ORIGINAL

14-060

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

APPLICATION

JULY 2013 EDITION

RECEIVED
DEC 08 2014
HEALTH FACILITIES &
SERVICES REVIEW BOARD

TABLE OF CONTENTS

SECTION NO.			PAGES
		Instructions	ii-iv
I.		Identification, General Information and Certification	1-9
II.		Discontinuation	10
III.		Project Background, Purpose, and Alternatives	11-12
IV.		Project Scope & Size, Utilization and Unfinished/Shell Space	13-14
V.		Master Design and Related Projects	15-16
VI.		Mergers, Consolidations and Acquisitions	17
VII.		**Service Specific Review Criteria**	
	A.	Medical/Surgical, Obstetric, Pediatric and Intensive Care	18-19
	B.	Comprehensive Physical Rehabilitation	20
	C.	Acute/Chronic Mental Illness	21
	D.	Neonatal Intensive Care	22
	E.	Open Heart Surgery	23
	F.	Cardiac Catheterization	24-25
	G.	In-Center Hemodialysis	26
	H.	Non-Hospital Based Ambulatory Surgery	27-28
	I.	Selected Organ Transplantation	29
	J.	Kidney Transplantation	30
	K.	Subacute Care Hospital Model	31-34
	L.	Children's Community-Based Health Care Center	35-36
	M.	Community-Based Residential Rehabilitation Center	37
	N.	Long Term Acute Care Hospital	38
	O.	Clinical Service Areas Other than Categories of Service	39
	P.	Freestanding Emergency Center Medical Services	40-43
VIII.		Availability of Funds	44
IX.		Financial Viability	45
X.		Economic Feasibility	46
XI.		Safety Net Impact Statement	47
XII.		Charity Care Information	48
		Index of Attachments to the Application	49

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

INSTRUCTIONS
GENERAL

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion, modernization or discontinuation of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130).
- **This Application does not supersede any of the above-cited rules and requirements that are currently in effect.**
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Codes 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov

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SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE label as such and state the reason why**.
- For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- **For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters** and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy both **unbound**. **Label one copy original** that contains the original signatures **(on the application for permit).**

Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (113.620(d)

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project **is or is not in a flood plain,** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2005-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. **SEE SECTION XI** OF THE APPLICATION FOR PERMIT.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XII** OF THE APPLICATION FOR PERMIT.

3

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, and initial fee of $2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

14-060

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HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: BlessingCare Corporation d/b/a Illini Community Hospital		
Street Address: 640 West Washington		
City and Zip Code: Pittsfield, IL 62363		
County: Pike	Health Service Area 3	Health Planning Area: E4

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

Exact Legal Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, IL 62305
Name of Registered Agent: Maureen A. Kahn
Name of Chief Executive Officer: Maureen A. Kahn
CEO Address: 1005 Broadway Quincy, IL 62305
Telephone Number: (217) 223-8400, ext. 6807

Type of Ownership of Applicant/Co-Applicant

- [x] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] 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)

Name: Betty J. Kasparie
Title: Vice President - Corporate Compliance
Company Name: Blessing Corporate Services
Address: 1005 Broadway Quincy, IL 62305
Telephone Number: (217) 223-8400, ext. 6808
E-mail Address: Betty.Kasparie@blessinghealthsystem.org
Fax Number: (217) 223-6891

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

Name: Kathy Hull
Title: President/CEO
Company Name: Illini Community Hospital
Address: 640 West Washington Pittsfield, IL 62363
Telephone Number: (217) 285-2113, ext. 3803
E-mail Address: Kathy.Hull@blessinghealthsystem.org
Fax Number: (217) 285-2989

5

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:	Betty J. Kasparie
Title:	Vice President - Corporate Compliance
Company Name:	Blessing Corporate Services
Address:	1005 Broadway Quincy, IL 62305
Telephone Number:	(217) 223-8400, ext. 6808
E-mail Address:	Betty.Kasparie@blessinghealthsystem.org
Fax Number:	(217) 223-6891

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: BlessingCare Corporation

Address of Site Owner: 640 West Washington Pittsfield, IL 62363

Street Address or Legal Description of Site:

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: BlessingCare Corporation d/b/a Illini Community Hospital

Address: 640 West Washington Pittsfield, IL 62363

- [X] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] 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.

Flood Plain Requirements

[Refer to application instructions.]

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

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.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

7

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.

Illini Community Hospital at 640 West Washington Street in Pittsfield, Illinois, is proposing to establish a 10-bed AMI service by renovating second floor (medical/surgical floor) location of the hospital. The project will be modernization of 6,809 square feet.

The project is to create an older/geriatric psych service. The unit will be located in renovated space of the 1957 building, 1940 building, and 1985 addition. Patient rooms are within the 1957 building. There are 10 patient beds (three private patient rooms, one seclusion patient room, and three semi-private patient rooms). The unit will be secured at doors just east of the elevator.

Waiting, Office, Staff Lounge, and Staff Toilet are outside the secured doors. The Office, Waiting, and Toilet fall within the 1940 building.

Group Activity rooms, Consult/Exam, Seclusion area, Mechanical, and Housekeeping are located in the 1985 addition.

This project is substantive since it is a request for a new category of service and proposed to add 10 beds to the hospital inventory increasing from 25 to 35 beds. The total estimated project cost is $3,285,741.50.

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

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

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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

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

Estimated start-up costs and operating deficit cost is $ 1,717,457.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): December 2016

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

10

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.

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: Illini Community Hospital			**CITY:** Pittsfield		
REPORTING PERIOD DATES:		**From:** January 1, 2013	**to:** December 31, 2013		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	19	377	1,080	0	19
Obstetrics					
Pediatrics	2	4	10	0	2
Intensive Care	4	6	17	0	4
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness				10	10
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	25	293	989	10	35

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 Blessing Care Corp d/b/a Illini Community 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

KATHY HULL
PRINTED NAME

President/CEO
PRINTED TITLE

SIGNATURE

Patrick Gerveler
PRINTED NAME

CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of November, 2014

Teresa Davidsmeyer
Signature of Notary

Seal

OFFICIAL SEAL
TERESA DAVIDSMEYER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 02/08/16

Notarization:
Subscribed and sworn to before me
this 21st day of November, 2014

Lindsey M. McDonald
Signature of Notary

Seal

"OFFICIAL SEAL"
LINDSEY M. MCDONALD
Notary Public, State of Illinois
My Commission Expires 11/04/17

*Insert EXACT legal name of the applicant

13

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 Board 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.

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.

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.

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize Acute Mental Illness and Chronic Mental Illness category of service must submit the following information:

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

Category of Service	# Existing Beds	# Proposed Beds
☒ Acute Mental Illness	0	10
☐ **Chronic Mental Illness**		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e(1)) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

18

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. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **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**
4. **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-37, 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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)	
Geriatric Psychiatric	-	430.29	-	-	5,513	24%	0	2,372,212	2,372,212
Contingency		43.03							
TOTALS	-	473.32	-	-	5,513	24%	0	2,609,413	2,609,413

* Include the percentage (%) of space for circulation

20

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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, 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-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

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

File Number 6086-465-9

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

BLESSINGCARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2000, 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* 21ST *day of* NOVEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1432500458

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

Attachment 1

24

File Number 5295-745-1

To all to whom these Presents Shall Come, Greeting:

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

BLESSING CORPORATE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1433900514

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* DECEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Attachment 1 25

Know all Men by these Presents, That, whereas, heretofore, to-wit: At the June Term, A. D. 1939, of the Pike Circuit Court, Illinois, a decree was made and entered of record in a certain cause on the Chancery side of said Court wherein Anne E. Worthington was Substituted Plaintiff Complainant, and Morris Worthington et al were Defendants, whereby it was (among other matters and things therein adjudged and decreed) ordered by the said Court, that the Master in Chancery thereof, after having first given notice of the time, terms and place of sale by the said decree required, between the hours of 10 o'clock A. M., and 5 o'clock P. M., of the day set for sale of the said premises ordered to be sold, offer for sale and sell to the highest bidder upon the following terms of sale, to-wit: Ten per Cent of bid on day of Sale, balance on approval of sale by Court, subject to all unpaid taxes and assessments certain tract or lot of ground and parcel of real estate by the said decree fully set out and described.

AND WHEREAS, On the 7th day of December, A. D. 1939, I Winthrop B. Anderson Master in Chancery, attended at the County Court Room in the Court House in the City of Pittsfield, Pike County, Illinois, at public outcry then and there made between the hours of ten o'clock A. M. and five o'clock P. M. of said day, sold the following premises, to-wit:

Outlot Twenty six (26) in W. R. Peter's Addition to Outlots to the City of Pittsfield, Pike County, Illinois

($5.00 U.S. Revenue Stamps Attached and Cancelled)

in the County of Pike and State of Illinois, (the same being all of the premises by the decree aforesaid ordered to be sold) to The Illini Community Hospital for the sum of Five Thousand and xx/100 ($5,000.00) Dollars it being the highest bidder for the same at the sale thus publicly made, and said premises being sold upon the terms by said decree fixed, and after having first given notice of the time, terms and place of sale by publication thereof for 3 successive weeks in the Pike County Republican, a weekly newspaper, published in Pittsfield, Pike County, Illinois, the same being the notice of sale by the said decree required to be given prior to the sale of said premises.

AND WHEREAS,

NOW THEREFORE, THIS INDENTURE WITNESSETH, That I, Winthrop B. Anderson Master in Chancery as aforesaid, in consideration of the premises herein before recited, and by virtue of and in obedience to the decree aforesaid, ordering the sale of the premises aforesaid, have granted, bargained and sold, and by these presents do grant, bargain, sell, convey and confirm unto the said The Illini Community Hospital all the right, title and interest of all the parties to said suit of, in and to the premises so sold unto The Illini Community Hospital and herein before fully described and set out.

TO HAVE AND TO HOLD, With all the privileges and appurtenances thereunto belonging or in anywise appertaining to the only proper use, benefit and behoof of the said The Illini Community Hospital its heirs and assigns forever.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 20th day of December A. D. 1939

Winthrop B. Anderson
Master in Chancery. Seal

STATE OF ILLINOIS, County of Pike. } as. I, Geo I. Kendrick Clerk of the Circuit Court within and for said County, do hereby certify that on this day personally appeared before me Winthrop B. Anderson Master in Chancery, who is personally known to me to be the identical person described in, and who executed the foregoing instrument, and acknowledged the execution thereof to be his voluntary act and deed for the uses and purposes therein expressed.

(official Seal)

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office, at my office in Pittsfield, this 20th day of December A. D. 1939

Geo. I. Kendrick Clerk.

The foregoing Deed was filed for record the 24th day of January A. D. 1942 at 8 o'clock 45 minutes A M.

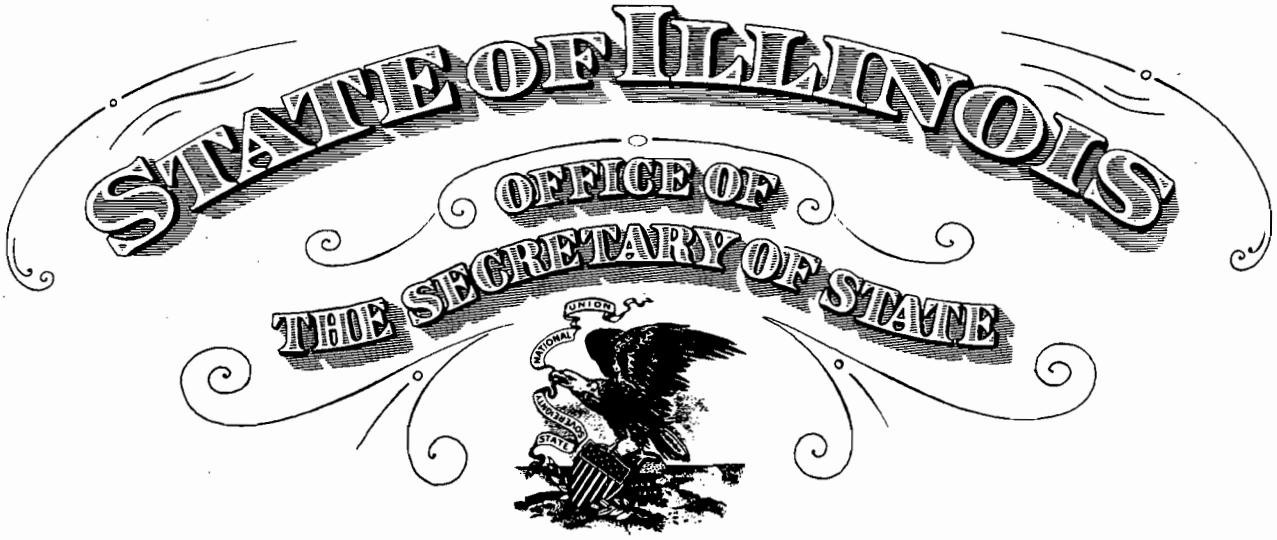
By Dora Lee Clark Deputy Clerk. Lee Wombles Clerk and Recorder.

Deed
BK 198 Pg 502

Attachment 2

26

File Number 6086-465-9



To all to whom these Presents Shall Come, Greeting:

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

BLESSINGCARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2000, 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* 21ST *day of* NOVEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1432500458

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

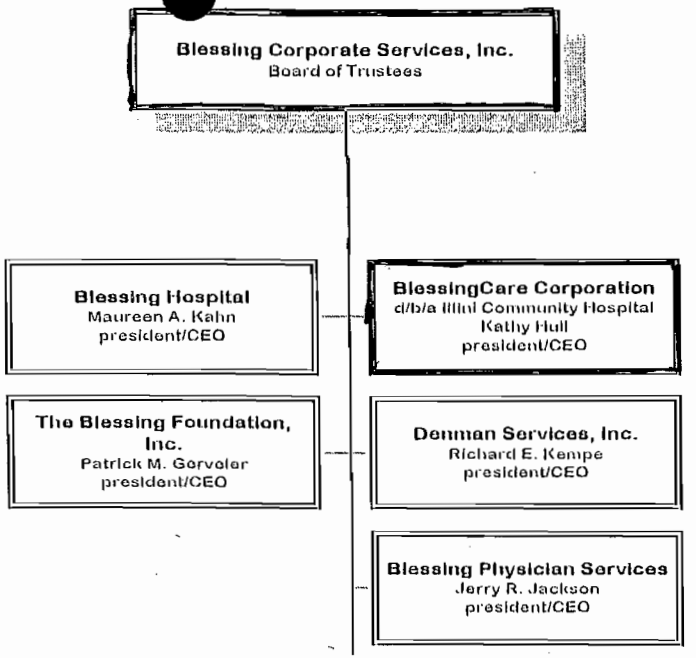
Attachment 3

Organizational Relationships

No related person or entity is participating in the development or funding of the project.

The organizational chart is attached.

BLESSING
Corporate Services, Inc.
11/4/14



Attachment 4

29

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

MAP SCALE 1" = 2000'

1000 0 2000 4000 FEET

600 0 600 1200 METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0450D

FIRM

FLOOD INSURANCE RATE MAP

PIKE COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 450 OF 625

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
PIKE COUNTY	170551	0450	D
PITTSFIELD, CITY OF	171304	0450	D

Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

MAP NUMBER
17149C0450D

EFFECTIVE DATE
JUNE 2, 2011

Federal Emergency Management Agency

IHPA
ILLINOIS HISTORIC
Preservation
AGENCY

FAX (217) 524-7525

Pike County
Pittsfield
Rehabilitation of a Portion of the 2nd Floor for an Adult Psychiatric Unit, Illini Community Hospital
640 W. Washington St.
IHPA Log #029112414

December 3, 2014

Betty Kasparie
Blessing Hospital
Broadway at 11th Street
P.O. Box 7005
Quincy, IL 62305-7005

Dear Ms. Kasparie:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

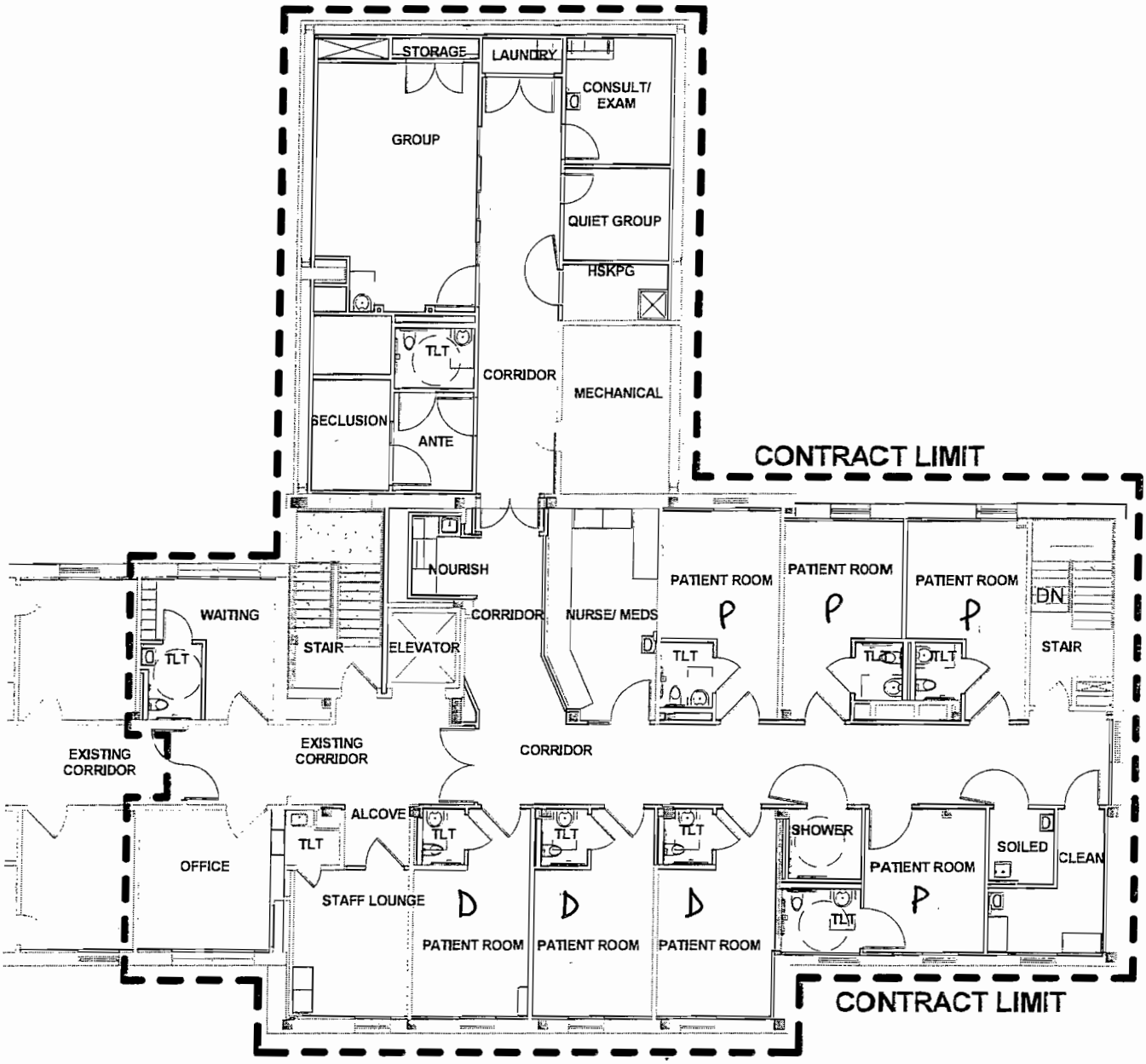
Anne E. Haaker
Deputy State Historic
Preservation Officer

1 Old State Capitol Plaza
Springfield IL 62701

ILLINOISHISTORY.GOV

Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning costs			
Site Survey and Soils Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	2,319,385.00		2,319,385.00
Contingencies	231,938.50		231,938.50
Architectural/Engineering Fees	239,500.00		239,500.00
Consulting and Other Fees (CON/IDPH/TRAVEL)	49,800.00		49,800.00
Movable or Other Equipment (not in construction contracts)	313,118.00		313,118.00
Bond Issuance Expense (project related)	90,000.00		90,000.00
Net Interest Expense During Construction (project related)	42,000.00		42,000.00
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USE OF FUNDS	**3,285,741.50**		**3,285,741.50**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	285,741.50		285,741.50
Pledges			
Gifts and Bequests			
Bond Issues (project related)	3,000,000.00		3,000,000.00
Mortgages			
Leases (fair market value)			
Government Appropriations			
Grants			
Other Funds and Sources	0		0
TOTAL SOURCES OF FUNDS	3,285,741.50		**3,285,741.50**



1 LEVEL 2 - PROPOSED PLAN
1/16" = 1'-0"

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11/21/2014 :33 AM

CHRISTNER

ARCHITECTS | DESIGNERS | PLANNERS | LANDSCAPE ARCHITECTS

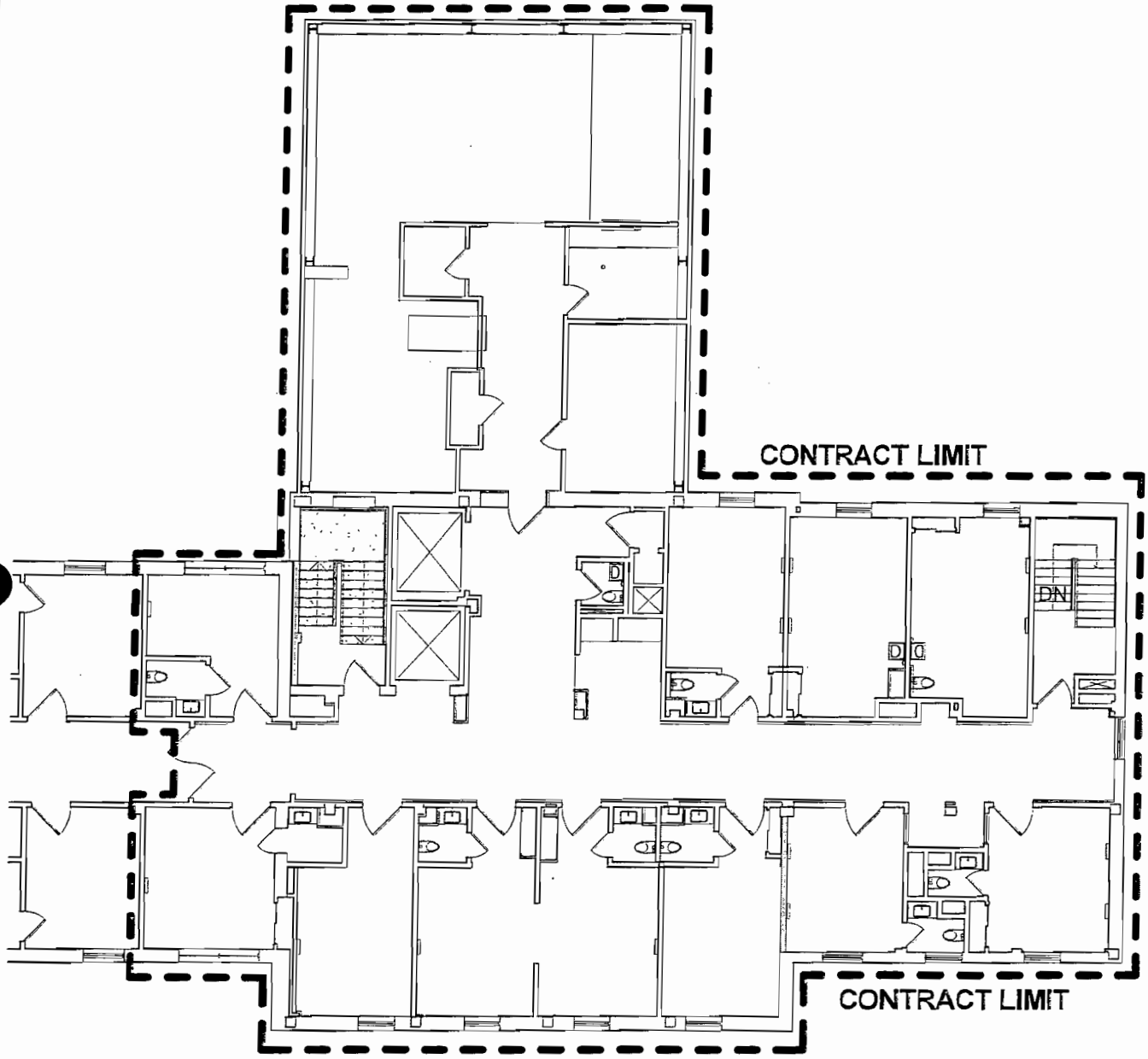
168 NORTH MERAMEC | ST. LOUIS | MISSOURI 63105
TEL 314 725 2927 | FAX 314 725 2928 | CHRISTNERINC.COM

DRAWING TITLE
PROPOSED FLOOR PLAN

PROJECT NAME
GERIATRIC PSYCHIATRIC UNIT

PROJECT NUMBER	REVISIONS	DATE	SHEET NUMBER
14092		11/21/14	A10.17

THE SEAL(S) AND SIGNATURE(S) APPLY ONLY TO THE DOCUMENT TO WHICH THEY ARE AFFIXED, AND WE EXPRESSLY DISCLAIM ANY RESPONSIBILITY FOR ALL OTHER PLANS, SPECIFICATIONS, ESTIMATES, REPORTS, OR OTHER DOCUMENTS OR INSTRUMENTS RELATING TO OR INTENDED TO BE USED FOR ANY PART OR PARTS OF THE PROJECT. © COPYRIGHT 2014 CHRISTNER INC.



1 LEVEL 2 - EXISTING
1/16" = 1'-0"

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11/21/2014 1 33 AM

CHRISTNER

ARCHITECTS | DESIGNERS | PLANNERS | LANDSCAPE ARCHITECTS

168 NORTH MERAMEC | ST. LOUIS | MISSOURI 63105
TEL 314 725 2927 | FAX 314 725 2928 | CHRISTNERINC.COM

DRAWING TITLE
EXISTING FLOOR PLAN

PROJECT NAME
GERIATRIC PSYCHIATRIC UNIT

PROJECT NUMBER	REVISIONS	DATE	SHEET NUMBER
14092		11/21/14	A10.16

THE SEAL(S) AND SIGNATURE(S) APPLY ONLY TO THE DOCUMENT TO WHICH THEY ARE AFFIXED, AND WE EXPRESSLY DISCLAIM ANY RESPONSIBILITY FOR ALL OTHER PLANS, SPECIFICATIONS, ESTIMATES, REPORTS, OR OTHER DOCUMENTS OR INSTRUMENTS RELATING TO OR INTENDED TO BE USED FOR ANY PART OR PARTS OF THE PROJECT. © COPYRIGHT 2014 CHRISTNER INC.

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	2,319,385	5,513			5,513*		
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	2,319,385	5,513			5,513*		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical	0	0			5,513*		
TOTAL	2,319,385	5,513			5,513*		

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

*SF number is based on DGSF. This SF does not include the stairs, elevator or mechanical room which were included in the BGSF. These spaces will not be modernized.

HF105449

Illinois 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.

LaMar Hasbrouck, MD, MPH
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
4/30/2015		0005132

Critical Access Hospital

Effective 05/01/2014

Blessing Care Corporation
dba Illini Community Hospital
640 West Washington Street
Pittsfield, IL 62363

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 4/30/2015

Lic Number 0005132

Date Printed 3/31/2014

Blessing Care Corporation
dba Illini Community Hospital
640 West Washington Street
Pittsfield, IL 62363

FEE RECEIPT NO.

Background, Purpose of the Project, and Alternatives

Criterion 1110.230

Background of Applicant

1. Blessing Corporate Services is the sole owner of Illini Community Hospital, a critical access hospital. Illini owns Illini Rural Health Clinic in Pittsfield, Illinois.

   Proof of licensure and the latest Joint Commission letter is attached as Attachment 11.

2. There are no adverse actions taken against the organization and a statement to this effect is attached as Attachment 11.

3. A statement permitting access to any documents necessary for review is also attached as Attachment 11.

4. No other applications have been submitted.

The Joint Commission

February 20, 2013

Kathy Hull
President & CEO
Blessing Care Corporation
640 West Washington Street
Pittsfield, IL 62363-1397

Joint Commission ID #: 529110
Program: Critical Access Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 02/20/2013

Dear Mrs. Hull:

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:

- Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning October 27, 2012. 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 36 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,

Mark Pelletier

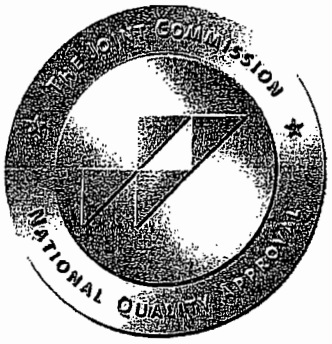
Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Blessing Care Corporation
Illini Community Hospital
Pittsfield, IL

has been Accredited by



The Joint Commission

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

Critical Access Hospital Accreditation Program

December 24, 2012

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, M.D.
Chair, Board of Commissioners

Organization ID #529110
Print/Reprint Date: 02/27/13

Mark R. Chassin, MD, FACP, MPP, MPH
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.

Attachment 11

Background, Purpose of the Project, and Alternatives

Background of Applicant

1. BlessingCare Corporation d/b/a Illini Community Hospital

2. I certify there has been no adverse action taken against the facility owned and/or operated by the applicant during the three (3) years prior to the filing of the application.

Signature: _____
Kathy Hull
President/CEO
Illini Community Hospital

3. I authorize permitting HFSRB and DPH access to any documents 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.

Signature: _____
Kathy Hull
President/CEO
Illini Community Hospital

4. No applications have been submitted in the previous year.

Purpose of Project

1. The purpose of the proposed project is to establish an Acute Mental Illness Category of Service at Illini Community Hospital in Pittsfield, Illinois. The goal is to improve access on the western side of HSA 3 for necessary acute mental health services, especially the geriatric population.

2. The Primary Service Area for the proposed project is Adams and Pike Counties in Illinois and parts of Marion, Ralls, and Pike Counties in Missouri. There are three hospitals located in the primary area – Illini Community Hospital in Pittsfield, Blessing Hospital in Quincy, and Hannibal Regional Hospital across the river in Missouri.

   A map shows the primary service area. The Missouri market being proposed has no psych services for over 100 miles.

   The census figures for the 2010 service area as defined are attached.

3. This project is intended to address the insufficient access to inpatient mental health beds for older adults in western HSA 3 and adjacent Missouri counties. Blessing Hospital is on the far western border of HSA 3 while Springfield is on the far eastern border 120 miles away. These two locations provide acute mental health beds for the region and are 50 minutes and 75 minutes drive time from Illini.

4. a. Illinois Department of Public Health – Suicide Prevention, Suicide and Older Adults
   b. Illinois Hospital Association – Achieving Better Health, Better Outcomes, and Lower Costs through Behavioral Health
   c. Inventory of Healthcare Facilities and Services and Need Determination
   d. Alzheimer's Disease Illinois State Plan

5. The Illinois Department of Public Health publication *Suicide and Older Adults* indicates the highest rate of suicide in the nation is among persons 65 years of age and older. The rate of death by suicide in late life is 6.6 times greater among males than females.

   The report indicates these numbers are similar for Illinois. The suicide rate for persons 70 years and older is 2.0 times the rate for 15-19 year olds. The older attempt and complete suicide more than any other age group.

   Risk factors include:
   - Access to lethal methods
   - Debilitating physical health problems
   - Depression
   - Divorced or widowed
   - Family discord
   - Major changes in social roles

- Perceived poor health
- Prior suicide attempts
- Recent death of a loved one
- Social isolation and loneliness; socially dependent
- Substance abuse
- Uncontrollable pain or the fear of a prolonged illness

"Depression is one of the leading risk factors of older adult suicide," according to this report. Often times, their depression is undiagnosed and/or untreated.

The report indicates 20% of older adults experience undiagnosed depression. When older adults have doctor visits, they often describe physical ailments that are the result of depression, such as poor appetite, changes in sleeping patterns, and pain not associated with a physical problem that can lead to misdiagnosis. At the same time, these older adults may be receiving treatment for heart disease, diabetes, Parkinson's disease, respiratory disease, and arthritis, each of which can be accompanied by depression. If depression is untreated, it can delay or prevent full recovery.

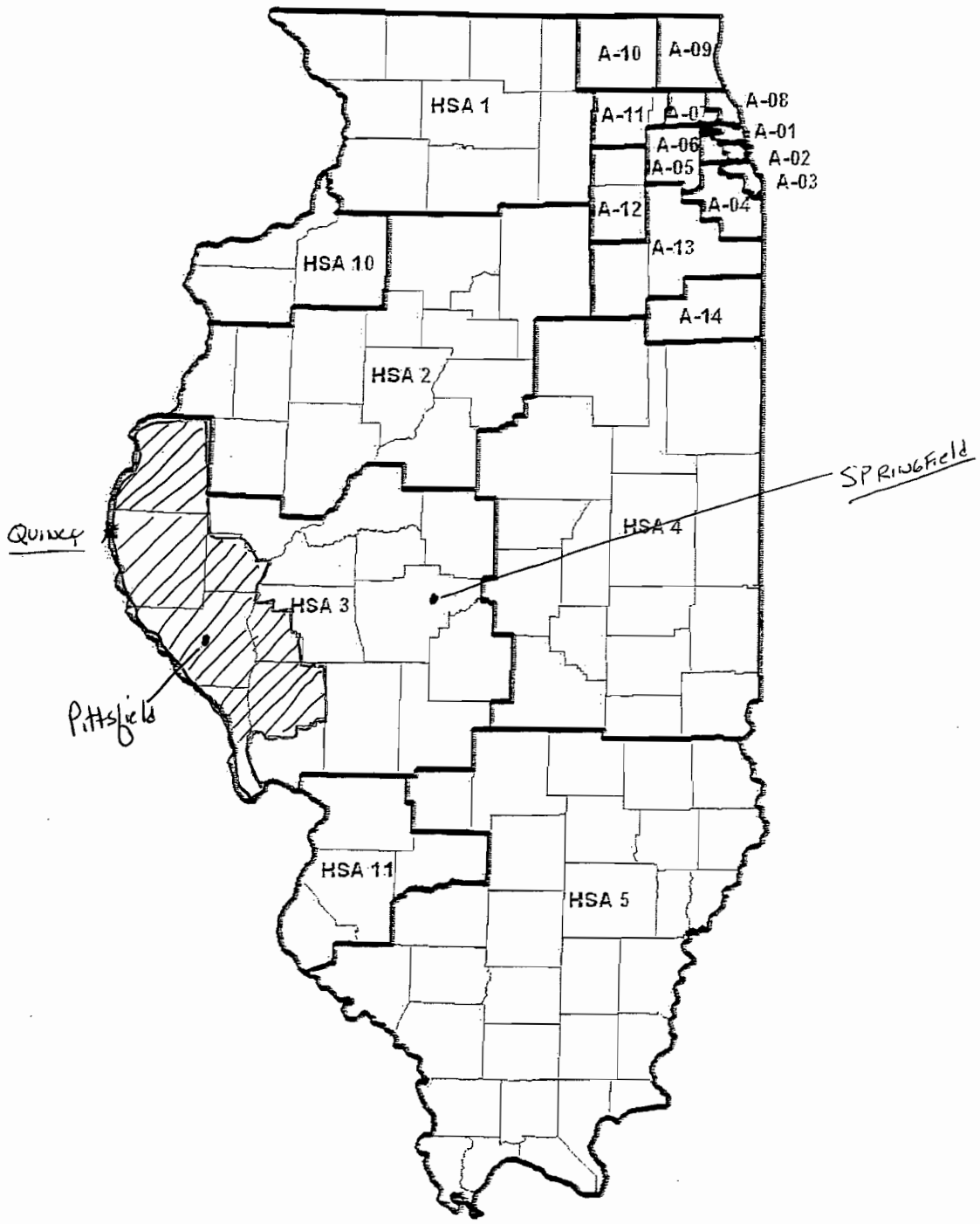
One of the recommended strategies for the community is to provide effective clinical care for mental, physical, and substance disorders.

Through the development of a dedicated older adult geriatric service, Illini Community Hospital plans to address this need by establishing a 10-bed unit to meet the needs of these citizens.

6. The goal is to establish a 10-bed unit and offer an inpatient service to those residents in need. A Board Certified Geriatric Psychiatrist, on the staff of Blessing Physician Services, will help lead the clinical program development.

For the Acute Mental Illness category of service:

1. For the area covered by Health Service Areas 6, 7, 8, and 9, the planning areas are the Medical-Surgical/Pediatrics planning areas A-01 through A-14. For the remainder of the state, the planning areas are the Health Service Areas 1, 2, 3, 4, 5, 10 and 11.



Counties 2010 Census Age Demographics

Zip	Cnty_State	State	Population	Male Population	Female Population	Age 0-17	Age 18-44	Age 45-64	65 Plus Population	Median Age	CompData Projected Change	Projected Population	Hidi 65+ Projection	Proj 65+	Age 18-54	Age 55-64	Check Total
62301	ADAMS	IL	33,758	16,239	17,519	7,454	11,933	8,390	5,981	38.4	0.54%	33,940	5.7%	6,322	16,477	3,846	-
62305	ADAMS	IL	18,052	8,797	9,255	4,197	4,969	5,544	3,342	44.5	0.55%	18,152	5.7%	3,532	7,893	2,620	-
62306	ADAMS	IL	-	-	-				-	0	0.00%	-	5.7%	-	-	-	-
62320	ADAMS	IL	2,185	1,098	1,087	523	680	611	371	41.6	-1.04%	2,162	5.7%	392	1,057	234	-
62324	ADAMS	IL	1,361	677	684	372	429	365	195	38.1	-2.71%	1,324	5.7%	206	620	174	-
62325	ADAMS	IL	403	198	205	109	137	101	56	38	0.22%	404	5.7%	59	193	45	-
62338	ADAMS	IL	1,473	735	738	365	452	451	205	41.9	-1.54%	1,450	5.7%	217	698	205	-
62339	ADAMS	IL	874	426	448	203	255	225	191	42.9	-0.12%	873	5.7%	202	387	93	-
62346	ADAMS	IL	178	92	86	38	50	51	39	45.3	-0.74%	177	5.7%	41	73	28	-
62347	ADAMS	IL	2,282	1,178	1,102	588	722	660	312	39.9	1.20%	2,309	5.7%	330	1,076	306	-
62348	ADAMS	IL	170	76	94	47	68	39	16	34	0.00%	170	5.7%	17	89	18	-
62349	ADAMS	IL	636	315	321	155	169	205	107	43.7	-1.24%	628	5.7%	113	274	100	-
62351	ADAMS	IL	1,856	897	959	428	547	518	363	42.9	-0.63%	1,844	5.7%	384	830	235	-
62359	ADAMS	IL	166	73	93	44	48	40	34	41.8	0.60%	167	5.7%	36	68	20	-
62360	ADAMS	IL	1,656	820	836	413	564	454	225	39	-1.69%	1,628	5.7%	238	795	223	-
62365	ADAMS	IL	647	344	303	154	213	196	84	39.8	0.46%	650	5.7%	89	322	87	-
62376	ADAMS	IL	1,198	593	605	293	367	347	191	41.5	-0.38%	1,193	5.7%	202	556	158	-
QUINC	ADAMS	IL											5.7%	-	-	-	-
62353	BROWN	IL	5,637	3,800	1,837	852	2,824	1,351	610	35.8	-2.07%	5,520	4.1%	635	3,669	506	-
62375	BROWN	IL	369	186	183	82	113	113	61	43.3	-3.70%	355	4.1%	64	175	51	-
62378	BROWN	IL	896	447	449	176	253	289	178	46.1	-4.35%	857	4.1%	185	407	135	-
62006	CALHOUN	IL	648	340	308	153	225	183	87	38.3	0.59%	652	5.2%	92	317	91	-
62013	CALHOUN	IL	552	281	271	108	157	175	112	45.9	-1.46%	544	5.2%	118	261	71	-
62036	CALHOUN	IL	704	338	366	156	177	208	163	47.2	-1.95%	690	5.2%	171	271	114	-
62045	CALHOUN	IL	647	329	318	134	190	198	125	44.9	-3.57%	624	5.2%	132	294	94	-
62047	CALHOUN	IL	1,555	742	813	362	468	402	323	42.5	-2.26%	1,520	5.2%	340	694	176	-
62053	CALHOUN	IL	650	321	329	128	170	226	126	45	-4.74%	619	5.2%	133	279	117	-
62065	CALHOUN	IL	97	51	46	18	19	33	27	49.5	-4.63%	93	5.2%	28	43	9	-
62070	CALHOUN	IL	37	20	17	1	5	16	15	61.5	-5.14%	35	5.2%	16	14	7	-
62016	GREENE	IL	3,816	1,877	1,939	886	1,137	1,082	711	42.6	-1.75%	3,749	0.9%	717	1,730	489	-
62027	GREENE	IL	536	270	266	108	143	176	109	46.8	-2.43%	523	0.9%	110	239	80	-
62044	GREENE	IL	2,009	989	1,020	487	626	559	337	40.9	-1.83%	1,972	0.9%	340	942	243	-
62050	GREENE	IL	473	242	231	105	138	149	81	47.7	-0.32%	471	0.9%	82	219	68	-
62054	GREENE	IL	872	467	405	206	292	270	104	46.9	-2.03%	854	0.9%	105	443	119	-
62078	GREENE	IL	119	60	59	30	50	28	11	35.4	0.00%	119	0.9%	11	70	8	-
62081	GREENE	IL	298	148	150	57	97	88	56	41.8	-2.08%	292	0.9%	57	140	45	-
62082	GREENE	IL	3,109	1,675	1,434	696	1,065	872	476	41	-2.04%	3,046	0.9%	480	1,570	367	-
62092	GREENE	IL	2,979	1,455	1,524	690	902	823	564	39	-2.19%	2,914	0.9%	569	1,355	370	-
62098	GREENE	IL	91	45	46	30	30	23	8	32.3	0.00%	91	0.9%	8	45	8	-

Attachment 12

61450	HANCOCK	IL	1,742	862	880	381	499	483	379	44.7	-3.42%	1,682	5.6%	400	755	227	-
62311	HANCOCK	IL	860	422	438	189	261	226	184	43.6	-1.93%	843	5.6%	194	394	93	-
62313	HANCOCK	IL	389	195	194	88	126	108	67	41.8	-5.33%	368	5.6%	71	177	57	-
62316	HANCOCK	IL	660	332	328	162	225	176	97	37.9	-4.39%	631	5.6%	102	322	79	-
62321	HANCOCK	IL	4,091	2,019	2,072	880	1,206	1,167	838	44.1	-0.61%	4,066	5.6%	885	1,833	540	-
62329	HANCOCK	IL									0.00%	-	5.6%	-	-	-	-
62330	HANCOCK	IL	1,769	860	909	370	497	553	349	45.6	-2.90%	1,718	5.6%	369	754	296	-
62334	HANCOCK	IL	172	88	84	30	50	52	40	48.1	-1.95%	169	5.6%	42	80	22	-
62336	HANCOCK	IL	47	24	23	4	17	14	12	48.3	0.00%	47	5.6%	13	29	2	-
62341	HANCOCK	IL	3,610	1,719	1,891	840	1,037	1,064	669	43.4	-0.64%	3,587	5.6%	706	1,559	542	-
62354	HANCOCK	IL	1,684	823	861	325	371	524	464	52.5	3.96%	1,751	5.6%	490	586	309	-
62358	HANCOCK	IL	752	388	364	193	202	232	125	43.5	1.26%	762	5.6%	132	311	123	-
62367	HANCOCK	IL	1,345	673	672	370	379	374	222	39.9	-4.27%	1,288	5.6%	234	576	177	-
62373	HANCOCK	IL	300	146	154	74	73	99	54	46.1	-1.39%	296	5.6%	57	127	45	-
62379	HANCOCK	IL	2,049	1,025	1,024	418	608	660	363	44.9	-1.27%	2,023	5.6%	383	943	325	-
62380	HANCOCK	IL	401	202	199	101	116	112	72	41.6	-4.01%	385	5.6%	76	185	43	-
62312	PIKE	IL	2,162	1,005	1,157	506	639	583	434	43.1	-1.06%	2,139	2.5%	445	956	266	-
62314	PIKE	IL	611	312	299	137	185	198	91	42.6	-1.65%	601	2.5%	93	280	103	-
62323	PIKE	IL	290	150	140	76	85	75	54	41	-1.07%	287	2.5%	55	130	30	-
62340	PIKE	IL	1,715	842	873	424	505	483	303	41.5	0.20%	1,718	2.5%	311	751	237	-
62343	PIKE	IL	712	363	349	160	228	208	116	41.6	0.60%	716	2.5%	119	340	96	-
62345	PIKE	IL	357	169	188	81	104	113	59	42.4	0.70%	359	2.5%	60	163	54	-
62352	PIKE	IL	271	130	141	77	94	70	30	33.9	-3.11%	263	2.5%	31	131	33	-
62355	PIKE	IL	820	436	384	193	234	239	154	42.3	-3.38%	792	2.5%	158	367	106	-
62356	PIKE	IL	571	279	292	131	183	158	99	41.1	-3.71%	550	2.5%	101	273	68	-
62357	PIKE	IL	245	117	128	61	65	66	53	44.1	-1.83%	241	2.5%	54	97	34	-
62361	PIKE	IL	539	283	256	149	161	134	95	39.2	-3.07%	522	2.5%	97	235	60	-
62362	PIKE	IL	399	176	223	90	116	95	98	43.8	-0.98%	395	2.5%	100	155	56	-
62363	PIKE	IL	6,353	3,258	3,095	1,332	2,003	1,687	1,331	43	0.94%	6,413	2.5%	1,364	2,852	838	-
62366	PIKE	IL	1,408	698	710	340	409	422	237	42.7	-2.64%	1,371	2.5%	243	627	204	-
62370	PIKE	IL	520	264	256	109	147	177	87	45.4	-3.49%	502	2.5%	89	242	82	-
62610	SCOTT	IL	199	97	102	59	67	43	30	36.6	0.00%	199	6.3%	32	92	18	-
62621	SCOTT	IL	1,171	609	562	288	374	334	175	38.7	-4.53%	1,118	6.3%	186	561	147	-
62663	SCOTT	IL	292	138	154	61	88	92	51	44.4	0.00%	292	6.3%	54	141	39	-
62694	SCOTT	IL	3,192	1,515	1,677	750	918	905	619	43.5	-4.55%	3,047	6.3%	658	1,448	375	-
63343	LINCOLN	MO	4,546	2,206	2,340	1,122	1,426	1,324	674	39.9	-1.70%	4,469	12.7%	760	2,150	600	
63347	LINCOLN	MO	3,078	1,567	1,511	800	1,041	939	298	38.2	-1.20%	3,041	12.7%	336	1,608	372	
63349	LINCOLN	MO	1,934	983	951	513	646	570	205	37.3	3.41%	2,000	12.7%	231	986	230	
63362	LINCOLN	MO	6,350	3,142	3,208	1,901	2,326	1,593	530	32.8	5.41%	6,694	12.7%	597	3,308	611	
63369	LINCOLN	MO	2,258	1,143	1,115	659	746	634	219	36.7	0.60%	2,244	12.7%	247	1,124	256	
63370	LINCOLN	MO	33	18	15	7	11	7	8	44.3	1.05%	33	12.7%	9	15	3	
63377	LINCOLN	MO	2,462	1,277	1,185	605	704	788	365	42.4	-1.82%	2,417	12.7%	411	1,168	324	
63379	LINCOLN	MO	23,348	11,478	11,870	6,790	8,291	5,731	2,536	34.3	4.27%	24,344	12.7%	2,858	11,709	2,313	
63381	LINCOLN	MO	532	277	255	150	150	140	92	39.7	-2.90%	517	12.7%	104	229	61	
63387	LINCOLN	MO	73	41	32	14	25	25	9	41.5	1.05%	74	12.7%	10	39	11	
63389	LINCOLN	MO	6,336	3,227	3,108	1,761	2,272	1,678	625	34.6	2.66%	6,505	12.7%	704	3,284	666	

63401	Marion	MO	22,067	10,608	11,459	5,228	7,603	5,944	3,292	38.2	-0.16%	22,031	7.0%	3,522	10,781	2,766
63454	Marion	MO	946	474	472	247	258	315	126	41.8	-3.29%	915	7.0%	135	420	153
63461	Marion	MO	5,876	2,896	2,980	1,486	1,816	1,592	982	40	0.10%	5,882	7.0%	1,051	2,661	747
63463	Marion	MO	652	320	332	176	194	199	83	38	0.99%	658	7.0%	89	298	95
63471	Marion	MO	639	323	316	146	191	177	125	43.5	-1.24%	631	7.0%	134	292	76
63330	PIKE	MO	125	76	49	20	34	51	20	48.8	4.30%	120	5.8%	21	55	30
63334	PIKE	MO	8,569	5,192	3,377	1,717	3,472	2,294	1,086	37.6	1.70%	8,715	5.8%	1,149	4,836	930
63336	PIKE	MO	1,146	586	560	230	294	389	233	48	-0.41%	1,141	5.8%	247	493	190
63339	PIKE	MO	1,145	573	572	336	342	309	158	37.2	1.68%	1,164	5.8%	167	519	132
63344	PIKE	MO	1,663	830	833	457	516	452	238	38	1.76%	1,692	5.8%	252	761	207
63353	PIKE	MO	4,593	2,233	2,360	1,070	1,334	1,276	913	43	-0.84%	4,554	5.8%	966	2,026	584
63433	PIKE	MO	68	37	31	15	20	20	13	42.5	-1.16%	67	5.8%	14	29	11
63441	PIKE	MO	1,121	581	540	249	325	343	204	43.5	0.87%	1,131	5.8%	216	496	172
63436	Ralls	MO	1,155	568	587	236	290	378	251	47.3	1.36%	1,171	12.8%	283	484	184
63459	Ralls	MO	4,153	2,080	2,073	1,019	1,203	1,321	610	42.4	2.48%	4,256	12.8%	688	1,917	607
63462	Ralls	MO	1,458	755	703	260	397	489	312	48.9	4.36%	1,522	12.8%	352	628	258
63467	Ralls	MO	75	37	38	19	27	20	9	35.4	0.00%	75	12.8%	10	36	11
			241,088	120,788	120,297	57,530	78,910	66,385	38,263	4,160		241,815		40,741	115,409	29,886

Alternatives to the Project

There were two alternatives considered:

1. Do nothing:
   Today residents in the proposed market area have access to Blessing Hospital which is 50 minutes away for adult acute mental health needs or at a Springfield Hospital (St. Johns/Memorial) which is an hour and 15 minutes away.

   There is a void in the western half of HSA 3 for an older adult/geriatric program designed to meet the specific and unique needs of this population. The closest facility, being Blessing Hospital (part of the same system as Illini) does not provide this program. Residents needing this service are treated in one of three ways - none of which are optimal to meet their needs; in the mixed adult unit which combines young adults with older adults with many more commodities; mixed on a medical surgical floor or transferred 100+ miles to a designated unit.

   Blessing Hospital admits few adults in the adult psych units due to the lack of compatibility.

   The western part of HSA needs to be able to provide this service to residents. In addition, there are no adult acute mental illness inpatient beds for over 100 miles in all directions in Missouri.

   The Board identified this and to do nothing was not an option. They chose not to ignore this need.

   The 25 adult care beds at Blessing Hospital are at 100% occupancy.

	2013	2014
Adult Census	26	27

2. The second option was to modify existing med/surg floor space into a 10-bed geriatric psych unit. The space would require modernization and design to bring the unit to current mental health standards for patient safety of psychiatric patients. The med/surg area also had a large adjacent storage that is proposed to be renovated to create support space for the program.

   Illini Hospital is part of the Blessing Health System based in Quincy, Illinois who has a dedicated mission to providing adult and adolescent mental health service to area residents. Quincy is located 41 miles from Pittsfield.

   The proposed 10-bed unit would meet the criteria for the minimum size unit as well as treatment and counseling needed to support the older adult/geriatric service.

   Doing nothing was ruled out due to the needs of area residents.

The total project cost for alternative #1 was not in dollars, but lost opportunity to meet the area resident's needs.

The total project cost for alternative #2 is proposed to be $3,285,741.50.

Letters of support from several area agencies and providers emphasize the value of quality care that can be provided if a unit is established.

Size of Project

1. The proposed project will utilize modernized space on the 2nd floor currently occupied by storage, offices, and critical care beds. This space was originally a long nursing care unit for med/surg and critical care. When Illini became a critical care hospital, the space remained but bed count numbers were reduced to 25.

   The proposed project will relocate the four ICU beds down the corridor near med/surg allowing the east half of the floor to be converted to a geriatric psych unit. The proposed space will include four private and three semi-private rooms with private bathrooms and general support space.

   The proposed 6809 BCSF allows for the 10 beds, group therapy space, consult exam room, seclusion, housekeeping, ante, nourishment, nursing station, staff lounge, and clean and soiled areas.

2. N/A

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?
GERIATRIC PSYCHIATRIC UNIT	6,809/5,513	586/gft2/bed*	-347	Yes

*Acute Mental Illness Beds

Project Services Utilization

Based on the population projections for the proposed service area where older adult geriatric services are void, the following utilization is projected.

	Dept./Service	Historical Utilization (Patient Days) (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	AMI	2,995	82%	85%	No
Year 2	AMI	3,159	87%	85%	Yes

	Year 1
Estimated Start Up Cost (page 6)	$ 1,717,457

Project Services Utilization (Page 13)

	Patient Days	Discharges	Occupancy	ALOS
Year 1	2,995	235	82%	12.74
Year 2	3,159	247	87%	12.79

Section 1120.140 (d) Projected Operating Costs per Patient Day

	1st full *Year*	2nd full *Year*	
Operating Expense	*$ 1,717,457*	$ 1,799,154	per consultant proforma
Patient Days	*2,995*	*3,159*	year 1 85% occupancy, year 2 87% occupancy
Operating Cost per Patient Day	**$ 573.44**	**$ 569.53**	

Section 1120.140 (e) Projected Annual Capital Costs per Patient Day

	2013	2014	1st full *Year*	2nd full *Year*	
Current Depreciation	$ 1,003,674.00	$ 876,014.00	$ 876,014.00	$ 876,014.00	
New Capital Depreciation for entire project	-	-	48,833.94	97,667.88	
Total Depreciation	**$ 1,003,674.00**	**$ 876,014.00**	**$ 924,847.94**	**$ 973,681.88**	
Current Patient Days	1,042	835	835	835	assumes flat current days
New Patient Days	-	-	2,995	3,159	
Total Patient Days	**1,042**	**835**	**3,830**	**3,994**	
Cost per Patient Day	**$ 963.22**	**$ 1,049.12**	**$ 241.47**	**$ 243.79**	

		New Capital Costs per Pt. Day		
Renovation	**3,125,372**			
Depreciation	**32**	1/2 Yr Depr.	Full Yr.	Full Yr.
Depreciation per Year	**97,668**	48,834	97,668	97,668

Attachment 15

53

Section 1110.730 Acute Mental Illness (AMI) – Review Criteria

B. Background of Applicant

BlessingCare Corporation d/b/a Illini Community Hospital has no adverse actions taken against it, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility or against any healthcare facilities owned or generated by the applicant, directly or indirectly, within three years preceding the filing of the application.

The facility is wholly owned by Blessing Corporate Services (BCS) a not-for-profit corporation in good standing.

No other facilities are owned and or operated by the applicant

There are no adverse actions as previously attested

Authorization permitting HFSRB and IDPH access to documents is attached.

Illini has not applied for a CON during the calendar year.

C. Planning Area Need – Review Criteria

Illini Community Hospital is proposing a 10-bed adult AMI unit which is in conformance with the state criteria for minimum bed size. The beds are necessary to serve the planning area's population.

The proposed project to establish an Acute Mental Illness Category of Service at Illini is necessary to serve the area residents living in the western part of HSA 3 and contiguous Missouri counties who have no acute mental health services for over 100 miles. The primary counties to be served by this unit are Adams, Pike, Calhoun, and Greene in Illinois and Marion, Pike, Lincoln, and Ralls counties in Missouri. The purpose of the unit is to provide a dedicated older adult/geriatric unit that is closer to where they live.

The planning area for the project is HSA 3 as defined by the Illinois Health Facilities Planning Board's Bed Inventory. The HSA is made up of 17 counties in central and west-central Illinois including Adams, Brown, Pike, Morgan, Sangamon, Logan, Christian, Montgomery, Macoupin, Greene, Jersey, Hancock, Scott, Menard, Mason, Schuyler, and Cass counties. The primary service area for the proposed Acute Mental Illness Unit is Adams, Pike, Calhoun, Greene, Hancock, and Scott counties in Illinois, and in Missouri Marion, Ralls, Lincoln, and Pike.

The proposed project is intended to address the lack of a dedicated older adult/geriatric psych service in the immediate service area. The bed inventory indicates there is a calculated bed need of 144 beds with 213 total AMI beds in the current inventory reflecting an excess of 69 beds. The majority of these beds are located in Springfield, Illinois:

Lincoln Prairie Behavioral	88
Memorial Medical Center	44
St. Johns Medical Center	40
	172 beds of 213

Blessing Hospital in Quincy, Illinois is licensed for 41 beds bringing the total to 213. When you look at the detail of these beds, a better picture of need is understood. Eighty-eight of the 172 beds in Springfield are for youth/children and 16 of Blessing's beds are dedicated to seeing children/adolescents. Thus for the counties in Illinois defined in this project and the adjacent Missouri counties, there are 25 adult acute mental illness beds. During 2013 and 2014, the average adult daily census has been 26 and 27 respectively, which means Blessing Hospital is operating at full capacity.

Per a phone call with St. Johns Hospital, the hospital has reduced operating from 40 AMI beds to 15 beds specific to patients 60 years of age and older. This puts further pressure on the limited adult psychiatric beds in HSA 3, which means the Blessing Hospital 25 bed unit will be filled with patients from a broader service area.

Blessing Hospital does not have a designated geriatric unit. Mixing the special needs of geriatric patients with other younger adults is not the best care delivery model, thus geriatric patients end up being treated in the adult unit with younger adults, transferred out, or treated on med/surg floors, none of which meet the needs of the patients.

The proposed project is to establish 10 new AMI beds at Illini Community Hospital to serve older adult/geriatric patients. There are no designated geriatric beds serving this area. The Blessing AMI beds are currently running at full occupancy and there are no other beds available within 30 miles to serve this population.

It is Illini's intention to serve older adult/geriatric patients from the Adams, Brown, Pike, Calhoun, Greene, Hancock, and Scott counties as well as adjacent Missouri counties of Marion, Pike, Lincoln, and Ralls. The contiguous Missouri counties have no inpatient service available for 100 miles.

Patient origins for admissions to Illini Community Hospital for the last 12 months are attached verifying 50% of admissions were for residents of the area.

N/A

3. Service Demand – Establishment of AMI

3A. N/A – Since Illini has not had the service, no records have been kept for referrals to AMI units.

3B. Projected Referrals

Illini Hospital is located in Pittsfield, Illinois and is a part of the Blessing Health System. The Blessing Health System has eight psychiatrists on staff (employed by Blessing Physician Services), with one Board Certified in Geriatric Psych. The Board Certified Geriatric Psychiatrist will have oversight for the unit.

Blessing Hospital is the only hospital in the proposed service area for both Illinois and Missouri that has acute mental illness beds. Blessing Hospital is operating at 100% occupancy on the 25 beds identified in the inventory with an average daily adult census of 26 and 27 patients in 2013 and 2014. The total adult volume of admissions to Blessing has increased from 1,246 in 2011 to 1,516 in 2013.

Blessing does not have designated geriatric beds and thus serves very few geriatric patients in the adult unit due to the special needs geriatric patients face. The other options are to attempt to treat the patients on med/surg floors or transfer them out, if a bed can be found. Neither general adult psych units nor med/surg units lend themselves well to treating these patients with significant medical needs mixed with younger adults.

This application proposes to serve the western side of HSA and contiguous counties in Missouri. There are no mental health beds on the Missouri side for 100 miles from Illini; the closest being St. Louis or Columbia, Missouri.

Patient Type

The 10-bed geriatric psychiatry service is proposed to meet the mental and emotional needs of older adults in need of an intensive and safe setting. Diagnosis could include dementia, depression, anxiety disorders, sleep disorders, late life schizophrenia, delirium, etc.

Service Accessibility

The proposed 10-bed unit is necessary to improve access for planning area residents and surrounding counties across the state line in Missouri. The proposed service does not exist within a 45 minute travel time from the proposed facility. Three of the four hospitals with AMI units are located in Springfield, Illinois, an hour and 15 minute drive time. The closest hospital is Blessing Hospital, which is 50 minutes from Pittsfield.

Blessing Hospital is licensed for 25 adult acute mental illness beds, and they are currently operating at 100% occupancy.

The Blessing Health System has eight psychiatrists on staff with one geriatric psychiatrist who plans to refer their geriatric patients living in the area to the Illini unit. The access to older adult/geriatric services will be improved by the establishment of this service.

Service Restrictions

There are 213 beds in the AMI Category of service for AMI in the HSA 3 service area.

Of the 213 beds, 104 are restricted to children/adolescents. Lincoln Prairie Behavioral Center in Springfield has 88 and Blessing has 16.

St. Johns and Memorial also located in Springfield have 84 beds listed of which St. Johns has restricted its beds to geriatric patients 60 years and older which will put additional pressure on the limited adult psych beds in HSA 3.

Blessing Hospital has been at capacity in 2013 and 2014 based on 25 adult beds. In order to serve this part of the HSA region, Illini proposed 10-bed geriatric service will improve access to area residents. Illini does not restrict admissions based on payer.

The nearest dedicated older adult/geriatric psych service is located at St. Johns in Springfield, an hour and 15 minutes away.

Unnecessary Duplication of Services

There is not an acute mental health provider within a 45 minute drive time of Illini Community Hospital.

Memorial	1 hour 15 minutes
St. Johns	1 hour 15 minutes
Lincoln Prairie Behavioral	1 hour 15 minutes
Blessing Hospital	50 minutes

There is not a dedicated older adult/geriatric unit on the western side of HSA 3; the closest beds are now 1 hour and 15 minutes away.

Impact on Other Area Providers

There will be no impact on the Springfield hospitals as they are 1 hour and 15 minutes away. There will be no impact on Blessing Hospital's volume because today Blessing does not have the capacity to handle the special needs of geriatric patients in their adult units. As previously stated, the geriatric psych patient needs do not mix well with the younger adult patients needs in a unit.

Unnecessary Duplication/Maldistribution

A list of zip codes within a 30 minute drive is attached.

The total population for the zip codes is attached.

The names and locations of all approved healthcare facilities within 30 minutes normal travel time.

The ratio of beds to population:

Illinois	12,830,820	3,855	1/3,328 persons
HSA 3	581,900	213	1/2,732 persons

The ratio in HSA does not exceed the state of Illinois.

The project will not lower the utilization of other providers below occupancy standards:

Blessing Hospital	41 beds	
	25 adult	100% occupancy (2012 & 2013)
	16 children	

Staffing Availability

Illini Community Hospital will have a contract with Blessing Physician Services to provide a Board Certified Geriatric Physician to be available for the unit.

The Hospital has had a second interview with a trained/experienced advance practice nurse in psychiatry.

Nursing staff will be recruited by Illini and/or current staff will be trained at the Blessing Hospital psych unit. The Blessing Health system HR department will facilitate recruitment. The System already has 8 psychiatrists, and clinical staff supporting AMI.

License standards for the Joint Commission will be met.

The minimum size unit outside MSA is 10 beds. Illini proposes 10 beds.

The applicant attests to understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards.

A signed letter by the CEO is attached.

Background, Purpose of the Project, and Alternatives

Background of Applicant

1. BlessingCare Corporation d/b/a Illini Community Hospital

2. I certify there has been no adverse action taken against the facility owned and/or operated by the applicant during the three (3) years prior to the filing of the application.

Signature: _____
Kathy Hull
President/CEO
Illini Community Hospital

3. I authorize permitting HFSRB and DPH access to any documents 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.

Signature: _____
Kathy Hull
President/CEO
Illini Community Hospital

4. No applications have been submitted in the previous year.

COMPDATA
INFORMATICS

Sort Level 1: Provider Facility
Sort Level 2: Zip Code – Patient

Market Report

Sort Level 3:

Discharge Date: between Jan 1, 2013 and Dec 31, 2013

Sort Level 4:

Patient Level Data Type: ILIH- IDPH Inpatient, ILIP- Illinois Inpatient, ILIV- Illinois Inpatient Voluntary

Alternate Sort:

Top Case Selection:

Provider Facility	Zip Code – Patient	Patient Count	% of Subtotal
ILLINI COMMUNITY HOSPITAL - PI	62363 - Pittsfield, IL	146	47.25
	62340 - Griggsville, Il	43	13.92
	62312 - Barry, IL	22	7.12
	62366 - Pleasant Hill.	21	6.80
	62694 - Winchester,	14	4.53
	62355 - Nebo, IL	11	3.56
	62361 - Pearl, IL	10	3.24
	62314 - Baylis, IL	7	2.27
	62352 - Milton, IL	6	1.94
	62370 - Rockport, IL	5	1.62
	62362 - Perry, IL	4	1.29
	62053 - Kampsville, I	3	0.97
	62045 - Hamburg, IL	2	0.65
	62301 - Quincy, IL	2	0.65
	62353 - Mount Sterlin	2	0.65
	62357 - New Salem,	2	0.65
	48066 - Roseville, MI	1	0.32
	61418 - Biggsville, IL	1	0.32
	62014 - Bunker Hill, I	1	0.32
	62306 - Quincy, IL	1	0.32
	62320 - Camp Point,	1	0.32
	62323 - Chambersbu	1	0.32
	62621 - Bluffs, IL	1	0.32
	62665 - Meredosia, IL	1	0.32
	62711 - Springfield, Il	1	0.32
ILLINI COMMUNITY HOSPITAL - PITTSFIELD - Total		**309**	
Overall - Total		**309**	

© 2014 Hospital Industry Data Institute

Nov 24, 2014

60

Attachment 22

Patient Need

Age	2010	Use Rate	PTS/Month	Annualized	ALOS	Projected Days	ADC
18-44	78,910	.000402	32	384	7.1	2,726	8
45-64	66,385	.000396	27	324	8.1	2,625	8
65+	38,263	.00537	21	252	13.5	3,402	10
			80/month	960		8,753	26

Projection Year 1

Age		PTS	ALOS	Projected Days	
45-64	10%	33	8.1	267.30	
65+	80%	202	13.5	2,727.70	9 pts
		235		2,995	

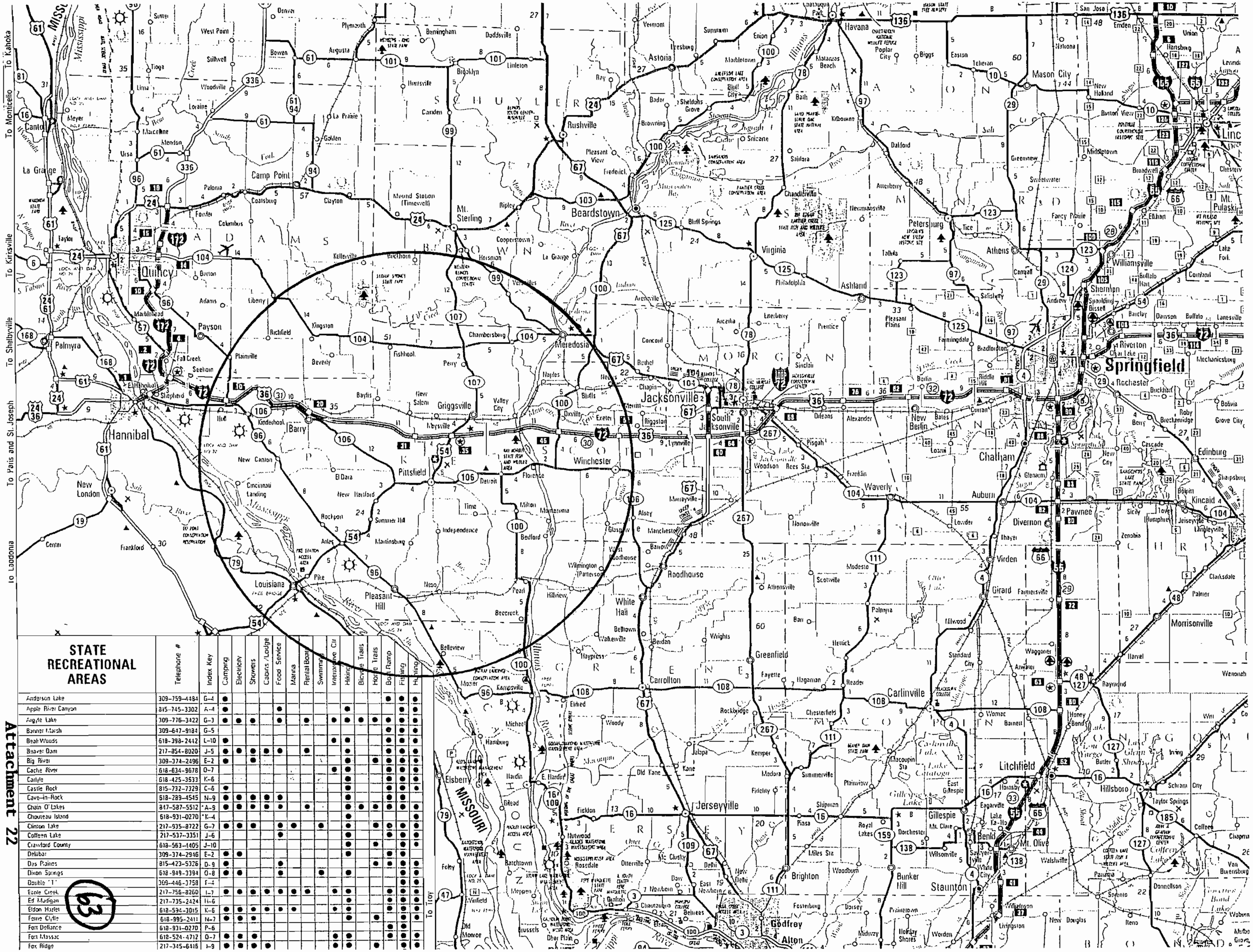
Projection Year 2

Age		PTS	ALOS	Projected Days	
45-64	10%	33	8.1	267	
65+	85%	214	13.5	2,892	9 pts
		247		3,159	

The occupancy standard of 85% would be obtained by year 2. The hospital projects to have an ADC of 9 patients by the end of year 2 because there is no dedicated geriatric unit within the service area proposed to be served.

ZIPS WITHIN 30 MINUTE DRIVE TIME OF ILLINI

Zip Code	Population
62016	2484
62027	93
62045	135
62050	133
62053	650
62065	97
62070	37
62078	636
62082	1953
62092	2515
62098	314
62347	2282
62312	2162
62314	611
62323	290
62324	709
62340	1715
62343	712
62345	357
62352	271
62355	820
62356	571
62357	245
62361	539
62362	399
62363	6353
62365	264
62366	1408
62370	520
62378	750
62610	199
62611	760
62621	1171
62628	512
62663	292
62665	1044
62694	3192
63330	125
63336	1146
63343	4546
63344	1663
63353	4593
63433	68
63441	1121
63467	75



STATE RECREATIONAL AREAS

State Recreational Areas	Telephone #	Index Key	Camping	Electricity	Showers	Cabins /Lodge	Food Service	Marina	Rental Boat	Swimming	Interpretive Ctr	Hiking	Bicycle Trails	Horse Trails	Boat Ramp	Fishing	Hunting
Anderson Lake	309-759-4484	G-4	●												●	●	●
Apple River Canyon	815-745-3302	A-4	●				●					●				●	●
Argyle Lake	309-776-3422	G-3	●	●	●		●		●		●	●	●	●	●	●	●
Banner Marsh	309-647-9184	G-5													●	●	●
Beall Woods	618-398-2442	L-10	●								●	●			●	●	●
Beaver Dam	217-854-8020	J-5	●	●	●	●	●		●			●			●	●	●
Big River	309-374-2496	E-2	●		●							●		●	●	●	●
Cache River	618-634-9678	O-7									●	●			●	●	●
Carlyle	618-425-3533	K-6										●			●	●	●
Castle Rock	815-732-7329	C-6	●									●			●	●	●
Cave-in-Rock	618-289-4545	N-9	●	●	●	●	●					●			●	●	
Chain O'Lakes	847-587-5512	*A-9	●	●	●	●	●		●			●	●	●	●	●	●
Chouteau Island	618-931-0270	*K-4										●					●
Clinton Lake	217-935-8722	G-7	●	●	●		●	●		●		●		●	●	●	●
Coffeen Lake	217-537-3351	J-6					●					●			●	●	●
Crawford County	618-563-1405	J-10										●		●		●	●
Delabar	309-374-2946	E-2	●	●								●			●	●	
Des Plaines	815-423-5326	D-9	●				●							●	●	●	●
Dixon Springs	618-949-3394	O-8	●	●			●			●		●				●	●
Double "T"	309-446-3758	F-4														●	●
Eagle Creek	217-756-8260	I-7	●	●	●	●	●	●	●		●	●			●	●	●
Ed Madigan	217-735-2424	H-6										●			●	●	●
Eldon Hazlet	618-594-3015	K-6	●	●	●	●	●	●			●	●			●	●	●
Ferne Clyffe	618-995-2411	N-7	●	●	●							●		●		●	●
Fort Defiance	618-931-0270	P-6													●	●	
Fort Massac	618-524-4712	O-7	●	●	●						●	●			●	●	●
Fox Ridge	217-345-6416	I-9	●	●	●	●					●	●		●		●	●

63

Attachment 22

ILLINI
Community Hospital

A member of the Blessing Health System

December 5, 2014

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

Dear Ms. Avery,

This letter is to confirm Illini Community Hospital's proposed 10-bed AMI unit will not have a negative impact on the Springfield, Illinois hospitals.

Sincerely,

Kathy Hull
President/CEO

640 W. Washington, Pittsfield, IL 62363
217-285-2113 www.blessinghealthsystem.org

Letters of Support

Letters of support from the eight psychiatrists, including the Board Certified Geriatric Psychiatrist, mental health centers, and Blessing Hospital are attached supporting the need for this service in our area.

BLESSING
Health System

P.O. Box 7005 Quincy, IL
217-223-8400
www.blessinghealthsystem.org

December 4, 2014

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Chairman:

I am writing to express support for the proposed 10-bed geriatric psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. "Additional psychiatric services" was one of the priorities identified in the 2012 Illini Community Health Needs Assessment.

In Illinois, older adults make up 13.5% of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%). Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

The ED is often the treatment setting of last resort for geriatric persons who are not connected to a primary care or behavioral health provider, who wait too long to obtain treatment. The Illinois Hospital Association review of Emergency Departments in Illinois found:

- *ED behavioral health increases come primarily from ages 55+. From 2012-2013, the following ages had substantial increases:*
  - Age Group 55-64 (10.8%)
  - Age Group 65-74 (7.5%)
  - Age Group 75+ (5.0%)

- *These age groups have consistently increased since 2009:*
  - Age Group 55-64 (59.4%)
  - Age Group 65-74 (34.1%)
  - Age Group 75+ (22.4%)

66

Attachment 22

In the western side of HSA there is a lack of available beds to treat geriatric patients. The current acute adult psychiatric units face difficultly in managing the emotional and physical needs of geriatric patients.

The Blessing Health System has a long history of working with mental health centers and other rural hospitals in both Illinois and Missouri to provide quality of care to behavior health patients in the region. Blessing currently has 8 psychiatrists who are Board Certified in geriatric psychiatry serving the region's population.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a Board Certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

Blessing supports the development of a dedicated geriatric unit at Illini Community Hospital. The Blessing Hospital Adult Psychiatric beds have seen significant increases in admissions in the last two years resulting in a 100% occupancy based on the license of 25 adult psych beds.

The development of this new service at Illini Community Hospital will fill a void in meeting the needs of the geriatric population for mental health services.

Respectfully,

Maureen A. Kahn

Maureen A. Kahn
President/CEO

lm

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

Dear Chairman:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services were one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5% of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%). Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center. The planned unit at Illini will be built with the special physical and medical needs of the geriatric population in mind.

68

Attachment 22

927 Broadway, P.O. Box 5007, Quincy, IL 62305-5007
217-224-6423 www.blessinghealthsystem.org

I am a Board Certified Geriatric Psychiatrist working at Blessing Physician Services and cover the psychiatric units as well as the ED for psychiatric admissions on a regular basis at Blessing Hospital. I will be providing psychiatric coverage for the geriatric psychiatric unit at Illini Community Hospital via telepsychiatry and with the referrals received while on call as well as with my own practice needs, the proposed 10 bed unit will achieve an 85% occupany. I receive referrals from many area mental health centers including Transitions of Western Illinois, Mental Health Centers of Western Illinois serving Brown, Pike and Hancock counties, Mental Health Centers of Central Illinois serving Morgan county, Bridgeway Mental Health serving McDonough County, Well Spring serving Jersey county as well as other mental health facilities located in Hannibal, Missouri and Keokuk, Iowa. I find that many of the calls I receive are for an aging population that requires specialized care to treat both medical and psychiatric disorders. Beds available for this type of care are scarce in the Tri State area. The addition of inpatient beds for geriatric clients will assist me with meeting the growing healthcare needs of those I currently serve.

Sincerely,

Valentina Vrtikapa MD
Board Certified Geriatric Psychiatrist
Blessing Physician Services
1415 Vermont Street
Quincy IL 62301
217-224-4453

"OFFICIAL SEAL"
TONI C. GREEN
Notary Public, State of Illinois
My Commission Expires 06/19/18

12/3/14

WEST CENTRAL ILLINOIS
AREA AGENCY ON AGING
Serving: Adams, Brown, Calhoun, Hancock, Pike & Schuyler Counties

PHONE: 217 / 223-7904
800 / 252-9027
FAX: 217 / 222-1220
info@WCIAgingNetwork.org

November 25, 2014

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services was one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%.) Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center. There have been times in the past, when we have had to send older clients to St. Louis for treatment due to the lack of services in our area.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

Annually, we have an average client base of nearly 25 people who would benefit from a unit in Pittsfield. Our agency serves older adults in 6 counties in west central Illinois and we would anticipate the Pittsfield site would become the referral of choice for our agency. We highly recommend this concept and project for our area.

Sincerely,

Lynn Niewohner
Director

Attachment 22

70

639 YORK STREET · P.O. BOX 428 · QUINCY, IL 62306-0428
WWW.WCIAGINGNETWORK.ORG

MHCWI MENTAL HEALTH CENTERS OF WESTERN ILLINOIS

Brown Site
700 SE Cross
Mt. Sterling, Illinois 62353
Phone: 217-773-3325
Fax: 217-773-2425

Day Program
210 Country Lane
Mt. Sterling, Illinois 62353
Phone: 217-773-3958
Fax: 217-773-2339

Sterling Apartments
211 Country Lane
Mt. Sterling, Illinois 62353
Phone: 217-773-2903
Fax: 217-773-2903

Country Lane Apartments
213 Country Lane
Mt. Sterling, Illinois 62353
Phone: 217-773-3926
Fax: 217-773-3476

Harvest House Apartments
608 SE Cross
Mt. Sterling, Illinois 62353
Phone: 217-773-3515
Fax: 217-773-9001

Curry Lane Apartments
510 Curry Street
Mt. Sterling, Illinois 62353
Phone: 217-773-4710
Fax: 217-773-4049

Hancock Site
607 Buchanan Street
Carthage, Illinois 62321
Phone: 217-357-3176
Fax: 217-357-6609

Randolph Lane Apartments
30 Randolph Lane
Carthage, Illinois 62321
Phone: 217-357-0590
Fax: 217-357-0591

Pike Site
120 N. Williams Industrial Drive
Pittsfield, Illinois 62363
Phone: 217-285-4436
Phone: 217-285-4930
Phone: 217-285-6111
Fax: 217-285-2804

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

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Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

Mental Health Centers of Western Illinois (MHCWI) and Illini Hospital have a long history of networking together to meet the needs of those we serve in our rural community. The shortage of psychiatric beds within the Tri State area is of great concern. Many of those we serve are aging and require specialized care to treat both medical and psychiatric disorders. The addition of inpatient beds for geriatric clients will assist MHCWI with meeting the growing healthcare needs of those we serve.

Sincerely,

Roxie Oliver

Roxie Oliver,
Executive Director
Mental Health Centers of Western Illinois

71

Attachment 22

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

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927 Broadway, P.O. Box 5007, Quincy, IL 62305-5007
217-224-6423 www.blessinghealthsystem.org

I am a psychiatrist working at Blessing Physician Services and cover the psychiatric units as well as the ED for psychiatric admissions on a regular basis. I find that many of the calls I receive are for an aging population that requires specialized care to treat both medical and psychiatric disorders. Beds available for this type of care are scarce in the Tri State area. The addition of inpatient beds for geriatric clients will assist me with meeting the growing healthcare needs of those we currently serve.

Sincerely,

Lee W Johnson M.D.

Lee W Johnson MD
Psychiatrist
Blessing Physician Services

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

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Attachment 22

74

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Sincerely,

Lanny E Stiles DO
Child & Adolescent Psychiatrist
Blessing Physician Services

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

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Attachment 22 (76)

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217-224-6423 www.blessinghealthsystem.org

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Sincerely,

Ronald G. St. Hill MD
Child & Adolescent Psychiatrist
Blessing Physician Services

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

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Sincerely,

Erin B Humphrey DO
Psychiatrist
Blessing Physician Services

BLESSING
Physician Services
A member of the Blessing Health System

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

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I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services were one of the priorities identified in the 2012 Illini community health needs assessment.

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217-224-6423 www.blessinghealthsystem.org

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Sincerely,

Salvador I Sanchez-Zuniga MD
Psychiatrist
Blessing Physician Services

Chairman and Board Members
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman and Board Members: 11/21/2014

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services was one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%.) Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Even though there is adult psychiatric care available in the local area at Blessing Hospital, patients from the Illini Community Hospital market have to travel >100 miles to seek inpatient care for geriatric psychiatric services. Blessing is the only behavioral health unit within a 100 mile radius in Illinois, Missouri and Iowa. Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

As the medical director of the Illini Community Hospital ED/Hospitalist program, my staff of providers saw approximately 40 patients present to the Emergency Department in 2013 needing psychiatric services that we had to refer out. Placement for these patients is very difficult – depending on their specific needs, having to send them as far as Galesburg (111 miles), Alton (80 miles) and Chicago (270 miles). This causes hardship both from a transportation perspective as well as a family access perspective. This unit would provide an invaluable service to the community and the central Illinois area filling a gap in healthcare services.

Sincerely,

Bashar M. Alzein, M.D.
Medical Director, ED/Hospitalist
Illini Community Hospital
640 W. Washington St
Pittsfield, IL 62363
(708) 955-7156

Human Resource Center for Cass County

121 East Second Street * Beardstown, Illinois 62618

Cass County Mental Health Association
Comprehensive Community Mental Health Services

Phone: (217) 323-2980
Fax: (217) 323-3731

TTY: (217-323-5725
e-mail: hrc@casscomm.com

November 26, 2014

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

Dear Chairman:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services was one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12/25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns- overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%.) Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

Our Agency, Cass County Mental Health Association, has an increasing amount of elderly that we serve due to the patients we serve are getting older. During our FY2013 service year we served 22 adults 65 and older in our outpatient mental health program. There was an increase in our FY2014 year, we served 30. This increase was due to referrals from the local nursing homes and community families. This inpatient geriatric unit would be a wonderful addition to services for our growing elderly community.

Diana Feigl

Diana Feigl, Associate Director
Cass County Mental Health Association
121 East Second Street
Beardstown, IL 62618

Liberty Village of Pittsfield

Chairman and Board Members
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman and Board Members:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in Pike county and the surrounding communities is great and access is limited. Additional psychiatric services were one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4 %.) Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Even though there is adult psychiatric care available in the local area at Blessing Hospital, patients from the Illini Community Hospital market have to travel >100 miles to seek inpatient care for geriatric psychiatric services. Blessing is the only behavioral health unit within a 100 mile radius in Illinois, Missouri and Iowa. Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

Currently, we must send 8-10 residents a year to Alton, Illinois for geriatric psych treatment. Having these services at Illini would help to eliminate long ED waits for transfer and long trips for the residents. This service would greatly improve the quality of care that is offered in our rural community.

Sincerely,

Rubi Hoots, NHA

Rubi Hoots, Administrator
Liberty Village of Pittsfield
610 Lowry Street
Pittsfield, IL 62363

Attachment 22

Schuyler County Mental Health Association
127 South Liberty Street PO Box 320 Rushville, IL 62681
Phone: 217-322-4373 Fax: 217-322-2138

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street - Second Floor
Springfield, Illinois 62761

Dear Chairman:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. "Additional psychiatric services" was one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5% of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%). Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center. In the last two years staff from our center assisted with the hospitalization of several elderly individuals. We found it difficult to secure placement for these individuals because of their unique needs. In some of the cases we were able to find placement in standard behavioral health inpatient units. In those cases the units treated the individuals' needs as best they could, but they were limited in their ability to address some of the specific needs that seniors experience. In cases like those, it was the best option available at the time, but still not ideal.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind. Certainly more ideal than previously described.

One of the ongoing struggles our small, community-based, mental health center experiences is the lack of psychiatric/behavioral health inpatient vacancies. This struggle is not limited to people who are classified as "geriatric", but increased availability of geriatric beds will also benefit individuals who are in other age groups. Simply put, if 10 more beds are available, even if they are specifically designed for elderly individuals, it's still 10 more beds, and that represents more availability across all age groups.

Sincerely,

Trenton Chockley, Executive Director
Schuyler Counseling and Health Services
PO Box 320 Rushville, Illinois 62681

Transitions
of Western Illinois

4409 Maine St. • P.O. Box 3646 • Quincy, IL 62305-3646 • Ph: 217-223-0413 • Fx: 217-223-0461

November 24, 2014

Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Chairman:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric Unit to be located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in our small communities is great and access is limited. Additional psychiatric services is one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the Emergency Department for behavioral health concerns – overall a 23.1% increase since 2009 compared to overall Emergency Department visit increase of 5.4%.

Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care. Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

The planned unit at Illini will be staffed with an on-site advance practice nurse specially trained in psychiatric medicine and a board certified geriatric psychiatrist via telemedicine. The unit will be built with the special physical and medical needs of the geriatric population in mind.

We expect to refer at least 1-2 patients each year. Adding this specialty care in-patient unit will greatly enhance the quality of mental health services available throughout west central Illinois.

Respectfully,

Michael Rein
Executive Director

Attachment 22

December 3, 2014

Chairman and Board Members
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman and Board Members:

I am writing to express support for the proposed 10 bed Geriatric Psychiatric unit located at Illini Community Hospital in Pittsfield, Illinois. The need for inpatient geriatric services for individuals living in small rural communities is great and access is limited. Additional psychiatric services was one of the priorities identified in the 2012 Illini community health needs assessment.

In Illinois, older adults make up 13.5 percent of the population, yet account for 21% of deaths by suicide. The highest rate of suicide in the nation is among persons age 65 and older. Approximately 20% of older adults experience undiagnosed depression; yet only 12-25% of older adults with depression ever receive treatment for it. There have been substantial increases in patients seen in the ED for behavioral health concerns – overall a 23.1% increase since 2009 (compared to overall ED visit increase of 5.4%.) Elderly patients seeking inpatient behavioral beds are waiting long periods of time and being transferred long distances in order to receive care.

Even though there is adult psychiatric care available in the local area at Blessing Hospital, patients from the Illini Community Hospital market have to travel >100 miles to seek inpatient care for geriatric psychiatric services. Blessing is the only behavioral health unit within a 100 mile radius in Illinois, Missouri and Iowa. Adult psychiatric services unfortunately face difficulty in managing the special emotional and physical needs of geriatric patients therefore creating the need to travel to a special center.

Illini Community Hospital is a Medicare certified critical access hospitals (CAH) and in that capacity is recognized as a safety net and necessary provider of services for its community. The Medicare/federal CAH program allows for CAHs to have an inpatient geriatric service for up to 10 beds and encourages CAHs to consider providing this needed service. The addition of the Illini Geriatric Psychiatric unit would improve access to a greatly needed service and be beacon for other rural communities. I have served as the Illinois critical access hospital (CAH) program coordinator for the past 15 years and currently serve as the executive director of the Illinois Critical Access Hospital Network representing the 51 CAHs in the state. This would be the first new 10 bed Geriatric Psychiatric unit in Illinois associated with a CAH.

Illinois Community Hospital – Letter of Support
December 3, 2014

Please give strong consideration to approving the 10 bed Geriatric Psychiatric unit at Illini Community Hospital and help them continue to provide services to meet the needs of this rural community.

Sincerely,

Pat Schou, FACHE
Executive Director
Illinois Critical Access Hospital Network
425 Backbone Road East
Princeton, Illinois 61356
www.icahn.org

Blessing Hospital has an A-rating from Standard and Poor's and an A3 rating from Moody's.

Documents are attached.

Quincy, Illinois
Blessing Hospital; Hospital

Credit Profile

Quincy, Illinois
Blessing Hosp, Illinois
ser 2007

Long Term Rating	A-/Stable	Affirmed

Rationale

Standard & Poor's Ratings Services affirmed its 'A-' long-term rating on Quincy, Ill.'s series 2007 revenue refunding bonds, issued for Blessing Hospital. The outlook is stable.

The rating reflects our view of Blessing's leading business position, improving unrestricted reserves, and solid operating performance despite flatter inpatient utilization trends. During the next year, Blessing will complete a $70 million project to create more private rooms (including psychiatric rooms) and perform some renovations. We believe that the additional debt and cash that will pay for this project is manageable at the current rating given the balance sheet growth during the past few years as well as the good operations and solid debt service coverage. Although the market remains generally stable and Blessing maintains a good working relationship with the independent Quincy Medical Group (QMG), we continue to monitor the investment in QMG by a competitor health system based in Iowa (UnityPoint Health).

The 'A-' rating further reflects our view of Blessing's:

- Good operating margins, with fiscal 2013 operating margin at 5.6% and contributing to solid pro forma maximum annual debt service (MADS) coverage of 4.2x with similar results through the first unaudited six months of fiscal 2014 (and which should further improve as debt service declines during the next few years);
- Good unrestricted reserves that continue to grow, equaling 220 days' cash on hand at March 31, 2014; and
- Leading business position of 54% in the region, with the area maintaining a stable economy although the primary service area population is just around 160,000.

Partly offsetting the above strengths, in our view, are Blessing's:

- Modest near-term balance sheet pressure as a result of the $70 million project, which is being funded by $30 million of debt (of which the remaining $14.3 million will be drawn down by June 2014) and $40 million of internal cash flow (and some fundraising), resulting in leverage of 30% and pro forma cash to long-term debt of around 174% once the debt is fully drawn;
- Exposure to governmental payors, with 43.9% of net patient revenue derived from Medicare and Medicaid in 2013 versus 38.3% in 2012; and
- Admissions and revenue that still rely on QMG, which UnityPoint Health (a competing health system) acquired (although management has grown Blessing's employed medical group, this area remains a medium to long-term

MOODY'S
INVESTORS SERVICE

7 World Trade Center
250 Greenwich Street
New York, NY 10007
www.moodys.com

OCT 08 2012

September 28, 2012

Mr. Patrick Gerveler
Chief Financial Officer
Blessing Hospital
Broadway at 11th Street
Quincy, IL 62305

Dear Mr. Gerveler:

We wish to inform you that Moody's Investors Service has affirmed the **A3** rating on Blessing Hospital's outstanding debt issued by the City of Quincy, IL. The rating outlook remains **stable**.

Moody's will monitor this rating and reserves the right, at its sole discretion, to revise or withdraw this rating at any time.

The rating as well as any other revisions or withdrawals thereof will be publicly disseminated by Moody's through the normal print and electronic media and in response to verbal requests to Moody's rating desk.

In order for us to maintain the currency of our rating, we request that you provide ongoing disclosure, including annual and quarterly financial and statistical information.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,

Carrie Sheffield
Associate Analyst
Phone : 212-553-1095
Fax : 212-298-6235
Email : carrie.sheffield@moodys.com

CS:rl

91

Attachment 36, 37, 38

1120.140 Economic Feasibility

B. Conditions of Debt Financing (attached)

C. Reasonableness of Operating Costs (attached)

D. Projected Operating Costs - $1,717,457 (attached)

E. Total Effect of Project on Capital Costs (attached)

Mercantile Bank
FULL SERVICE BANKING & FINANCIAL SERVICES SOLUTIONS
MERCANTILE CENTER • 200 NORTH 33RD • QUINCY, IL 62305-3455

November 25, 2014

Blessing Care Corporation
Attn: Mr. Pat Gerveler, Treasurer
640 West Washington Street
Pittsfield, IL 62363

RE: Letter Of Interest To Provide Funding For Locked Geriatric Psychiatric Unit

Dear Pat,

Thank you again for allowing us to propose a debt structure for your Illini Hospital project.

We would like to offer the following loan terms for your consideration. All final terms will be subject to final loan committee approval at Mercantile Bank.

Borrower: Blessing Care Corporation.

Loan: $3,000,000 loan for the construction of a Geriatric Pysch Unit at Illini Hospital in Pittsfield, IL.

Loan Term: Twenty year loan term with a 19.5 year loan amortization after a six month interest only period.

Security: 1) A second mortgage on the real estate located at 640 West Washington Street, Pittsfield, IL. 2) All non real estate business assets of Blessing Care Corporation. The loan to value on the property shall be no more than 80% when comparing the property value against the combined debt on the property.

Guarantees: Loan will be guaranteed by Blessing Corporate Services.

Cross Collateralization and Default: The new $3,000,000 loan will be cross collateralized and cross defaulted with the existing bond / loan with Mercantile Bank.

Repayment – Real estate loan repayment based on twenty year term and monthly payments. Interest only for first six months of loan during construction period and then loan will amortize after that to pay out in the 20 year time period.

93

P.O. Box 3455
217-223-7300
800-405-6372
217-223-1980 fax
mercantilebk.com

Member FDIC

Interest Rate: The rate assumes the ability to obtain a bond that is bank qualified tax exempt as specified by the IRS. Mercantile will offer a five year adjustable and a 10 year adjustable interest rate loan. Since the project will not start until March, 2015, an index would be used to determine the final rate. Rate will be determined seven days before closing. Loan will be priced at 65% of either the five year treasury rate or the 10 year treasury rate plus 200 basis points. If those rates would be used today, the rate for the five year fixed rate would be 2.35%, and the rate for the 10 year fixed would be 2.80%. During the life of the loan, the rate would adjust every five or 10 years at the same index.

Legal / Closing Costs - Blessing Care Corporation would be responsible for all closing costs. The following costs are estimated for obtaining the bond:

Bond Counsel - No more than $35,000
Bank Counsel - No more than $10,000
Bonding Costs and Legal Costs from the City of Pittsfield - To be determined
Appraisal - No more than $18,000
Title Work - No more than $7,000
Bank Loan Fee - No more than $7,500
Phase I environmental inspection fee - $5,000
Other fees - No more than $2,000
You will also have your own legal counsel fees that should be taken into consideration

Final approval – The final terms will be subject to the approval of the bank's loan committee.

Financial Covenants :
- Audited financial statements to be provided within 120 days of fiscal year end for borrower and guarantor.
- Quarterly financial statements provided within 60 days of each quarter end for borrower and guarantor.

Other - Loan will be contingent upon satisfactory collateral appraisals, environmental assessments, proof of collateral insurance and other normal loan requirements.

Once again, thank you for considering Mercantile Bank. If you have any questions please call me at 214-1310.

Sincerely,

Richard Halter

Richard Halter
Senior Vice President

	Year 1
Estimated Start Up Cost (page 6)	$ 1,717,457

Project Services Utilization (Page 13)

	Patient Days	Discharges	Occupancy	ALOS
Year 1	2,995	235	82%	12.74
Year 2	3,159	247	87%	12.79

Section 1120.140 (d) Projected Operating Costs per Patient Day

	1st full *Year*	2nd full *Year*	
Operating Expense	*$ 1,717,457*	$ 1,799,154	per consultant proforma
Patient Days	*2,995*	*3,159*	year 1 85% occupancy, year 2 87% occupancy
Operating Cost per Patient Day	**$ 573.44**	**$ 569.53**	

Section 1120.140 (e) Projected Annual Capital Costs per Patient Day

	2013	2014	1st full *Year*	2nd full *Year*	
Current Depreciation	$ 1,003,674.00	$ 876,014.00	$ 876,014.00	$ 876,014.00	
New Capital Depreciation for entire project	-	-	48,833.94	97,667.88	
Total Depreciation	**$ 1,003,674.00**	**$ 876,014.00**	**$ 924,847.94**	**$ 973,681.88**	
Current Patient Days	1,042	835	835	835	assumes flat current days
New Patient Days	-	-	2,995	3,159	
Total Patient Days	**1,042**	**835**	**3,830**	**3,994**	
Cost per Patient Day	**$ 963.22**	**$ 1,049.12**	**$ 241.47**	**$ 243.79**	

		New Capital Costs per Pt. Day		
Renovation	3,125,372			
Depreciation	32	1/2 Yr Depr.	Full Yr.	Full Yr.
Depreciation per Year	97,668	48,834	97,668	97,668

Attachment 39

95

Illini Community Hospital
Safety Net Impact Statement

Safety Net Information per PA 96-0031

CHARITY CARE

		2011	2012	2013
Charity (# of patients)				
	Inpatient	15	6	8
	Outpatient	182	476	1,170
Total		197	482	1,178
Charity (cost in dollars)				
	Inpatient	49,116	75,824	45,767
	Outpatient	265,463	419,242	571,663
Total		314,579	495,066	617,430
Medicaid (# of patients)				
	Inpatient	40	40	21
	Outpatient	2,772	3,252	4,094
Total		2,812	3,292	4,115
Medicaid (revenue)				
	Inpatient	72,241	115,688	141,528
	Outpatient	1,394,973	3,159,143	2,276,316
Total		1,467,214	3,274,831	2,417,844

CHARITY CARE

	2011	2012	2013
Net Patient Revenue	22,759,571	20,709,070	21,132,800
Amount of Charity Care (charges)	745,325	1,211,024	1,415,124
Cost of Charity Care	314,579	495,066	617,430