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

NOT APPLICABLE BECAUSE THE PROJECT DOES NOT HAVE ANY COSTS

☐ 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-[illegible] SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

State Agency Submittals

Are the following submittals up to date as applicable:

X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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 ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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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. Joseph Memorial Hospital		**CITY: Murphysboro**			
REPORTING PERIOD DATES:		**From: January 1, 2012**	**to: December 31, 2012**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days Incl. Observ.**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	25	716	3,233	0	25
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care (Swing Beds)	0	0	0	+25*	25*
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)					
TOTALS:	25	716	3,233	0*	25*

*This application seeks to certify all of St. Joseph's proposed M/S beds as "swing beds," which will not result in any change in the proposed total number of Authorized Beds at the hospital

009

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 Southern Illinois Hospital Services dba St. Joseph Memorial 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.**

SIGNATURE	SIGNATURE
Rex P. Budde	Michael Kasser
PRINTED NAME	PRINTED NAME
President & CEO	VP/CFO/Treasurer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 12 day of July 2013	Notarization: Subscribed and sworn to before me this 12th day of July 2013
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL SUSAN M ROARK Notary Public, State of Illinois My Commission Expires 05-08-2017	Seal: OFFICIAL SEAL Valerie K. Cawvey Notary Public, State of Illinois My Commission Expires Nov. 9, 2013

*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 Southern Illinois Healthcare Enterprises, Inc. 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

Rex P. Budde
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15 day of July 2013

Signature of Notary

Seal

OFFICIAL SEAL
SUSAN M ROARK
Notary Public, State of Illinois
My Commission Expires 05-08-2017

SIGNATURE

Michael Kasser
PRINTED NAME

VP/CFO/Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of July 2013

Valerie K. Cawvey
Signature of Notary

Seal

OFFICIAL SEAL
Valerie K. Cawvey
Notary Public, State of Illinois
My Commission Expires Nov. 9, 2013

*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

012

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

THIS ATTACHMENT IS NOT APPLICABLE IN ACCORDANCE WITH 77 ILL. ADM. CODE 1110.40(b)

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):
3.

Category of Service	# Existing Beds	# Proposed Beds
☐ **Medical/Surgical**		
☐ **Obstetric**		
☐ **Pediatric**		
☐ **Intensive Care**		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X
1110.530(d)(2) - Documentation			X

APPLICABLE REVIEW CRITERIA		Establish	Expand	Modernize
1110.530(d)(3) -	Documentation Related to Cited Problems			X
1110.530(d)(4) -	Occupancy			X
110.530(e) -	Staffing Availability	X	X	
1110.530(f) -	Performance Requirements	X	X	X
1110.530(g) -	Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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THIS PROJECT IS NOT SUBJECT TO PART 1120 BECAUSE THERE ARE NO PROJECT COSTS

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

THIS PROJECT IS NOT SUBJECT TO PART 1120 BECAUSE THERE ARE NO PROJECT COSTS

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
3. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

THIS PROJECT IS NOT SUBJECT TO PART 1120 BECAUSE THERE ARE NO PROJECT COSTS

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

THIS PROJECT IS NOT SUBJECT TO PART 1120 BECAUSE THERE ARE NO PROJECT COSTS

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

THIS ATTACHMENT IS NOT APPLICABLE BECAUSE THE PROJECT IS DEFINED AS NON-SUBSTANTIVE IN 77 ILL. ADM. CODE 1110.40(b)

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)			
Inpatient			
Outpatient			
Total			

026

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

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File Number 2877-076-6

STATE OF ILLINOIS

OFFICE OF THE 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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* NOVEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1233102968

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

File Number 5313-710-5

STATE OF ILLINOIS

OFFICE OF THE 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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* NOVEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1233102902

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

Chicago Title Insurance Company

To: Feirich/Mager/Green/Ryan
P. O. Box 1570
Carbondale, Illinois 62903
ATTENTION: Mary Ann Brandon

COMMITMENT FOR TITLE INSURANCE

CHICAGO TITLE INSURANCE COMPANY, a Missouri corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the proposed insured named in schedule A, as owner or mortgagee of the estate or interest covered hereby in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B and to the Conditions and Stipulations hereof.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this commitment or by subsequent endorsement.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

NOTE: This Commitment shall not be valid or binding until signed by an authorized signatory.

Schedule A

mber	Effective Date	Refer Inquiries To
AX 95-820	August 10, 1995 at 4:00 p.m.	Bob Maloney

1. **Owners Policy to be Issued:** **Amount:** $6,000.00

   Proposed Insured: ASC HEALTH SYSTEM, an Illinois not-for profit corporation which is sponsored by the ADORERS OF THE BLOOD OF CHRIST (ADORATRICES SANGUINIS CHRISTI, A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH (THE "ADORERS"), OF MURPHYSBORO, ILLINOIS

   Loan Policy to be issued: **Amount:** NONE

   Proposed Insured: NONE

2. **The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:**

   SOUTHERN ILLINOIS HOSPITAL SERVICES

3. **The land referred to in this Commitment is described as follows:**

(SEE NEXT PAGE FOR DESCRIPTION)

Chicago Title Insurance Company

COMMITMENT FOR TITLE INSURANCE

CHICAGO TITLE INSURANCE COMPANY, a corporation of Missouri, herein called the Company, for a valuable consideration, hereby commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest covered hereby in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor; all subject to the provisions of Schedules A and B and to the Conditions and Stipulations hereof.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by subsequent endorsement.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

IN WITNESS WHEREOF, Chicago Title Insurance Company has caused this Commitment to be signed and sealed as of the effective date of Commitment shown in Schedule A, the Commitment to become valid when countersigned by an authorized signatory.

CHICAGO TITLE INSURANCE COMPANY

By:

Issued by:
JACKSON COUNTY ABSTRACT & TITLE
GUARANTEE CO.
110 SOUTH 11TH STREET, P.O. BOX 970
MURPHYSBORO, ILLINOIS 62966
(618)684-3311 OR (618) 684-2766
FAX (618) 687-2311

Richard L Polla.
President.

ATTEST:

Thomas J Adams
Secretary.

Authorized Signatory

CHICAGO TITLE INSURANCE COMPANY

GENERAL DESCRIPTION: A part of the Northwest Quarter of the Northwest Quarter of Section 3, Township 9 South, Range 2 West of the 3rd P.M., County of Jackson, State of Illinois.

DETAIL DESCRIPTION: Commencing at the Southwest corner of the Northwest Quarter of the Northwest Quarter of the said Section 3; thence West along the South line of the Northeast Quarter of the Northeast Quarter of Section 4 of the said Township 9 South, Range 2 West, a distance of 628.02 feet to a point in the Easterly right-of-way line of F.A. Route 14 (State Route 13); thence Northerly along the said Easterly right-of-way line of F.A. Route 14 (State Route 13), a distance of 603.22 feet to a point; thence Easterly along a line with a deflection angle of 88°44'09", a distance of 10.85 feet to a point; thence Northeasterly along the arc of a circular curve concave to the Northwest, to which the last aforesaid line is tangent at the last aforesaid point; said arc having a radius of 81.76 feet and an internal angle of 46°21'00", a distance of 66.14 feet to a point; thence continuing Northeasterly along a line, said line being tangent to the last aforesaid arc of a circular curve at the last aforesaid point, projected a distance of 43.12 feet to a point; thence Easterly along the arc of a circular curve concave to the Southeast, to which the last aforesaid line is tangent at the last aforesaid point; said arc having a radius of 62.98 feet and an internal angle of 46°24'40", a distance of 51.02 feet to a point; thence continuing Easterly along a line, said line being tangent to the last aforesaid arc of a circular curve at the last aforesaid point, projected a distance of 23.00 feet to a point; thence Southeasterly along a line with a deflection angle of 65°26'27", a distance of 73.91 feet to a point; thence Southeasterly along the arc of a circular curve concave to the Northeast, to which the last aforesaid line is tangent at the last aforesaid point, said arc having a radius of 74.06 feet and an internal angle of 68°02'52", a distance of 87.96 feet to a point; thence Easterly along a line, said line being tangent to the last aforesaid arc of a circular curve at the last aforesaid point, projected a distance of 12.89 feet to a point; thence Northeasterly along the arc of a circular curve concave to the North, to which the last aforesaid line is tangent at the last aforesaid point, said arc having a radius of 1468.26 feet and an internal angle of 11°39'59", a distance of 298.96 feet to a point; thence continuing Northeasterly along a line, said line being tangent to the last aforesaid arc of circular curve at the last aforesaid point, projected a distance of 103.29 feet to a point; thence Easterly along the arc of a circular curve concave to the South, to which the last aforesaid line is tangent at the last aforesaid point, said arc having a radius of 340.03 feet and an internal angle of 16°43'50", a distance of 99.29 feet to a point; thence continuing Easterly along a line, said line being tangent to the last aforesaid arc of circular curve at the last aforesaid point, projected a distance of 112.79 feet to a point; thence Southwesterly along a line with a deflection angle of 70°36'13" a distance of 21.20 feet to the point of beginning for this description, from said point of beginning; thence continuing Southwesterly along the aforesaid line projected a distance of 45.16 feet to a point; thence Southerly along a line with a deflection angle of 15°52'48" to the left, a distance of 225.94 feet to a point; thence Westerly along a line with a deflection angle of 87°57'29", a distance of 194.50 feet to a point;

(CONTINUED ON NEXT PAGE)

thence Northerly along a line with a deflection angle of 90°00'00", a distance of 243.89 feet to a point; thence Northeasterly along a line with a deflection angle of 71°47'43", a distance of 19.98 feet to a point; thence Easterly along the arc of a circular curve concave to the South, to which the last aforesaid line is tangent at the last aforesaid point, said arc having a radius of 320.03 feet and an internal angle of 16°43'50", a distance of 93.45 feet to a point; thence continuing Easterly along a line, said line being tangent to the last aforesaid arc of a circular curve at the last aforesaid point, projected a distance of 105.75 feet to the point of beginning for this description containing 1.204 acres. EXCEPT all of the oil, casinghead gasoline and gas underlying the surface of said land and all rights and easements in favor of said mineral estate.

3. Taxes for the year 1995, due and payable in 1996. Taxes for the year 1994 are marked "NO TAX DUE". Tax I. D. #14-03-100-001-0060.

4. Rights of the Public, the State of Illinois, the County, the Township and the municipality in and to that part of the premises in question taken, used, or dedicated for roads or highways.

5. Rights of way for drainage ditches, drain tiles, feeders, laterals, and underground pipes, if any.

6. Rights or claims of parties in possession not shown of record; questions of survey; easements and claims of easements not shown of record.

7 Easement dated May 17, 1972, recorded October 31, 1973 in Book 439 on Page 299 to Kinkaid-Reeds Creek Conservancy District of Jackson County for pipeline and appurtenances and all terms thereof and all rights thereunder.

8. All rights and easements in favor of the owner of the mineral estate or of any party claiming by, through, or under said estate.

9. Lease dated July 2, 1982, recorded April 22, 1983 in Book 606 on Page 549 made by and between the Adorers of the Blood of Christ, a not for profit corporation, as Lessee and St. Joseph Memorial Hospital, a not for profit corporation, as Lessor and all terms thereof and all rights thereunder.

10. Terms, provisions and conditions relating to the easement described as Exhibit "B" in the Lease recorded in Book 606 on Page 549 and relating to the easement described as Exhibit "B" in Lease recorded in Book 591 on Page 648.

11. Easement dated October 21, 1982, recorded November 3, 1982 in Book 600 at page 500 to Central Illinois Public Service Company for its lines and appurtenances and all terms thereof and all rights thereunder.

12. Restrictions as to freeway access to F.A.P. Route 42 (Illinois Route 13 & 127) as disclosed by Warranty Deed dated December 7, 1993 and recorded in Book 839 on Page 73.

13. We find no financing statements filed in the Recorder's Office of Jackson County, Illinois, affecting premises in question.

14. We should be furnished evidence of access for ingress and egress to premises in question.

NOTE: The following is provided for your information and is not a part of this commitment/policy.

The following Environmental Disclosure Documents for Transfer of Real Property appear of record which include a description of the land insured or a part thereof.

(CONTINUED ON NEXT PAGE)

File Number 2877-076-6

STATE OF ILLINOIS

OFFICE OF THE 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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* NOVEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1233102968

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

029

ATTACHMENT-3

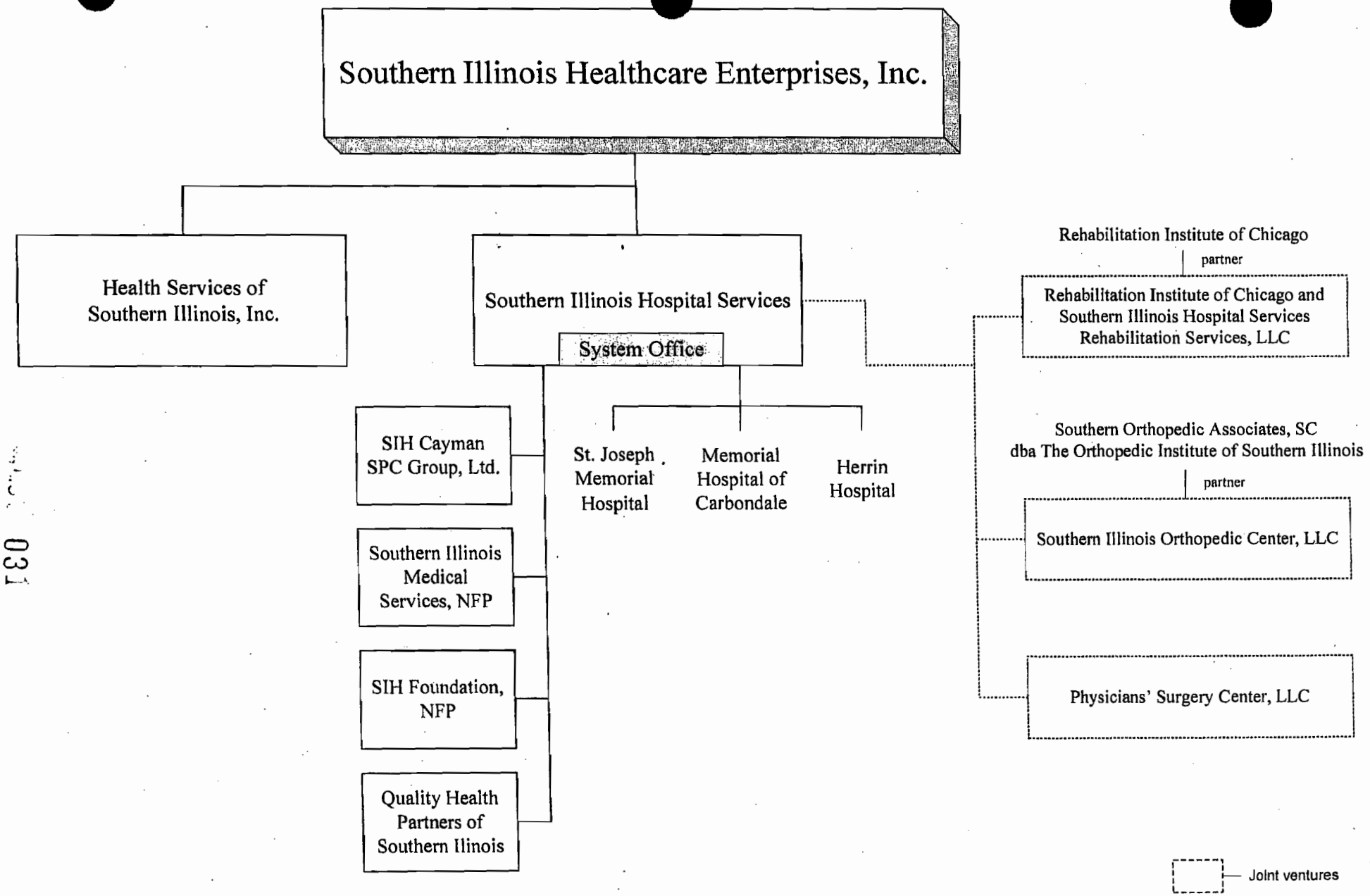
I.
Organizational Relationships

This project has 2 co-applicants: Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital and Southern Illinois Healthcare Enterprises, Inc.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services (SIHS).

This project does not have any capital costs.

030



visio/SIH 6-12
June 2012

Space Requirements

Department	Cost ($)	Gross Square Feet		Amount of Proposed Gross Square Feet That Is			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Clinical Service Areas:							
Medical/Surgical Nursing Unit	$0	8,845	8,845	0	0	8,845	0
SUBTOTAL	**$0**	**8,845**	**8,845**	**0**	**0**	**8,845**	**0**
Non-Clinical Service Areas:	$0	N/A	N/A	N/A	N/A	N/A	N/A
PROJECT TOTAL	**$0**	**8,845**	**8,845**	**0**	**0**	**8,845**	**0**

III.
Criterion 1110.230 - Background of Applicant

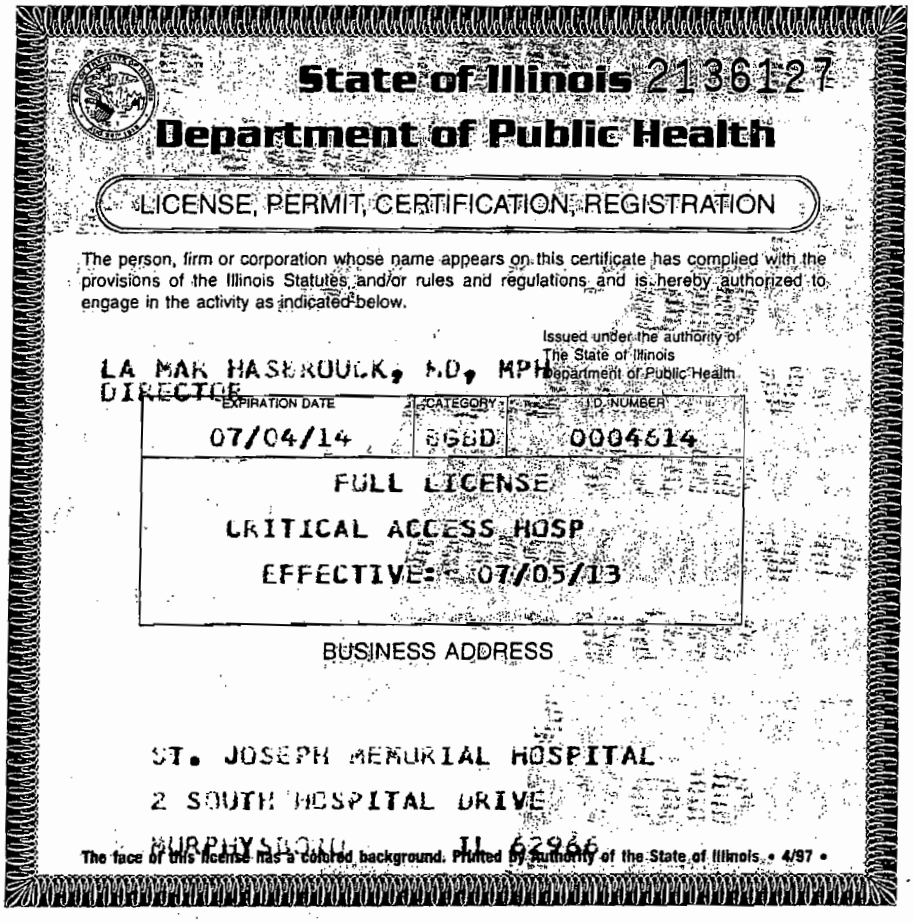
1. The identification numbers for the health care facilities owned and operated by Southern Illinois Hospital Services are shown below.

Name and Location of Facility	Identification Numbers
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
Physicians Surgery Center, LLC, Carbondale	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398

Proof of the current licensure and accreditation for all facilities owned or operated by Southern Illinois Hospital Services will be found beginning on Page 2 of this Attachment.

2, 3. This Attachment includes a certification letter from Southern Illinois Hospital Services (1) documenting that St. Joseph Memorial Hospital and the other health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.

4. This item is not applicable to this application.



State of Illinois 2136127

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

LA MAR HASBROUCK, M.D, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/04/14	0680	0004614

FULL LICENSE
CRITICAL ACCESS HOSP
EFFECTIVE: 07/05/13

BUSINESS ADDRESS

ST. JOSEPH MEMORIAL HOSPITAL
2 SOUTH HOSPITAL DRIVE
MURPHYSBORO IL 62966

The face of this license has a colored background. Printed by authority of the State of Illinois. • 4/97 •

State of Illinois 2114492
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of the State of Illinois Department of Public Health

LA NAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	8680	0000935

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

BUSINESS ADDRESS

HERRIN HOSPITAL
201 S 14TH STREET
HERRIN IL 62948

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State of Illinois 2114492
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

HERRIN HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	8680	0000935

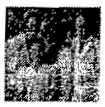
FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

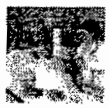
12/13/12

HERRIN HOSPITAL
201 S 14TH STREET

HERRIN IL 62948

FEE RECEIPT NO.





Summary of Quality Information

Symbol Key

This organization achieved the best possible results.

This organization's performance is above the target range/value.

This organization's performance is similar to the target range/value.

This organization's performance is below the target range/value.

This Measure is not applicable for this organization.

Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but below most other organizations.
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9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Current Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	3/23/2013	3/22/2013	5/3/2013

Accreditation Programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Hospital	Compared to other Joint Commission Accredited Organizations	
	Better	Worse
National Quality Improvement Goals:		
Heart Attack Care	⊕	⊕
Heart Failure Care	⊕ [3]	⊕ [3]
Pneumonia Care	⊕	⊕
Surgical Care Improvement Project (SCIP)		
SCIP - Cardiac		
SCIP - Infection Prevention	⊕	⊕
For All Reported Procedures:		
• Colon/Large Intestine Surgery	[3]	[3]
• Hip Joint Replacement	⊕	⊕
• Hysterectomy	[3]	[3]
• Knee Replacement	⊕	⊕
SCIP – Venous Thromboembolism (VTE)		

Reporting Period: Oct 2011 - Sep 2012

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

The Joint Commission only reports measures endorsed by the National Quality Forum.

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The Joint Commission

HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

Quality Check

Quality Report

Historical Reports read more

Herrin Hospital
Org ID: 7357

Activity Update as of:

6/7/2013
Quality Report

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	3/23/2013	3/22/2013	5/3/2013

5/7/2013
Quality Report

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	4/1/2010	3/22/2013	5/3/2013

4/12/2013
Quality Report

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	4/1/2010	3/22/2013	3/22/2013

4/10/2013
Quality Report

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	4/1/2010	3/31/2010	3/31/2010

8/27/2010
Quality Report

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	3/31/2007	3/31/2010	3/31/2010

Activity Update as of:	Accreditation Decision Date	Accreditation Decision
5/1/2010 Quality Report	3/31/2007	Accredited
⊞See Details		
1/5/2010 Quality Report	3/31/2007	Accredited
⊞See Details		

- Top -

In August 2007, the Quality Report History Page was enhanced. This enhancement allows for the reporting of additional information about a health care organization's Joint Commission Accreditation such as survey dates and changes to an organization's Accreditation Decision. Prior to August 2007, the Quality Report History page did not contain this additional information.

Report	Accreditation Decision / Status	Effective Date
2007	• Accredited	March 31, 2007

*

037

State of Illinois 2132833

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

LA MAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/14	BGBD	0000513

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/13

BUSINESS ADDRESS

MEMORIAL HOSPITAL OF CARBONDALE
405 WEST JACKSON
CARBONDALE IL 62902 9000

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State of Illinois 2132833
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

MEMORIAL HOSPITAL OF CARBONDALE

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/14	BGBD	0000513

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/13

05/04/13

MEMORIAL HOSPITAL OF CARBONDALE
404 WEST MAIN STREET

CARBONDALE IL 62901 9000

FEE RECEIPT NO.

033

The Joint Commission

August 31, 2010

Re: # 7252
CCN: #140164
Program: Hospital
Accreditation Expiration Date: August 15, 2013

Bart Millstead
Vice President/Administrator
Memorial Hospital of Carbondale
PO Box 10000
Carbondale, Illinois 62902-9000

Dear Mr. Millstead:

This letter confirms that your May 11, 2010 - May 14, 2010 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on July 02, 2010 and August 30, 2010, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of May 15, 2010. We congratulate you on your effective resolution of these standard-level deficiencies.

§482.13 Condition of Participation: Patient's Rights
§482.23 Condition of Participation: Nursing Services
§482.24 Condition of Participation: Medical Record Services
§482.41 Condition of Participation: Physical Environment
§482.42 Condition of Participation: Infection Control

The Joint Commission is also recommending your organization for continued Medicare certification effective May 15, 2010. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation also applies to the following location(s):

Memorial Hospital Cancer Center
3117 Williamson County Parkway, Marion, IL, 62959

Memorial Hospital of Carbondale
405 West Jackson, Carbondale, IL, 62901

Rehab Unlimited

The Joint Commission

515 E. Vienna Street, Anna, IL, 62906

The Breast Center
1237 E. Main St., Suite C1, Carbondale, IL, 62901

West Frankfort Family Medicine
2553 Ken Gray Boulevard, West Frankfort, IL, 62896

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff

The Joint Commission

August 31, 2010

Bart Millstead, FACHE
Vice President/Administrator
Memorial Hospital of Carbondale
405 West Jackson Street
Carbondale, IL 62902-9000

Joint Commission ID #: 7252
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 08/31/2010

Dear Mr. Millstead:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning May 15, 2010. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

Memorial Hospital of Carbondale

Carbondale, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

May 15, 2010

Accreditation is customarily valid for up to 39 months.

David A. Whiston, D.D.S.
Chairman of the Board

Organization ID #: 7252
Print/Reprint Date: 09/13/10

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

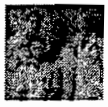
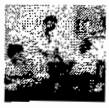
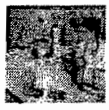
This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

042

Memorial Hospital of Carbondale

405 West Jackson Street, Carbondale, IL

Org ID: 7252

Summary of Quality Information

Symbol Key

1. This organization achieved the best possible results.
2. This organization's performance is above the target range/value.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	5/15/2010	4/26/2013	4/26/2013

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	10/6/2012	10/5/2012	10/5/2012

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2013 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2010National Patient Safety Goals	✓	N/A

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

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State of Illinois 2114600
Department of Public Health

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LA MAR HASBROUCK, MD, MPH
DIRECTOR

Issued under the authority of the State of Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/02/13	8GBD	7003128

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 12/03/12

770 04

BUSINESS ADDRESS

PHYSICIANS SURGERY CENTER, LLC
2601 WEST MAIN STREET
CARBONDALE IL 62901

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State of Illinois 2114600
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

PHYSICIANS SURGERY CENTER, LLC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/02/13	8GBD	7003128

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 12/03/12

12/13/12

PHYSICIANS SURGERY CENTER, LLC
2601 WEST MAIN STREET
2601 WEST MAIN STREET
CARBONDALE IL 62901

FEE RECEIPT NO. 22328

SOUTHERN ILLINOIS HEALTHCARE

July 11, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

St. Joseph Memorial Hospital is a licensed Critical Access Hospital in Murphysboro. It is owned and operated by Southern Illinois Hospital Services, Inc., an Illinois not for profit corporation ("SIHS"). Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of SIHS.

Southern Illinois Hospital Services is also the sole corporate member of the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

Herrin Hospital, Herrin
Memorial Hospital of Carbondale, Carbondale

In addition, SIHS owns fifty-five per cent (55%) of Physicians' Surgery Center, LLC, which is located in Carbondale, Illinois.

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by SIHS during the three years prior to the filing of this application.

This letter also authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,

Rex P. Budde, President and CEO
Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital

OFFICIAL SEAL
SUSAN M ROARK
Notary Public, State of Illinois
My Commission Expires 05-08-2017

7-12-13
Susan Roark

1239 East Main Street | PO Box 3988
Carbondale, IL 62902-3988
TEL 618-457-5200
FAX 618-529-0568
www.sih.net

SOUTHERN ILLINOIS HEALTHCARE

July 11, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

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Sincerely,

Rex P. Budde, President and CEO
Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital

OFFICIAL SEAL
SUSAN M ROARK
Notary Public, State of Illinois
My Commission Expires 05-08-2017

7-12-13
Susan M Roark

1239 East Main Street | PO Box 3988
Carbondale, IL 62902-3988
TEL 618-457-5200
FAX 618-529-0568
www.sih.net

III.
Criterion 1110.230 - Purpose of Project

1. This project will improve the health care and well-being of the residents of St. Joseph Memorial Hospital's market area by enabling St. Joseph Memorial Hospital, a Critical Access Hospital, to provide the Extended Care Category of Service ("swing bed" program). Critical Access Hospitals that have a swing bed program are able to provide post-hospital skilled nursing care in their acute care beds.

St. Joseph Memorial Hospital was designated as a Critical Access Hospital by the federal government in 2004, as indicated in the letter from Michael Sullivan, Program Representative, Non Long Term Care Branch of the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services, that is found on Page 9 of this Attachment.

A Critical Access Hospital must operate 25 beds or less for inpatient acute care or swing bed services. The average length of stay in a Critical Access Hospital's acute care unit must be 4.0 days or less. By establishing a swing bed program, inpatients who require a longer length of stay may remain in the hospital in their same beds for an additional period of time. Because of the short inpatient lengths of stay in a Critical Access Hospital, a swing bed program minimizes the number of patients who must be transferred to a different hospital or long-term care facility for additional inpatient care.

In his May 20, 2004, letter designating St. Joseph Memorial Hospital as a Critical Access Hospital, Mr. Sullivan stated that "St. Joseph Memorial Hospital has also been approved to provide post-hospital skilled nursing care as specified in 42 CFR - Part 409.30." "Post-hospital skilled nursing care" is the same as a swing bed program and the Extended Care Category of Service identified in 77 Ill. Adm. Code 1110.40(b).

However, since St. Joseph Memorial Hospital did not pursue a CON permit to establish the Extended Care Category of Service (the swing bed program) after its designation as a Critical Access Hospital was approved in 2004, the swing bed program was not implemented.

Because a CON permit to establish the swing bed program had not been implemented by 2009 and the swing beds were not operational, at the suggestion of the Illinois Department of Public Health (IDPH), St. Joseph Memorial Hospital submitted a request to CMS on October 22, 2009, that its "agreement for swing bed participation be terminated." A copy of that letter is found on Page 10 of this Attachment.

A copy of that letter was sent to Karen Senger, RN, BSN, Supervisor of Central Office Operations, Division of Health Care Facilities and Programs of IDPH.

CMS accepted the hospital's request to terminate its swing bed participation as of October 26, 2009, as stated in a letter from Heather Lang, Principal Program Representative, Non-Long Term Care Certification & Enforcement Branch of CMS' Midwestern Consortium Division of Survey and Certification dated December 15, 2009. A copy of that letter is found on Page 11 of this Attachment.

Copies of Ms. Lang's letter were sent by CMS to IDPH and the Illinois Department of Healthcare & Family Services.

The re-activation of a swing bed program at St. Joseph Memorial Hospital will require the approval of this CON application in accordance with 77 Ill. Adm. Code 1110.40(b). Approval of a CON permit to establish the swing bed program was also required in 2004 when the hospital received approval for participation in the Medicare Program as a Critical Access Hospital.

Following the approval of a CON permit, St. Joseph Memorial Hospital will need to secure re-approval by CMS to provide post-hospital skilled nursing care as a swing bed provider. Approval by CMS will not occur until after the CON permit is approved, and it will be based upon a recommendation from IDPH. IDPH will make its recommendation to CMS after (1) receiving a recommendation from St. Joseph Memorial Hospital's fiscal intermediary reflecting receipt of an updated CMS-855A enrollment application that reflects its intention to provide swing beds and (2) conducting an on-site survey of the hospital facility and approving its use for a swing bed program.

The need for this project is based upon the following.

- The federal government designated St. Joseph Memorial Hospital as a Critical Access Hospital, effective on May 1, 2004, which makes it a necessary provider of health services in Jackson County.

  As noted earlier in this Attachment, a copy of the letter notifying St. Joseph Memorial Hospital of this designation is appended to this Attachment.

- As part of that designation, the federal government approved St. Joseph Memorial Hospital as a provider of post-hospital skilled nursing care under the swing bed program.

That designation is included in the letter notifying St. Joseph Memorial Hospital of its designation as a Critical Access Hospital which, as noted above, is appended to this Attachment.

- Illinois hospitals seeking approval of acute care beds certified for the Extended Care Category of Service as defined by CMS are required to secure a CON permit (77 Ill. Adm. Code 1110.40(b)).

  For that reason, St. Joseph Memorial Hospital needs to secure a CON permit in order to establish a swing bed program. The policies of the Illinois Health Facilities and Services Review Board and IDPH require that the CON permit be approved prior to securing IDPH's approval and recommendation to CMS that a new agreement for St. Joseph Memorial Hospital's swing bed participation be approved.

- Many of the patients that are served at St. Joseph Memorial Hospital are low-income and otherwise vulnerable, as documented by their residing in a Health Professional Shortage Area and a Medically Underserved Area.

- St. Joseph Memorial Hospital is located in a federally-designated Primary Care Health Professional Shortage Area and in a federally-designated Medically Underserved Area.

- The federal government has designated Jackson County, the county in which St. Joseph Memorial Hospital is located, as a low income Health Professional Shortage Area for Primary Medical Care, Mental Health, and Dental Health.

  Jackson County has been designated as a low income Health Professional Shortage Area for Primary Medical Care since 1988, as a low income Health Professional Shortage Area for Mental Health since 2012, and as a low income Health Professional Shortage Area for Dental Health since 1981.

  Documentation of this designation is appended to this Attachment.

  Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care, mental health, and dental providers (http://bhpr.hrsa.gov/shortage/ Health Resources and Services Administration, U.S. Department of Health and Human Services).

- The federal government has designated Jackson County as a Medically Underserved Area since 1994.

  Medically Underserved Areas are areas designated by the federal Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, and/or high elderly populations.

  Documentation of this designation is appended to this Attachment.

- This project is consistent with Southern Illinois Healthcare's goal of creating a continuum of care for the elderly in its market area. The establishment of a swing bed program at St. Joseph Memorial Hospital creates an ACE Program (Acute Care for Elders) to serve the area's geriatric population.

- The project needs to comply with the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1110.230 and 1110.234, as identified in 77 Ill. Adm. Code 1110.40(b).

- St. Joseph Memorial Hospital must comply with federal policy limiting a Critical Access Hospital to a maximum of 25 inpatient beds that can be used for inpatient acute care or swing bed services (42 USC 1395i-4(c)(2)(B)(iii)).

2. St. Joseph Memorial Hospital is located in state-designated Planning Area F-07 for hospitals and Planning Area 5-Jackson for General Long-Term Care.

   Patient origin data for St. Joseph Memorial Hospital's inpatients during FY2013 are found on Page 19 of this Attachment.

   These patient origin data demonstrate that the market area for St. Joseph Memorial Hospital consists of Murphysboro, the town in which it is located, as well as nearby towns, nearly all of which are located in Planning Area F-07.

   These data demonstrate that 92% of St. Joseph Memorial Hospital's FY2013 inpatients reside in the market area for this project, nearly all of whom reside in Planning Area F-7, the planning area in which the hospital is located, indicating that this hospital serves residents of its planning area.

   These data also demonstrate that more than 90% of St. Joseph Memorial Hospital's FY2013 inpatients reside in Jackson County, the General Long-Term Care planning area in which the hospital is located, indicating that this hospital serves residents of its General Long-Term Care planning area.

St. Joseph Memorial Hospital's market area consists of the following zip codes, which constitute its Hospital's primary and secondary service areas.

Primary Service Area

62966 Murphysboro

Murphysboro is the town in which St. Joseph Memorial Hospital is located in which 63% of its FY2013 inpatients reside. It is within the State-Designated Planning Area F-07.

Secondary Service Area

62274 Pinckneyville
62832 Du Quoin
62901}
62902} Carbondale
62903}
62907 Ava
62920 Cobden
62924 DeSoto
62932 Elkville
62940 Gorham
62942 Grand Tower
62948 Herrin
62949 Hurst
62975 Pomona
62994 Vergennes

An additional 29% of St. Joseph Memorial Hospital's FY2013 inpatients reside in the zip codes consisting the secondary service area. Nearly all of these inpatients reside in Planning Area F-07, with 86% of them residing in Jackson County.

During FY2013, more than 92% of St. Joseph Memorial Hospital's inpatients resided in the 16 zip codes that constitute the hospital's market area. Nearly all of the inpatients residing in St. Joseph Memorial Hospital's primary and secondary service areas resided in Planning Area F-07, the state-designated planning area in which the hospital is located.

The 2011 population of the market area was 90,300, with the population by zip code shown below.

Primary Service Area		
62966	Murphysboro	18,187
Secondary Service Area		
62274	Pinckneyville	7,635
62832	DuQuoin	9,235
62901}		
62902}	Carbondale	29,870
62903}		
62907	Ava	2,050
62920	Cobden	3,129
62924	DeSoto	3,268
62932	Elkville	1,925
62940	Gorham	481
62942	Grand Tower	676
62948	Herrin}	12,766
62949	Hurst }	
62975	Pomona	321
62994	Vergennes	757

Sources:
Truven Health Analytics (formerly Thomson Reuters Medstat), 2012;
The Nielsen Company (Claritas), 2011

3. This project is needed to enable St. Joseph Memorial Hospital, which has been designated as a Critical Access Hospital, to provide the Extended Care Category of Service (swing bed program). Critical Access Hospitals that have a swing bed program are able to provide post-hospital skilled nursing care in their acute care beds, as specified in 42 CFR - Part 409.30.

Although St. Joseph Memorial Hospital's initial designation as a Critical Access Hospital in 2004, included approval to operate a swing bed permit, the hospital did not pursue a CON permit to establish the Extended Care Category of Service (the swing bed program) at that time, so the swing bed program was not implemented.

Since a CON permit to establish the swing bed program had not been implemented by 2009 and the swing beds were not operational, at the suggestion of IDPH, St. Joseph Memorial Hospital submitted a request to CMS on October 22, 2009, that its "agreement for swing bed participation be terminated." A copy of that letter is found on Page 10 of this Attachment.

CMS accepted the hospital's request to terminate its swing bed participation as of October 26, 2009, as stated in a letter from Heather Lang, Principal Program Representative, Non-Long Term Care Certification & Enforcement Branch of CMS' Midwestern Consortium Division of Survey and Certification dated December 15, 2009. A copy of that letter is found on Page 11 of this Attachment.

At this time, St. Joseph Memorial Hospital seeks to re-activate the swing bed program. The re-activation of the swing bed program will require the approval of this CON application in accordance with 77 Ill. Adm. Code 1110.40(b). Approval of a CON permit to establish the swing bed program was also required in 2004 when the hospital received approval for participation in the Medicare Program as a Critical Access Hospital.

Following the approval of a CON permit, St. Joseph Memorial Hospital will need to secure re-approval by CMS to provide post-hospital skilled nursing care as a swing bed provider.

The approval of this CON application, followed by CMS' approval of the re-activation of a swing bed program at St. Joseph Memorial Hospital after receiving a recommendation to do so from IDPH, will enable St. Joseph Memorial Hospital to provide health services that improve the health care of its market area population.

4. The sources of information provided as documentation are the following:

   a. 43 CFR - Part 409.30;

   b. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County, http://hpsafind.hrsa.gov/HPSASearch.aspx for Jackson County in Illinois;

   c. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County, http://muafind.hrsa.gov/index.aspx for Jackson County in Illinois;

   d. Population statistics from Truven Health Analytics (formerly Thomson Reuters Medstat), 2012; The Neilsen Company (Claritas), 2011.

5. This project will address and improve the health care and well-being of residents of St. Joseph Memorial Hospital's Market Area and - in particular - the patients served by the hospital because it will enable patients who require a longer length of stay to remain in the hospital in their same beds for an additional period of

time. Because of the short inpatient lengths of stay in a Critical Access Hospital, a swing bed program minimizes the number of patients who must be transferred to a different hospital or long-term care facility for additional inpatient care.

6. St. Joseph Memorial Hospital's goal is to continue providing quality health care to residents of its market area.

   The hospital will be able to meet these goals by providing needed care to patients who require a longer length of stay than permitted in a Critical Access Hospital.

Midwestern Consortium
Division of Survey and Certification

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

May 20, 2004

J. Stephen Pautler, Administrator
St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, IL 62966

Dear Mr. Pautler:

We are pleased to notify you that St. Joseph Memorial Hospital meets the requirements at 42 Code of Federal Regulations (CFR), Part 485, for participation in the Medicare Program as a Critical Access Hospital (CAH). This certification is based on the acceptable Plan of Correction for the Life Safety Code deficiencies that were cited in the initial CAH survey conducted by the Illinois Department of Public Health on February 11, 2004. The Illinois Department of Public Health will conduct follow-up surveys to insure that the hospital is complying with the Plan of Correction. The effective date of this approval is May 1, 2004.

Effective with this approval, St Joseph Memorial Hospital's participation as an acute care hospital under the provider number 140140 has been cancelled, effective May 1, 2004. Your new provider number for your CAH is 141334. This provider number should be used on all correspondence and billing for the Medicare program starting May 1, 2004.

St. Joseph Memorial Hospital has also been approved to provide post-hospital skilled nursing care as specified in 42 CFR - Part 409.30. Swing-bed CAHs are assigned an additional provider number with an alpha-character in the third position, the letter Z. Your swing bed number is 14Z334. This is the number you will use for all your swing-bed services on or after May 1, 2004.

The change in status of St. Joseph Memorial Hospital will require that limited services begin no later than May 1, 2004. As of that date, you may operate no more than 25 beds. These beds can be used interchangeably for acute care or swing bed services.

AdminaStar Federal, Inc. is your assigned fiscal intermediary. You should direct any questions concerning billing and other fiscal matters to them. If you have any questions related to the Conditions of Participation you should direct them to your state agency.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any other questions, please contact Doris Johnson in the Chicago Office at (312) 353-5194.

Sincerely,

/s/

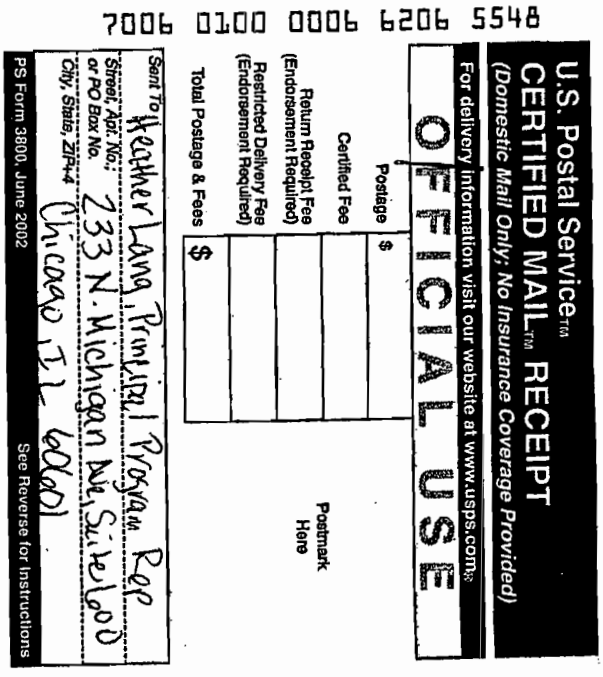
Michael Sullivan
Program Representative
Non Long Term Care Branch

cc: Illinois Department of Public Health
Mirek Wlodowski
Patricia Schou
Illinois Foundation for Health Care
bcc: Sullivan, Lewis, Pak, Schoenberg, Feaster, and Anderson

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808

ST. JOSEPH MEMORIAL HOSPITAL



October 22, 2009

Ms. Heather Lang, Principal Program Representative
Center for Medicare & Medicaid Services
Division of Survey and Certification
233 North Michigan Ave., Suite 600
Chicago, IL 60601

RE: Saint Joseph Memorial Hospital 14-1334
Swing Bed SNF 14-Z334

Dear Ms. Lang:

We request that our agreement for swing bed participation be terminated as of 10-26-09. The swing bed agreement was effective 5-1-2004.

If you have any questions or need any additional information, please contact LuAnne Rendleman, Reimbursement Manager, at (618) 457-5200, Ext. 67202 or at luanne.rendleman@sih.net.

Thank you!

Sincerely,

Scott Seaborn
Administrator

cc: Karen Senger, RN, B.S.N.
Supervisor of Central Office Operations
Divison of Health Care Facilities and Programs

2 South Hospital Drive
Murphysboro, IL 62966

TEL 618-684-3156
FAX 618-529-0530

www.sih.net

emailed Mike & Lorraine 12/30/09

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Midwestern Consortium
Division of Survey and Certification

CMS Certification Number (CCN): 14-1334
Swing Bed Unit Number: 14-Z334

December 15, 2009

Scott Seaborn
Administrator
St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, Illinois 62966

Dear Mr. Seaborn:

Based on the information submitted by the Illinois Department of Public Health (IDPH), the Centers for Medicare & Medicaid Services (CMS) has accepted your request to terminate your swing bed participation effective October 26, 2009.

Regulations at 42 CFR 489.18 require that providers notify CMS when there is a change of ownership. Therefore, you must notify this office promptly if there is a change in your legal status as owner of this hospital. You should also report to IDPH any changes in location, staffing, services, or organization which might affect your certification status.

If you have any questions, please contact Mai Le-Yuen in our Chicago Regional Office at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

Heather Lang
Principal Program Representative
Non-Long Term Care Certification &
Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare & Family Services
National Government Services (00131)

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808

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Find Shortage Areas: HPSA & MUA/P by Address

- Shortage Designation Home
- **Find Shortage Areas**
- HPSA by State & County
- HPSAs Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

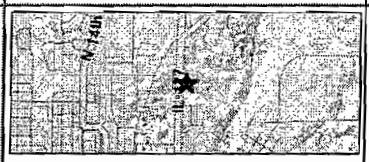
Reported location: 2 S Hospital Dr, Murphysboro, IL, 62966
(--- **Input location**: 2 South Hospital Drive, Murphysboro, Illinois 62966)

Start over with a new query by address

Print

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Low Income - Jackson County
Primary Care HPSA ID:	1179991745
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	12
Primary Care HPSA Designation Date:	1988/03/25
Primary Care HPSA Designation Last Update Date:	2010/10/19
In a Mental Health Professional Shortage Area: Yes [Additional result analysis]	
Mental Health HPSA Name:	Catchment Area 25
Mental Health HPSA ID:	7179991703
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	17
Mental Health HPSA Designation Date:	2012/11/27
Mental Health HPSA Designation Last Update Date:	- - -
In a Dental Care Health Professional Shortage Area: Yes	
Dental Health HPSA Name:	Low Income - Jackson County
Dental Health HPSA ID:	6179991716
Dental Health HPSA Status:	Designated
Dental Health HPSA Score:	17
Dental Health HPSA Designation Date:	1981/03/26
Dental Health HPSA Designation Last Update Date:	2010/12/29
In a Medically Underserved Area/Population: Yes	
MUA/P Service Area Name:	Jackson County
MUA/P ID:	00808

State Name:	Illinois
County Name:	Jackson
County Subdivision Name:	Murphysboro
Census Tract Number:	010400 [Additional result analysis]
ZIP Code:	62966
Post Office Name:	MURPHYSBORO
Congressional District Name:	Illinois District 12
Congressional District Representative Name:	William Enyart

FIPS Code (State + County + Minor Civil Division) County Subdivision:	
FIPS Code (State + County + Tract number) Census Tract:	17077010400 [Additional result analysis]
Click the image and check the detailed neighborhood on a map:	

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 5/6/2013) in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. More about shortage areas

Note: This search will not identify organizations that have institutional HPSAs. To find these HPSAs, use the State and County Search option.

Ask Questions | Viewers & Players | Privacy Policy | Disclaimers | AccessibilityFreedom of Information Act | USA.gov | WhiteHouse.gov | Recovery.gov |

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Health Professional Shortage Areas (HPSAs)

Share 0

Designation Criteria and Guidelines

Health Professional Shortage Area designations are based on general HPSA designation criteria, plus additional criteria and guidelines specific to each of the three types of designations:

- Primary Care
- Dental
- Mental Health

All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation.

Designation Process

Annual Review
Each year, the U.S. Department of Health and Human Services prepares listings of designated HPSAs and areas that need to be updated to maintain their designation.

The listings are sent to each State Primary Care Office (PCO). Copies are also sent to the Primary Care Associations and other interested parties. The PCOs have a few months to submit designation updates for their States.

After review and consideration of all comments, the Secretary designates Health Professional Shortage Areas (HPSAs) and withdraws the designations of areas determined to no longer meet the criteria for designation.

Requests
The PCOs are the primary source for designation requests, and other interested parties are encouraged to work through the PCOS to apply. If another agency or individual submits a request for designation to the Office of Shortage Designation, if it has not been shared with the PCO, the Office of Shortage Designation will forward it to the PCO for review and input.

Notification and Publication of Designations and Withdrawal

A written notice of a designation (or withdrawal of a designation) is provided at the time of the designation decision to the applicant and other interested parties, including:

- Governor of the State in which the HPSA is located
- PCO if they were not the applicant
- Appropriate professional societies and public or nonprofit agencies and connected to the HPSA

The date the notification letter reflects the date of the designation action.

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Primary Medical Care HPSA Designation Overview

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There are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must:

- Be a rational area for the delivery of primary medical care services
- Meet one of the following conditions:
  - Have a population to full-time-equivalent primary care physician ratio of at least 3,500:1
  - Have a population to full-time equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers
- Demonstrate that primary medical professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population under consideration.

Population Groups must:

- Reside in an area in that is rational for the delivery of primary medical care services as defined in the Federal code of regulations.
- Have access barriers that prevent the population group from use of the area's primary medical care providers.
- Have a ratio of persons in the population group to number of primary care physicians practicing in the area and serving the population group ratio of at least 3,000:1
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if the meet the basic criteria described above.

Facilities must:

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Be maximum or medium security facilities
- Federal/State Correctional Institutions must have at least 250 inmates and the ratio of the number of inmemees/year to the number of FTE primary care physicians serving the institution must be at least 1,000:1
- Public and/or non-profit medical Facilities must demonstrate that they provide primary medical care services to an area or population group designated as a primary care HPSA and must have an insufficient capacity to meet the primary care needs of that area or population group.

Shortage Designation

Find Shortage Areas

Health Professional Shortage Areas (HPSAs)

Medically Underserved Areas and Populations (MUAs/Ps)

Frequently Asked Questions

Negotiated Rulemaking Committee

Contact: SDB@hrsa.gov or 1-888-275-4772. Press option 1, then option 2.

Medically Underserved Areas/Populations

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Guidelines for MUA and MUP Designation

These guidelines are for use in applying the established Criteria for Designation of Medically Underserved Areas (MUAs) and Populations (MUPs), based on the Index of Medical Underservice (IMU), published in the *Federal Register* on October 15, 1976, and in submitting requests for exceptional MUP designations based on the provisions of Public Law 99-280, enacted in 1986.

The three methods for designation of MUAs or MUPs are as follows:

I. MUA Designation

This involves application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

The MUA designation process therefore requires the following information:

(1) Definition of the service area being requested for designation. These may be defined in terms of:

(a) a whole county (in non-metropolitan areas);
(b) groups of contiguous counties, minor civil divisions (MCDs), or census county divisions (CCDs) in non-metropolitan areas, with population centers within 30 minutes travel time of each other;

(c) in metropolitan areas, a group of census tracts (C.T.s) which represent a neighborhood due to homogeneous socioeconomic and demographic characteristics.

In addition, for non-single-county service areas, the rationale for the selection of a particular service area definition, in terms of market patterns or composition of population, should be presented. Designation requests should also include a map showing the boundaries of the service area involved and the location of resources within this area.

(2) The latest available data on:

(a) the resident civilian, non-institutional population of the service area (aggregated from individual county, MCD/CCD or C.T. population data)
(b) the percent of the service area's population with incomes below the poverty level

(c) the percent of the service area's population age 65 and over

(d) the infant mortality rate (IMR) for the service area, or for the county or subcounty area which includes it. The latest five-year average should be used to ensure statistical significance. Subcounty IMRs should be used only if they involve at least 4000 births over a five-year period. (If the service area includes portions of two or more counties, and only county-level infant mortality data is available, the different county rates should be weighted according to the fraction of the service area's population residing in each.)

(e) the current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area, and their locations of practice. Patient

Is this a Health Professional Shortage Area or Medically Underserved Area/Population?

What Does That Mean?

Dictionary of MUA/P Words, Acronyms and Codes

care includes seeing patients in the office, on hospital rounds and in other settings, and activities such as laboratory tests and X-rays and consulting with other physicians. To develop a comprehensive list of primary care physicians in an area, an applicant should check State and local physician licensure lists, State and local medical society directories, local hospital admitting physician listings, Medicaid and Medicare provider lists, and the local yellow pages.

(3) The computed ratio of FTE primary care physicians per thousand population for the service area (from items 2a and 2e above).

(4) The IMU for the service area is then computed from the above data using the attached conversion Tables V1-V4, which translate the values of each of the four indicators (2b, 2c, 2d, and 3) into a score. The IMU is the sum of the four scores. (Tables V1-V4 are reprinted from earlier Federal Register publications.)

II. MUP Designation, using IMU

This involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers **(low-income or Medicaid-eligible populations)**, or cultural and/or linguistic access barriers to primary medical care services.

This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs in section I above. The population is now the population of the requested group within the area rather than the total resident civilian population of the area. The number of FTE primary care physicians would include only those serving the requested population group. Again, the sample survey on page 8 may be used as a guide for this data collection. The ratio of the FTE primary care physicians serving the population group per 1,000 persons in the group is used in determining weighted value V4. The weighted value for poverty (V1) is to be based on the percent of population with incomes at or below 100 percent of the poverty level in the area of residence for the population group. The weighted values for percent of population age 65 and over (V2) and the infant mortality rate (V3) would be those for the requested segment of the population in the area of residence, if available and statistically significant; otherwise, these variables for the total resident civilian population in the area should be used. If the total of weighted values V1 - V4 is 62.0 or less, the population group qualifies for designation as an IMU-based MUP.

Tables V1 - V4 for Determining Weighted Values

Table V1: Percentage of Population Below Poverty Level

Table V2: Percentage of Population Age 65 and Over

Table V3: Infant Mortality Rate

Table V4: Ration of Primary Care Physicians per 1,000 Population

III. Exceptional MUP designations

Under the provisions of Public law 99-280, enacted in 1986, a population group which does not meet the established criteria of an IMU less than 62.0 can nevertheless be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.

Requests for designation under these exceptional procedures should describe in detail the unusual local conditions/access barriers/availability indicators which led to the recommendation for exceptional designation and include any supporting data.

Such requests must also include a written recommendation for designation from the Governor or other chief executive officer of the State (or State-equivalent) and local health official.

Federal Programs Using MUA/MUP Designations

Recipients of Community Health Center (CHC) grant funds are legislatively required to serve areas or populations designated by the Secretary of Health and Human Services as medically underserved. Grants for the planning, development, or operation of communily health centers under section 330 of the Public Health Service Act are available only to centers which serve designated MUAs or MUPs.

Systems of care which meet the definition of a community health center contained in Section 330 of the Public Health Service Act, but are not funded under that section, and are serving a designated MUA or MUP, are eligible for certification as a Federally Qualified Health Center (FQHC) and thus for cost-based reimbursement of services to Medicaid-eligibles.

Clinics serving rural areas designated as MUAs are eligible for certification as Rural Health Clinics by the Centers for Medicare and Medicaid Services under the authority of the Rural Health Clinics Services Act (Public Law 95-210, as amended).

PHS Grant Programs administered by HRSA's Bureau of Health Professions - gives funding preference to Title VII and VIII training programs in MUA/Ps.

Revised June, 1995

ST. JOSEPH MEMORIAL HOSPITAL
Fiscal Year 2012-2013 Patient Origin
Inpatients Served

Zip Code	Community	Market Area	County	Planning Area	FY 2013 Cases*	% of Total Cases	Cumulative %
62966	Murphysboro	Primary	Jackson	F-7	452	63.39%	63.39%
62907	Ava	Secondary	Jackson	F-7	51	7.15%	70.55%
62901, 62902, 62903	Carbondale	Secondary	Jackson	F-7	49	6.87%	77.42%
62994	Vergennes	Secondary	Jackson	F-7	19	2.66%	80.08%
62924	DeSoto	Secondary	Jackson	F-7	18	2.52%	82.61%
62940	Gorham	Secondary	Jackson	F-7	15	2.10%	91.58%
62942	Grand Tower	Secondary	Jackson	F-7	11	1.54%	86.26%
62932	Elkville	Secondary	Jackson	F-7	10	1.40%	88.64%
62948	Herrin	Secondary	Williamson	F-6	7	0.98%	88.64%
62949	Hurst	Secondary	Williamson	F-6	7	0.98%	90.32%
62274	Pinckneyville	Secondary	Perry	F-7	5	0.70%	90.32%
62832	Du Quoin	Secondary	Perry	F-7	5	0.70%	91.58%
62920	Cobden	Secondary	Union	F-7	4	0.56%	91.58%
62975	Pomona	Secondary	Jackson	F-7	4	0.56%	92.15%
	Total, These Zipcodes				657	92.15%	
	Other F-7 Zipcodes				31	4.35%	96.49%
	Other Zipcodes				25	3.51%	3.51%
	Total				713	100.00%	100.00%

***Source: Hospital Records**

III.
Criterion 1110.230-Alternatives

1. The following alternatives to this project were considered.

   A. Continuing to operate St. Joseph Memorial Hospital as an acute care Critical Access Hospital without seeking CON approval to designate any of its beds as swing beds.

   B. Constructing an addition to St. Joseph Memorial Hospital to accommodate a General Long-Term Care Category of Service (Skilled Nursing Unit) and seeking a CON permit to establish this Category of Service.

2. These alternatives were determined to be infeasible for the following reasons.

   A. Continuing to operate St. Joseph Memorial Hospital as an acute care Critical Access Hospital without seeking CON approval to designate any of its beds as swing beds.

   Capital Costs: $0

   St. Joseph Memorial Hospital was approved as a Critical Access Hospital (CAH) by the Centers for Medicare and Medicaid Services (CMS) in 2004. By federal definition, a CAH is a necessary provider and a rural hospital.

   As a CAH, St. Joseph Memorial Hospital is permitted by federal law to provide post-hospital extended care services (i.e., skilled nursing care) to Medicare beneficiaries, as specified in 42 CFR - Part 409.30, in swing beds that may be used interchangeably for acute care or swing bed services. The swing bed program is officially known as an Extended Care Category of Service, as defined by CMS.

   Since being approved as a CAH in 2004, St. Joseph Memorial Hospital has been providing care for its patients in its acute care beds. However, since the hospital did not pursue a CON permit to operate a swing bed program, which was initially approved as part of its CAH designation, the swing bed program was not implemented.

   In 2009, as discussed in Attachment 12, St. Joseph Memorial Hospital's request that CMS terminate its agreement for swing bed participation was accepted.

Now that St. Joseph Memorial Hospital has operated as a CAH for a number of years without operating a swing bed program, it has been determined that it would be beneficial to the patients to be served if a swing bed program would be approved and initiated.

Operating a swing bed program at St. Joseph Memorial Hospital will permit patients who require a longer length of stay than permitted in a CAH to receive extended care while awaiting disposition and discharge or transfer to another facility.

1) Participation in the swing bed program will provide St. Joseph Memorial Hospital with flexibility in caring for its acute care patients.

   St. Joseph's inpatients are predominantly elderly, which is typical of CAHs. Patients in a CAH are restricted to a maximum average length of stay of four days for acute care after they are stabilized. Since it is necessary to discharge patients after an average acute care length of stay of four days, many patients are not ready to be discharged to their homes and require an intermediate stop at a facility that provides general long-term care services.

   The care of elderly patients is disrupted when they are transferred from an acute care bed to another facility for a short recuperative period.

   With a swing bed designation, St. Joseph will be able to treat its patients who require extended care in the same facility and in the same bed as they received acute care, receiving care from the same professional staff who provided treatment through the initial period of the hospitalization.

2) Participation in the swing bed program will permit St. Joseph Memorial Hospital to treat patients for a longer stay than permitted at the present time because the restrictions on average length of stay in a CAH apply only to the time when the patient is an acute care patient. As a result, once St. Joseph has approval to operate a swing bed program, it will not have the same restrictions on average length of stay for patients in its swing beds as it currently has because, at the present time, St. Joseph provides only acute care services.

   Establishing swing beds at St. Joseph will permit patients to receive extended care while awaiting disposition and discharge or transfer. As a result, St. Joseph's patients will not be restricted to the current maximum four day acute care average length of stay, after which

they must be transferred to a long-term care facility or discharged to their homes.

3) Establishing a swing bed program will permit St. Joseph Memorial Hospital to maximize its operational efficiency by meeting patients' needs for acute and skilled nursing care and permitting them to receive both in the same bed on the same nursing unit.

Using other facilities to meet the need addressed by this project is not feasible because this project seeks to permit acute care patients at St. Joseph Memorial Hospital to receive extended care as part of their stay at the hospital. Coordinated medical and professional services can be provided more appropriately to patients when extended care is received within the same hospital as acute care.

B. Constructing an addition to St. Joseph Memorial Hospital to accommodate a 25 bed General Long-Term Care Category of Service (Skilled Nursing Unit) and seeking a CON permit to establish this Category of Service.

Capital Costs: $7,870,000

This alternative was determined to be infeasible for the following reasons.

1) It would require the construction of a costly addition to the hospital, while the alternative selected would not have any capital cost.

   Because St. Joseph Memorial Hospital does not have an empty nursing unit available to accommodate a Skilled Nursing Unit, an addition to the hospital would need to be constructed if the beds in the existing Medical/Surgical Nursing Unit were not designated as swing beds.

   Since this designation is permitted at St. Joseph Memorial Hospital because it is a CAH, it is a more cost effective alternative to construction of an addition to the hospital.

2) It would be disruptive to patient care since patients requiring long-term care following their stay in acute care beds would need to be moved to a distinct Skilled Nursing Unit.

3) It would limit staffing flexibility and efficiencies and incur additional operating expenses because the staff in this CAH would have to be assigned to either the Medical/Surgical Nursing Unit or the Skilled Nursing Unit.

3. This item is not applicable to this project.

The swing bed program is an initiative of the federal government that is approved by the State of Illinois for CAHs. The purpose of the program is to increase Medicare beneficiaries' access to post-acute skilled nursing care and to maximize the efficiency of CAHs operations by permitting them to meet unpredictable demands for acute and long-term care.

The establishment of swing beds at St. Joseph Memorial Hospital is also cost-effective because it permits the hospital to provide skilled nursing care to post-acute care patients while maintaining flexibility by having those beds available for acute care when needed.

IV.
Project Scope, Utilization:
Size of Project

This project, which is solely for the certification of acute care beds for the Extended Care Category of Service ("swing bed" program), includes only one Service, which is a Clinical Service Area.

That is because the project site is St. Joseph Memorial Hospital's Medical/Surgical nursing unit.

1. The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the only Clinical Service Area that is included in this project: the Medical-Surgical Service.

   This project proposes to have all 25 of St. Joseph Memorial Hospital's Medical/Surgical authorized beds certified for the Extended Care Category of Service. The project will not have any modernization or any capital costs.

   The State Guideline for the Medical/Surgical Clinical Service Area is shown below.

   Medical/Surgical Service:

   State CON Standard: 500-660 DGSF/bed

   Authorized M/S Beds at St. Joseph Memorial Hospital when this project is completed: 25 M/S beds

   DGSF Justified for 25 M/S beds: 12,500-16,500 DGSF

   Existing and Proposed DGSF at St. Joseph Memorial Hospital's M/S Nursing Unit: 8,845 DGSF

   The existing and proposed square footage for the only Clinical Service Area included in this project is less than the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

   However, it should be noted that this project does not include any modernization. The square footage proposed for the Medical/Surgical nursing unit is existing space that will be unchanged when this project is completed.

2. The existing and proposed square footage of the Medical/Surgical Service is less than the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B., as shown on the following page.

CLINICAL SERVICE AREA	PROPOSED DGSF	STATE GUIDELINE	DIFFERENCE	MET GUIDELINE?
Medical/ Surgical Service	8,845 for 25 M/S Beds	500-660/Bed = 12,500-16,500	under by 3,655	under, but existing and will remain unchanged as a result of this project

IV.
Criterion 1110.234 - Project Services Utilization

This project, which is solely for the certification of acute care beds for the Extended Care Category of Service ("swing bed" program), includes only one Service, which is the Medical/Surgical Category of Service.

The Illinois certificate of need (CON) Rules include the following State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for modernization of the Medical/Surgical Category of Service or the addition of Medical/Surgical beds.

> 60% Occupancy of authorized beds for modernization of hospitals with 1-25 M/S beds
>
> 80% Occupancy of authorized beds for addition of beds in hospitals with 1-99 M/S beds

However, the State Guidelines are not applicable to this project because the project does not include any modernization or addition of beds.

This project has the sole purpose of securing certification of St. Joseph Memorial Hospital's existing authorized beds for the Extended Care Category of Service ("swing bed" program).

St. Joseph Memorial Hospital was designated as a Critical Access Hospital by the federal government in 2004, as discussed in Attachment 12.

In his letter designating St. Joseph Memorial Hospital as a Critical Access Hospital, Michael Sullivan, Program Representative, Non Long Term Care Branch of the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services, stated that "St. Joseph Memorial Hospital has also been approved to provide post-hospital skilled nursing care as specified in 42 CFR - Part 409.30." However, since St. Joseph Memorial Hospital did not pursue a CON permit to establish the Extended Care Category of Service, the swing bed program was not implemented. In 2009, as discussed in Attachment 12, St. Joseph Memorial Hospital's request that CMS terminate its agreement for swing bed participation was accepted.

The purpose of this CON application is to obtain the CON permit to re-activate the swing bed program in St. Joseph Memorial Hospital's existing Medical/Surgical Nursing Unit.

Projected utilization for St. Joseph Memorial Hospital's Medical/Surgical Service for the first 2 years of operation of the Swing bed Program is found below.

	HISTORIC UTILIZATION	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD IN YEAR 2?
CLINICAL SERVICE AREA	CY2012	YEAR 1 FY2015	YEAR 2 FY2016		
Medical-Surgical Patient Days	3,233 Patient Days including Observation Days	4,225 Patient Days including Observation Days and Swing Bed Days	4,513 Patient Days including Observation Days and Swing Bed Days	N/A since this project does not include modernization or the addition of beds	N/A

The number of key rooms proposed for the only Clinical Service Area included in this project, for which there are State Guidelines based on utilization, is presented below.

	STATE GUIDELINE (BEDS)	PROJECTED YEAR 2 (FY2016) VOLUME	TOTAL PROPOSED BEDS
Medical-Surgical Service	N/A since this project does not include modernization or the addition of beds	4,513 Patient Days including Observation Days and Swing Bed Days	25

The assumptions underlying the projected utilization for the Medical/Surgical Service, the only Clinical Service Area for which State Guidelines regarding target occupancy or utilization exist are presented below.

1. As a Critical Access Hospital, St. Joseph Memorial Hospital is permitted to operate no more than 25 acute care beds.

2. Acute care admissions are projected to stabilize and increase by 7.7% from CY2012 to FY2015 (April 1, 2014 through March 31, 2015), increasing from 716 admissions in CY2012 to 771 in FY2015, the first complete fiscal year of operation of the swing beds.

   Acute care admissions will continue to increase in the second complete fiscal year of operation of the swing beds, increasing by 8.4% to 836 in FY2016 from 771 in FY2015.

   The projected increase in acute care admissions is due to consideration of the following factors.

   a. Inpatient discharge utilization rates that were calculated based on data from Truven Health Analytics (formerly Thomson Reuters) projected

inpatient database, 100% Standard Analytic File - Inpatient, Medicare Provider Analysis and Review (MEDPAR), and 100% Standard Analytic File - Denominator; Neilsen Demographics

b. Consideration of the anticipated impact of the Affordable Care Act upon inpatient utilization.

c. Consideration of shifts in healthcare coverage due to the implementation of the Affordable Care Act.

3. Acute care patient days are projected to increase as a result of the increased acute care admissions.

Acute care patient days are projected to stabilize and increase by 16% from CY2012 to FY2015 (April 1, 2014 through March 31, 2015), increasing from 2,154 in CY2012 to 2,498 in FY2015, the first complete fiscal year of operation of the swing beds.

Acute care patient days will continue to increase in the second complete fiscal year of operation of the swing beds, increasing by 8.4% to 2,709 in FY2016 from 2,498 in FY2015.

The projected increase in acute care patient days is due to consideration of the same factors as identified for the increase in acute care admissions in Item 2 above.

4. Observation Days are projected to remain stable, increasing from 1,079 in CY2012 to 1,101 in FY2015 and 1,123 in FY2016. This projection is an increase of 2% in Observation Days from CY2012 to FY2015 and an increase of 2% from FY2015 to FY2016.

5. The swing bed program that will be established at St. Joseph Memorial Hospital will care for 80% of its own acute care patients requiring long-term care services for a period of time following their stay at this Critical Access Hospital.

During FY15, the first complete fiscal year of operation of St. Joseph Memorial Hospital's swing bed program, it is projected that there will be 68 admissions to St. Joseph Memorial Hospital's swing bed program from its acute care patients.

6. The 68 patients projected to be admitted to St. Joseph Memorial Hospital's swing bed program in FY15 are projected to experience 626 patient days of care in that program, which is an average length of stay of 9.2 as swing bed patients.

7. Admissions of swing bed patients will increase by 8.8% (a total of 6 patients) by the second complete year of operation of the swing bed program.

This increase will be due to St. Joseph Memorial Hospital's swing bed program continuing to care for 80% of its own acute care patients requiring long-term care services for a period of time following their stay at this Critical Access Hospital during the second complete fiscal year of operation of this program.

During FY16, the second complete fiscal year of operation of St. Joseph Memorial Hospital's swing bed program, it is projected that there will be 74 admissions to St. Joseph Memorial Hospital's swing bed program from its acute care patients.

8. The 74 patients projected to be admitted to St. Joseph Memorial Hospital's swing bed program in FY16 are projected to experience 681 patient days of care in that program, which is an average length of stay of 9.2 days as swing bed patients, the same average length of stay projected for FY15.

XII. Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for St. Joseph Memorial Hospital, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

	FY2010	FY2011	FY2012
Net Patient Revenue	$33,090,989	$36,698,000	$49,096,623
Amount of Charity Care (charges)	$1,352,456	$4,403,709	$3,767,357
Cost of Charity Care	$513,657	$1,735,113	$1,283,860

2. This chart is provided for St. Joseph Memorial Hospital.

3. This item is not applicable because St. Joseph Memorial Hospital is an existing facility.