ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

16-019

RECEIVED

MAY 13 2016

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Sarah Bush Lincoln Health Center		
Street Address:	1000 Health Center Drive		
City and Zip Code:	Mattoon, Illinois 61938-0372		
County: Coles	Health Service Area 4	Health Planning Area: D-05	

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

Exact Legal Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Name of Registered Agent:	Mr. Timothy A. Ols, FACHE
Name of Chief Executive Officer:	Mr. Timothy A. Ols, FACHE, President and Chief Executive Officer
CEO Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2572

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name:	Ms. Kim Uphoff
Title:	Vice President of Development
Company Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2163
E-mail Address:	KUphoff@sblhs.org
Fax Number:	217-258-2482

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

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

Additional Applicant Identification

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

Exact Legal Name:	Sarah Bush Lincoln Health System.
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Name of Registered Agent:	Mr. Timothy A. Ols, FACHE
Name of Chief Executive Officer:	Mr. Timothy A. Ols, FACHE, President and Chief Executive Officer
CEO Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2572

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

Type of Ownership

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

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

Post Permit Contact

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

Name:	Ms. Kim Uphoff
Title:	Vice President of Development
Company Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2163
E-mail Address:	KUphoff@sblhs.org
Fax Number:	217-258-2482

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Sarah Bush Lincoln Health Center

Address of Site Owner: 1000 Health Center Drive Mattoon, Illinois 61938-0372

Street Address or Legal Description of Site: 1000 Health Center Drive Mattoon, Illinois 61938

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: Sarah Bush Lincoln Health Center

Address: 1000 Health Center Drive Mattoon, Illinois 61938-0372

- [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

005

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.

This project proposes to construct an addition to Sarah Bush Lincoln Health Center that will replace and expand existing services.

The project includes the following Clinical Service Areas:

- Expansion of the Medical/Surgical Category of Service by constructing an additional Medical/Surgical Nursing Unit, as a result of which the hospital will have 93 authorized Medical/Surgical beds, an increase of 20 authorized beds in this category of service;
- Replacement and expansion of the Cardiac Catheterization Category of Service, which will result in the hospital having 2 Cath Laboratories, an increase from its current single Cath Laboratory;
- Replacement and expansion of Prep/Recovery and Support Areas for Cardiac Catheterization, with the Prep/Recovery Unit also providing care for patients undergoing Peripheral Interventional Procedures, Cardiac Device Implants, and Non-Invasive Cardiac Procedures;
- Replacement and expansion of Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services;
- Replacement and expansion of Pulmonary Function Testing;
- Replacement and expansion of Nuclear Medicine, with a decrease in the number of Nuclear Medicine scanners;
- Replacement and expansion of Cardio-Pulmonary Rehabilitation;
- Replacement and expansion of Physician Exam Rooms and Work Areas for Cardio-Pulmonary Services;
- Replacement and expansion of shared registration areas for Cardio-Pulmonary Services.

This project also includes the following Non-Clinical Service Areas:

- Offices for Environmental and Facilities Services;
- Environmental and Facilities Services;
- Staff Services;
- Storage;
- Maintenance;
- Interdepartmental Circulation Space;
- Mechanical Room and Equipment;
- Electrical Service Room, Electrical Closets, and Equipment;
- IT/Data Rooms, Data Closets, and Equipment;
- Entrance and Lobby for new addition;
- Connector to existing hospital building.

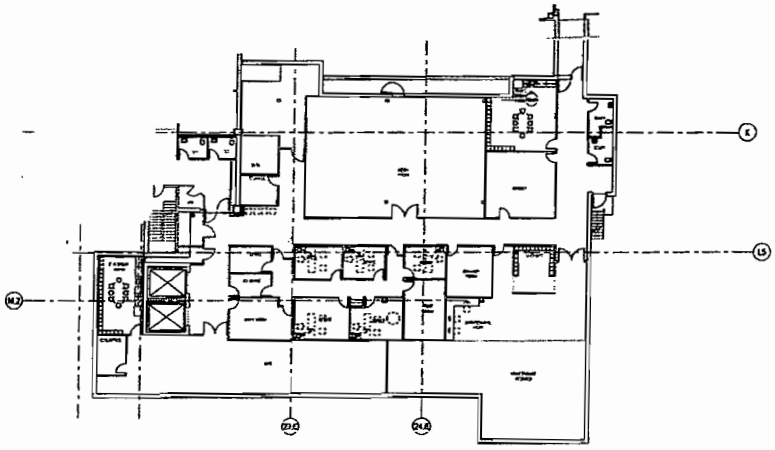
The project will consist of the construction of a three-story addition to the hospital (Lower Level, First Floor with Cardiopulmonary Services, and Second Floor with an additional Medical/Surgical Nursing Unit), extension of the elevator shaft and stairwells for 2 additional floors to permit construction in the future, and the modernization of space adjacent to the new addition in order to connect the addition to the existing hospital and to permit the vertical expansion of an elevator tower. Floor plans for the project are found on the following pages.

The Medical/Surgical and Cardiac Catheterization Categories of Service are part of this project.

This project will result in an increase of 20 authorized Medical/Surgical beds.

This project is "substantive" in accordance with 20 ILCS 3960/12 because it includes an increase in the total number of beds by more than 10% of Sarah Bush Lincoln Health Center's total bed capacity.

Sarah Bush Lincoln



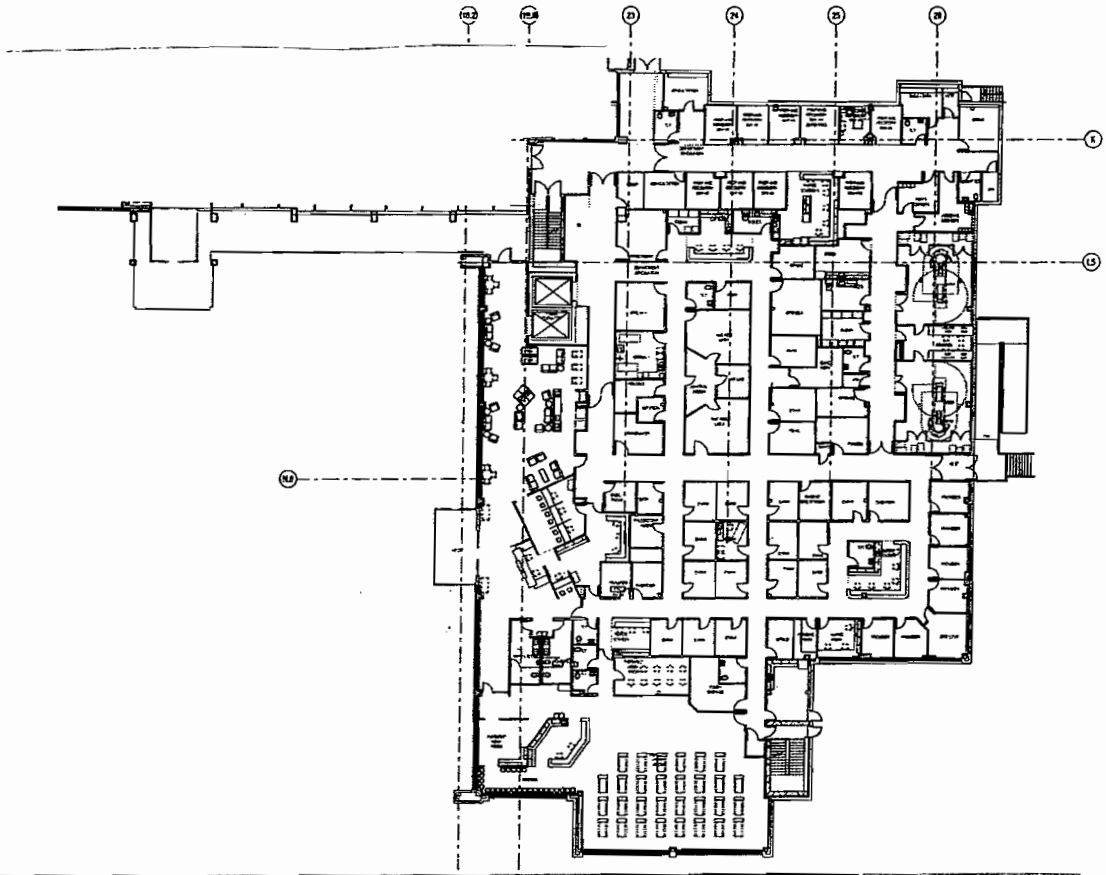
BSA LifeStructures

LOWER LEVEL A17

SARAH BUSH LINCOLN 04/13/16

Sarah Bush Lincoln

Trained Compassionate Care



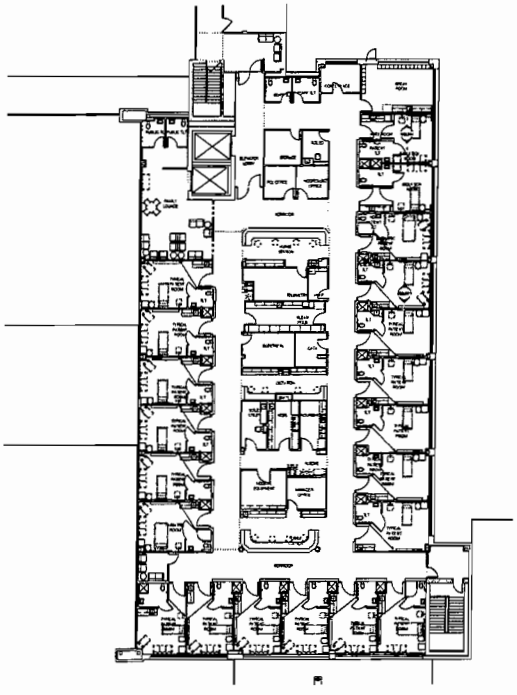
PSA LifeStructures

FIRST FLOOR A15

SARAH BUSH LINCOLN 04/13/16

Sarah Bush Lincoln

Trusted Compassionate Care

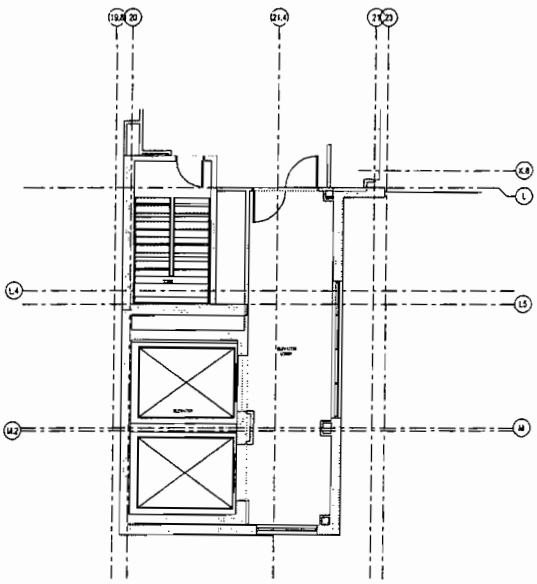


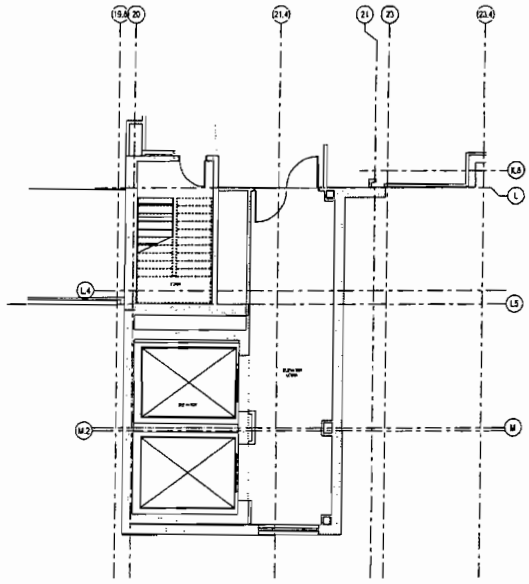
BSA LifeStructures

SECOND FLOOR | A16

SARAH BUSH LINCOLN 04/13/16

Sarah Bush Lincoln
Trusted Compassionate Care





BSA LifeStructures

THIRD FLOOR & FOURTH FLOOR

A18

SARAH BUSH LINCOLN 04/13/16

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	$159,778	$106,519	$266,297
Site Survey and Soil Investigation	$7,500	$5,000	$12,500
Site Preparation	$348,000	$232,000	$580,000
Off Site Work	$0	$0	$0
New Construction Contracts	$15,314,203	$7,662,951	$22,977,154
Modernization Contracts	$0	$415,920	$415,920
Contingencies	$1,305,902	$703,178	$2,009,080
Architectural/Engineering Fees	$990,929	$660,620	$1,651,549
Consulting and Other Fees	$184,100	$0	$184,100
Movable or Other Equipment (not in construction contracts)	$2,942,996	$7,004	$2,950,000
Bond Issuance Expense (project related)	$41,917	$27,946	$69,863
Net Interest Expense During Construction (project related)	$40,530	$27,020	$67,550
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$21,335,855	$9,848,158	$31,184,013
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$15,970,856	$7,263,157	$23,234,013
Pledges	$779,653	$519,770	$1,299,423
Gifts and Bequests	$420,346	$280,231	$700,577
Bond Issues (project related)	$4,165,000	$1,785,000	$5,950,000
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$21,335,855	$9,848,158	$31,184,013

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 $ _____.

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 31, 2019

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.

012

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.

013

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: Sarah Bush Lincoln Health Center		**CITY: Mattoon**			
REPORTING PERIOD DATES:		**From: January 1, 2015 to: December 31, 2015**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days Incl. Observ.**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	73	4,911	22,332*	+20	93
Obstetrics	19	1,025	2,307*	0	19
Pediatrics	8	202	693*	0	8
Intensive Care	9	567	2,582*	0	9
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	20	811	3,481	0	20
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	129	7,516**	31,395*	+20	149

*Patient Days include Observation Days

**Total Admissions include ICU Direct Admissions only, excluding 296 transfers from other services

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 Sarah Bush Lincoln Health Center * 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

Timothy Ols
PRINTED NAME

President + CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24 day of May 2016

Signature of Notary

Seal

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

SIGNATURE

Kim Uphoff
PRINTED NAME

VP of Development
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24 day of May 2016

Signature of Notary

Seal

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

*Insert EXACT legal name of the applicant

015

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);
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SIGNATURE

Timothy Ols
PRINTED NAME

President + CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May 2016

Signature of Notary

Seal

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

SIGNATURE

Kim Uphoff
PRINTED NAME

VP of Development
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May 2016

Signature of Notary

Seal

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

017

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.

018

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.

019

NOT APPLICABLE

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

NOT APPLICABLE

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

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

Category of Service	# Existing Beds	# Proposed Beds
☒ **Medical/Surgical**	**73**	**93**
☐ **Obstetric**		
☐ **Pediatric**		
☐ **Intensive Care**		

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

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

APPLICABLE REVIEW CRITERIA		Establish	Expand	Modernize
110.530(e) -	Staffing Availability	X	X	
1110.530(f) -	Performance Requirements	X	X	X
1110.530(g) -	Assurances	X	X	X

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

F. Criterion 1110.1330 - Cardiac Catheterization

This section is applicable to all projects proposing to establish or modernize a cardiac catheterization category of service or to replace existing cardiac catheterization equipment.

1. **Criterion 1110.1330(a), Peer Review**

   Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.1330(b), Establishment or Expansion of Cardiac Catheterization Service**

   Read the criterion and, if applicable, submit the following information:

   a. A map (8 1/2" x 11") showing the location of the other hospitals providing cardiac catheterization service within the planning area.

   b. The number of cardiac catheterizations performed for the last I2 months at each of the hospitals shown on the map.

   c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. **Criterion 1110.1330(c), Unnecessary Duplication of Services** **NOT APPLICABLE**

   Read the criterion and, if applicable, submit the following information.

   a. Copies of the letter sent to all facilities within 90 minutes travel time which currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.

   b. Copies of the responses received from the facilities to which the letter was sent.

4. **Criterion 1110.1330(d), Modernization of Existing Cardiac Catheterization Laboratories**

   Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. **Criterion 1110.1330(e), Support Services** **NOT APPLICABLE**

   Read the criterion and indicate on a service by service basis which of the listed services are available on a 24 hour basis and explain how any services not available on a 24 hour basis will be available when needed.

6. **Criterion 1110.1330(f), Laboratory Location**

   Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in close proximity explain why.

7. **Criterion 1110.1330(g), Staffing** **NOT APPLICABLE**

   Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also provide staffing schedules to show the coverage required by this criterion.

8. **Criterion 1110.1330(h), Continuity of Care**

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.1330(i), Multi-institutional Variance **NOT APPLICABLE**

Read the criterion and, if applicable, submit the following information:

a. A copy of a fully executed affiliation agreement between the two facilities involved.

b. Names and positions of the shared staff at the two facilities.

c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.

d. A cost comparison between the proposed project and expansion at the existing operating program.

e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.

f. The number of catheterization laboratories at the operating program.

g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.

h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT-25 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ **Prep/Recovery Bays for Cardiac Catheterization, Peripheral Procedures, Cardiac Device Implants, and Non-Invasive Cardiac Patients**	**4 Phase II Bays**	**10 Phase II Bays**
☒ **Non-Invasive Diagnostic Cardiology**	**1 EKG Room 3 Stress Testing Rooms 3 Echo Testing Rooms 1 Pacemaker/HF Room**	**3 Stress Testing Rooms 3 Echo Testing Rooms 1 Pacemaker/HF Room 1 Procedure Room**
☒ **Pulmonary Function Testing**	**1 Room**	**1 Room**
☒ **Nuclear Medicine**	**3 Testing Rooms, each with a Nuclear Medicine Unit**	**2 Testing Rooms, each with a Nuclear Medicine Unit**
☒ **Cardio-Pulmonary Therapy**	**1 Gym**	**1 Gym**
☒ **Cardio-Pulmonary Physician Exam Rooms**	**12 Exam Rooms**	**15 Exam Rooms 1 Phlebotomy Room**

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

:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

APPEND DOCUMENTATION AS ATTACHMENT-34, 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

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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.

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IX. 1120.130 - Financial Viability

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. $	H Mod. $	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Medical/Surgical Nursing Unit	$412.17	N/A	15,343	N/A	0	N/A	$6,323,878	$0	$6,323,878
Cardiac Catheterization Laboratories	$415.00	N/A	2,113	N/A	0	N/A	$876,895	$0	$876,895
Prep/Recovery for Cardiac Cath, Peripheral Procedures, etc.	$400.00	N/A	3,506	N/A	0	N/A	$1,402,400	$0	$1,402,400
Cardiac Catheterization Support Areas	$400.00	N/A	1,677	N/A	0	N/A	$670,800	$0	$670,800
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services	$375.00	N/A	3,531	N/A	0	N/A	$1,324,125	$0	$1,324,125
Pulmonary Function Testing	$375.00	N/A	282	N/A	0	N/A	$105,750	$0	$105,750
Nuclear Medicine	$375.00	N/A	1,534	N/A	0	N/A	$575,250	$0	$575,250
Cardio-Pulmonary Rehabilitation	$375.00	N/A	4,271	N/A	0	N/A	$1,601,625	$0	$1,601,625
Physician Exam Rooms and Work Areas	$315.00	N/A	6,836	N/A	0	N/A	$2,153,340	$0	$2,153,340
Shared Patient Registration for Cardio-Pulmonary & Nuclear Med.	$290.00	N/A	966	N/A	0	N/A	$280,140	$0	$280,140
SUBTOTAL CLINICAL COMPONENTS	$382.29	N/A	40,059	N/A	0	N/A	$15,314,203	$0	$15,314,203
Contingency							$1,305,902	$0	$1,305,902
TOTAL CLINICAL SERVICE AREAS	**$414.89**	**N/A**	**40,059**	**N/A**	**0**	**N/A**	**$16,620,105**	**$0**	**$16,620,105**
Non-Clinical Service Areas:									
Offices for Environmental & Facilities Services	$280.00	N/A	2,165	N/A	0	N/A	$606,200	$0	$606,200
Lobby	$276.00	N/A	2,728	N/A	0	N/A	$752,928	$0	$752,928
Public Toilets	$276.00	N/A	350	N/A	0	N/A	$96,600	$0	$96,600
Entrances and Vestibules	$285.00	$285	612	N/A	242	N/A	$174,420	$68,970	$243,390
Environmental Services/Janitors' Closets:									
Lower Level			2,068	N/A	0	N/A	$570,768		
1st Floor			103	N/A	0	N/A	$28,428		
Total	$276.00	N/A	2,171	N/A	0	N/A	$599,196	$0	$599,196
Staff Services:									
Lower Level			1,006	N/A	0	N/A	$286,710		
1st Floor			356	N/A	0	N/A	$101,480		
Total	$285.00	N/A	1,362	N/A	0	N/A	$388,170	$0	$388,170
Storage	$270.00	N/A	219	N/A	0	N/A	$59,130	$0	$59,130
Maintenance	$280.00	N/A	2,818	N/A	0	N/A	$789,040	$0	$789,040
Interdepartmental Circulation:									
Lower Level			2,220	N/A	0	N/A	$612,720		
1st Floor			1,038	N/A	0	N/A	$286,488		
3rd Floor			378	N/A	0	N/A	$104,604		
4th Floor			379	N/A	0	N/A	$104,604		
Total	$276.00	N/A	4,016	N/A	0	N/A	$1,108,416	$0	$1,108,416
Connector to Existing Hospital:									
Lower Level			167	N/A	386	N/A	$45,090	$104,220	
1st Floor			2,214	N/A	0	N/A	$597,780	$0	
2nd Floor			0	N/A	298	N/A	$0	$80,460	
3rd Floor			0	N/A	302	N/A	$0	$81,540	
4th Floor			0	N/A	299	N/A	$0	$80,730	
Total	$270.00	$270.00	2,381	N/A	1,285	N/A	$642,870	$346,950	$989,820
Mechanical Room and Equipment	$381.00	N/A	2,194	N/A	0	N/A	$835,914	$0	$835,914
Electrical Service Room/Electrical Closets:									
Lower Level			531	N/A	0	N/A	$233,640		
1st Floor			212	N/A	0	N/A	$93,280		
2nd Floor			192	N/A	0	N/A	$84,480		
Total	$440.00	N/A	935	N/A	0	N/A	$411,400	$0	$411,400
IT/Data Closets/Rooms:									
Lower Level			159	N/A	0	N/A	$69,960		
1st Floor			87	N/A	0	N/A	$38,280		
2nd Floor			111	N/A	0	N/A	$48,840		
Total	$440.00	N/A	357	N/A	0	N/A	$157,080	$0	$157,080
Elevator Shafts and Equipment:									
Lower Level			364	N/A	0	N/A	$143,780		
1st Floor			357	N/A	0	N/A	$141,015		
2nd Floor			339	N/A	0	N/A	$133,905		
3rd Floor			304	N/A	0	N/A	$120,080		
4th Floor			304	N/A	0	N/A	$120,080		
Total	$395.00	N/A	1,668	N/A	0	N/A	$658,860	$0	$658,860
Stairwells:									
Lower Level			111	N/A	0	N/A	$30,636		
1st Floor			252	N/A	0	N/A	$69,552		
2nd Floor			404	N/A	0	N/A	$111,504		
Total	$276.00	N/A	767	N/A	0	N/A	$211,692	$0	$211,692
Shafts:									
1st Floor			186	N/A	0	N/A	$73,470	$0	
2nd Floor			87	N/A	0	N/A	$34,365	$0	
3rd Floor			80	N/A	0	N/A	$31,600	$0	
4th Floor			80	N/A	0	N/A	$31,600	$0	
Total	$395.00	N/A	433	N/A	0	N/A	$171,035	$0	$171,035
SUBTOTAL NON-CLINICAL COMPONENTS	$304.38	$272.38	25,176	N/A	1,527	N/A	$7,662,951	$415,920	$8,078,871
Contingency							$663,096	$40,082	$703,178
TOTAL NON-CLINICAL COMPONENTS	$330.71	$298.63	25,176	N/A	1,527	N/A	**$8,326,047**	**$456,002**	**$8,782,049**
PROJECT TOTAL	$382.40	$298.63	65,235	N/A	1,527	N/A	$24,946,152	$456,002	$25,402,154

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.

SARAH BUSH LINCOLN HEALTH CENTER FOR FY2020: $ 2,016.00

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.

SARAH BUSH LINCOLN HEALTH CENTER FOR FY2020: $ 253.74

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	33
2	Site Ownership	35
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	42
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	43
5	Flood Plain Requirements	45
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File Number 4966-526-1

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 I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, 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* 20TH *day of* APRIL *A.D.* 2016 .

Authentication #: 1611101870 verifiable until 04/20/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

File Number 5306-585-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 25, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* APRIL *A.D.* 2016 .

Authentication #: 1611101818 verifiable until 04/20/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

I.
Site Ownership

This Attachment documents Sarah Bush Lincoln Health Center's ownership of its hospital campus.

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

INSURANCE COMMITMENT
SCHEDULE A

1. Commitment Date: March 28, 1996 @ 8:00 A.M. Case No. 9603172

2. Policy (or policies) to be issued:
(a) Amount: $To Be Determined

X ALTA Owner's Policy - (10-17-92)

Proposed Insured:

To Be Determined

(b) ALTA Loan Policy - (10-17-92) Amount: $NONE

Proposed Insured:

NONE

Fee Simple interest in the land described in this Commitment is owned, at the Commitment Date, by:

:ah Bush Lincoln Health Center FKA Area E-7 Hospital Association

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

(SEE NEXT PAGE FOR LEGAL DESCRIPTION)

ntersigned at: Mattoon, Illinois Commitment No. 9603172
Schedule A - Page 1

CRITES TITLE COMPANY, INC.

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

LEGAL DESCRIPTION - CASE NO. 9603172

BEGINNING AT A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID POINT BEING 1857.33 FEET SOUTH OF THE NORTHEAST CORNER OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 259.96 FEET; THENCE SOUTH 21 DEGREES 15 MINUTES EAST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 53.25 FEET; THENCE NORTH 21 DEGREES 15 MINUTES WEST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 279.00 FEET; THENCE SOUTH 0 DEGRRES 01 MINUTES 31 SECONDS WEST 149.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 304.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 134.76 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 83.94 FEET; THENCE SOUTH 33 DEGREES 45 MINUTES WEST 275.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 80.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 75.46 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 61.75 FEET; THENCE NORTH 33 DEGREES 45 MINUTES EAST 180.00 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 192.17 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS 71.05 FEET ALONG SAID RIGHT-OF-WAY LINE; THENCE NORTH 81 DEGREES 30 TES EAST 84.80 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 4. 78 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 83.86 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 360.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 365.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 90.00 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 132.39 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 109.53 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 497.39 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 285.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 985.89 FEET; THENCE SOUTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 422.20 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 252.28 FEET TO A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE SOUTH 0 DEGREES 06 MINUTES 11 SECONDS EAST 936.00 FEET ALONG SAID EAST LINE TO THE POINT OF BEGINNING, ALL SITUATED IN THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, COLES COUNTY, ILLINOIS.

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

Schedule B - Section 2
Exceptions

Any policy issued will have the following exceptions unless they are disposed of to our satisfaction.

. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the proposed insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.

. Rights or claims of parties in possession, boundary line disputes, overlaps, encroachments, and any other matters not shown by the public records which would be disclosed by an accurate survey and inspection of the land described in Schedule A. You are not insured against the forced removal of any structure on account of the matters referred to this exception.

Easements, or claims of easements, not shown by the public records.

Liens on your title, arising now or later, for labor or material ...ed before or after the date of this policy, which are imposed by ... not filed in the public records.

Taxes or assessments which are not shown as existing liens by either the public records or the records of any taxing authority that levies taxes or assessments on real property.

Taxes for 1995, due and payable in 1996, and for all subsequent years.

Rights of Way for drainage ditches, drain tiles, feeders, laterals underground pipes, if any.

Any and all rights of the People of the State of Illinois, County of ...s or other municipality for any part of said premises described in ...edule "A" being used or taken by right of way or dedication for highway. ...ublic road purposes.

Title to all minerals, including, oil, gas and coal within and ...rlying the premises, including mortgages and mineral deeds thereon, ...ther with all mining and drilling rights or other rights, privileges ...immunities relating thereto.

Subject to Right of Way Grant to Central Illinois Public Service ...any, filed for record in the office of the Recorder of Coles County, ...nois, September 26, 1994, in Miscellaneous Record 894 Page 3, ...ting the right to construct, operate, maintain and repair a gas ... sion and distribution system over and across part of said premises.

Attachment 2

.0. Security Interest, if any, of Helena Laboratories as disclosed by
'inancing Statement #95-51, filed for record January 11, 1995, covering
:quipment.

1. Security Interest, if any, of Cerner Corporation as disclosed by
inancing Statement #94-66, filed for record January 19, 1994, covering
omputer system.

2. Security Interest, if any, of Citizens Fidelity Bank and Trust Company
: disclosed by Financing Statement #92-462, filed for record May 8, 1992,
vering equipment.

. Subject to the interest of Illinois Health Facilities Authority by
ason of a UCC-1 fixture filing executed by Sarah Bush Lincoln Health
nter, December 15, 1994 as #94-1387 and indexed in the Mortgage Records
Document #572011.

Subject to Right of Way Grant to Central Illinois Public Service
pany, filed for record, June 18, 1975, in Deed Record 484 at Page
granting the right to construct, operate, maintain and repair a gas
ssion pipeline and appurtenances over and across part of said lands.

ject to Easement and Agreement by and between Area E-7 Hospital
ciation and Coles-Moultrie Electric Cooperative, filed for record June
1977 in Deed Record 502 at Page 477, granting the right to construct
electric transmission line and appurtenances over and across part of
lands and a temporary construction easement over and across part of
lands. (SEE RECORD)

Subject to Rights of the United States of America and the State of
nois, or either of them, to recover any public funds advanced under
er or both the provisions of the "Hill-Burton" Act (Title 42
C.ss291 et seq.) or the "Illinois Hospital Construction Act" (Ill.
Stat., CH 23, pars. 1301 et seq.)

Tile Line and Agreement and Easement by and between Area E-7 Hospital
iation and the First National Bank, Mattoon, Illinois, Trustee, Trust
23, filed for record November 14, 1980 in Misc. Record 561 at Page

ubject to Right of Way Permit to Illinois Consolidated Telephone
ny, filed for record November 13, 1981 in Misc. Record 581 at Page
anting the right to construct, operate, maintain and repair
ication lines and appurtenances over and across part of said lands.

Attachment 2

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

19. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record October 15, 1982 in Misc. Record 598 at Page ., subject to its terms and provisions. (SEE RECORD)

0. Easement and Grant to Drainage District No. 1 of the Township of afayette, filed for record February 10, 1983 in Misc. Record 604 at Page 4, subject to its terms and provisions. (SEE RECORD)

1. Public utility easements and appurtenances as disclosed by survey of ate, March 2, 1984, signed by Fred L. Frick IRLS #2645.

2. Public utility easements and appurtenances as disclosed by survey of ite, April 6, 1992, signed by William A. Boyd IRLS #2440.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-336, filed for record March 12, 87, and CONTINUED February 26, 1992, covering collateral under Lease. EE RECORD)

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, closed by Financing Statement #87-535, filed for record April 30, CONTINUED April 6, 1992 as F/S #92-286, covering one (1) Mag Tape tem 3422 and one (1) Power Warning Feature.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-536, filed for record April 30, 7, CONTINUED April 6, 1992 as F/S #92-287, covering collateral under se. (SEE RECORD)

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-721, filed for record June 26, 7, covering collateral under Lease. (SEE RECORD) CONTINUED May 22, 2, as F/S #92-521, and CONTINUED June 25, 1992 as F/S #92-682.

Attachment 2

Litho in U.S.A.

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

7. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-789, filed for record July 23, 87, covering collateral under Lease. (SEE RECORD) CONTINUED June 25, 92 as F/S #92-683.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1367, filed for record October 16, 87, covering collateral under Lease. (SEE RECORD) CONTINUED September 1992 as F/S #92-964.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1607, filed for record December 3, 37, covering collateral under Lease. (SEE RECORD) CONTINUED November 1992 as F/S #92-1352.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-149, filed for record February 22, 8, covering collateral under Lease. (SEE RECORD) CONTINUED January 1993 as F/S #93-79.

urity Interest, if any, of Citizens Fidelity Bank & Trust Company, losed by Financing Statement #88-349, filed May 6, 1988, covering eral under Lease. (SEE RECORD) CONTINUED April 28, 1993 as F/S -479.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-867, filed November 21, 1988, ring collateral under Lease. (SEE RECORD) CONTINUED October 13, 1993 /S #93-1028.

****

commitment is invalid unless the Insuring Provisions and Schedule A are attached.

Attachment 2

File Number 4966-526-1

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 I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, 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* 20TH *day of* APRIL *A.D.* 2016 .

Authentication #: 1611101870 verifiable until 04/20/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

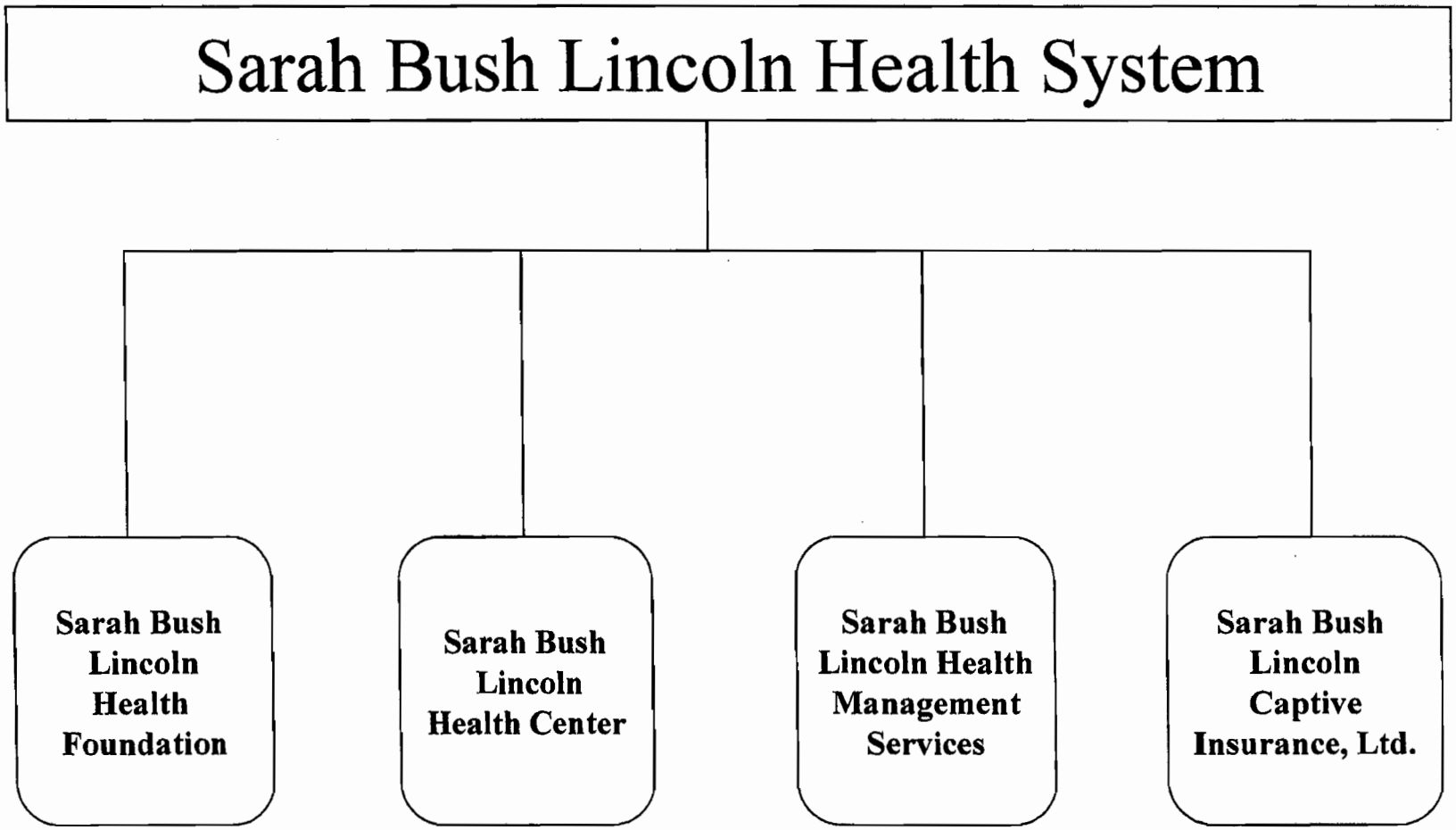
042

I.
Organizational Relationships

This project has 2 co-applicants: Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Sarah Bush Lincoln Health System is the sole corporate member of Sarah Bush Lincoln Health Center.

The funding for this project will consist of the following: cash; pledges; gifts and bequests; and a tax-exempt bond issue that will be issued by Sarah Bush Lincoln Health Center.


Sarah Bush Lincoln Health System
Sarah Bush Lincoln Health Foundation
Sarah Bush Lincoln Health Center
Sarah Bush Lincoln Health Management Services
Sarah Bush Lincoln Captive Insurance, Ltd.

I.
Flood Plain Requirements

The following pages of this Attachment include the most recent Flood Insurance Rate Map (FIRM) and Federal Emergency Management Agency's revalidation letter for the campus of Sarah Bush Lincoln Health Center as well as the most recent Special Flood Hazard Area Determinations for the campus.

This information is current as of February 15, 2016.

A notarized statement from Timothy A. Ols, President and CEO of Sarah Bush Lincoln Health Center, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Page 8 of this Attachment.

NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The **community map repository** should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations** (BFEs) and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or flood plain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or flood plain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

In the State of Illinois, any portion of a stream or watercourse that lies within the **floodway fringe** of a studied (AE) stream may have a state regulated floodway. The FIRM may not depict these state regulated floodways.

Floodways restricted by anthropogenic features such as bridges and culverts are drawn to reflect natural conditions and may not agree with the model computed widths listed in the Floodway Data table in the Flood Insurance Study report.

Multiple **topographic sources** may have been used in the delineation of Special Flood Hazard Areas. See Flood Insurance Study report for details on source resolution and geographic extent.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The **projection** used in the preparation of this map was Universal Transverse Mercator

MAP SCALE 1" = 2000'

0 2000 4000 FEET

METERS

NFIP NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0300D

FIRM

FLOOD INSURANCE RATE MAP

COLES COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 300 OF 425

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHARLESTON, CITY OF	170052	0300	D
COLES COUNTY	170966	0300	D
LERNA, VILLAGE OF	171044	0300	D
MATTOON, CITY OF	170053	0300	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
17029C0300D

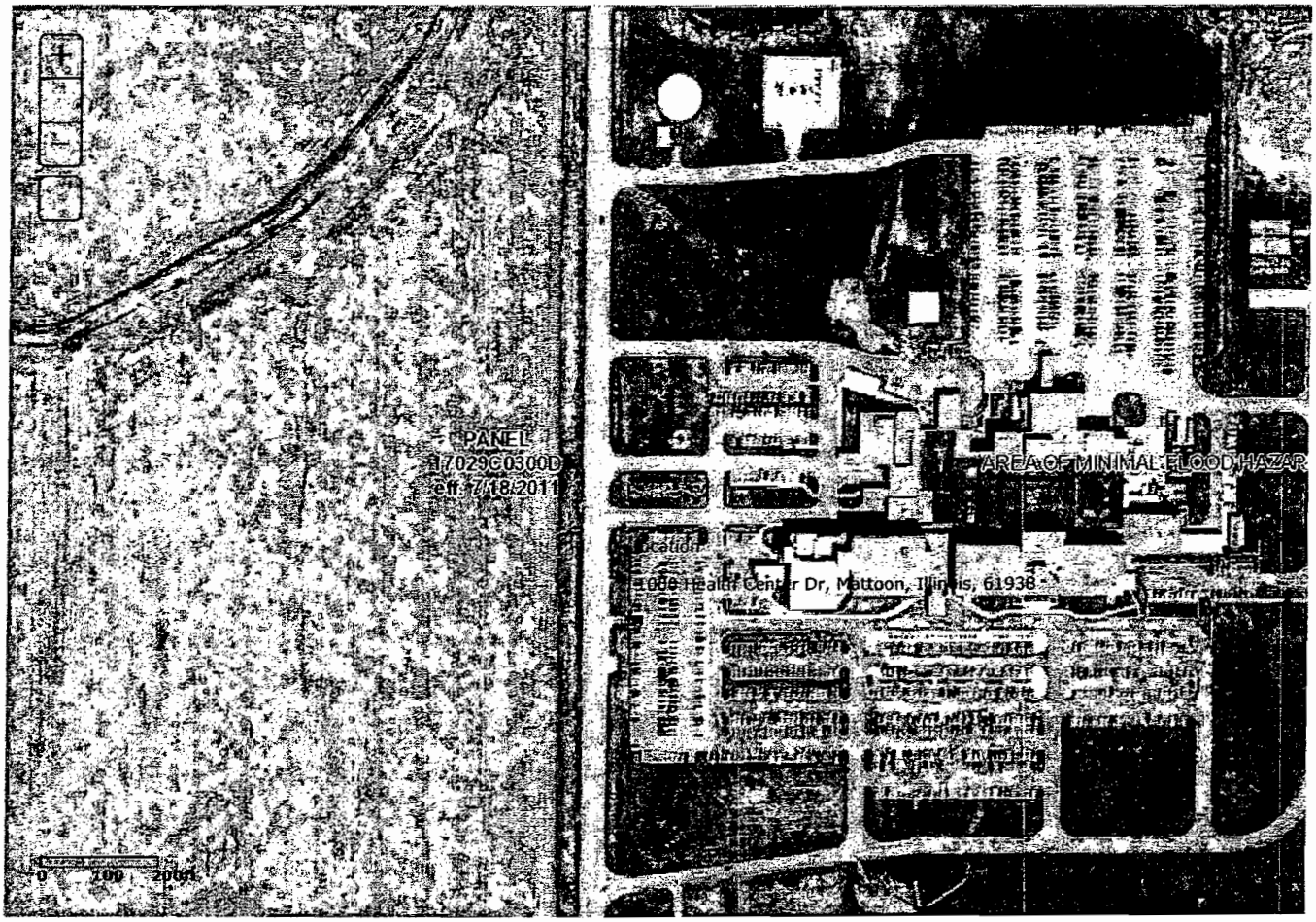
EFFECTIVE DATE
JULY 18, 2011

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

HOME FEMA's National Flood Hazard Layer (Official)

Details | Basemap |



047

Federal Emergency Management Agency

Washington, D.C. 20472

The Honorable John Bell
County Board Chairman
651 Jackson Ave.
Room 326
Charleston, IL 61920

Case No:	08-05-5345V
Community:	Coles County
Community No.:	170986
Effective Date:	July 19, 2011
	LOMC-VALID

Dear County Board Chairman Bell:

This letter revalidates the determinations for properties and/or structures in the referenced community as described in the Letters of Map Change (LOMCs) previously issued by the Department of Homeland Security's Federal Emergency Management Agency (FEMA) on the dates listed on the enclosed table. As of the effective date shown above, these LOMCs will revise the effective National Flood Insurance Program (NFIP) map dated July 18, 2011 for the referenced community, and will remain in effect until superseded by a revision to the NFIP map panel on which the property is located. The FEMA case number, property identifier, NFIP map panel number, and current flood insurance zone for the revalidated LOMCs are listed on the enclosed table.

Because these LOMCs will not be printed or distributed to primary map users, such as local insurance agents and mortgage lenders, your community will serve as a repository for this new data. We encourage you to disseminate the information reflected by this letter throughout your community so that interested persons, such as property owners, local insurance agents, and mortgage lenders, may benefit from the information.

For information relating to LOMCs not listed on the enclosed table or to obtain copies of previously issued LOMR-Fs and LOMAs, if needed, please contact our Map Assistance Center, toll free, at 1-877-FEMA-MAP (1-877-336-2627).

Sincerely,

Luis Rodriguez, P.E., Chief
Engineering Management Branch
Federal Insurance and Mitigation Administration

Enclosure

cc: Community Map Repository
Kelly Lockhart, GIS Administrator

048

REVALIDATED LETTERS OF MAP CHANGE FOR COLES COUNTY , IL

Case No: 08-05-5345V **Community No.: 170986**

July 19, 2011

Case No.	Date Issued	Identifier	Map Panel No.	Zone
96-05-1840A	07/10/1996	R.R. 4, BOX314A	17029C0310D	X
99-05-2976A	05/26/1999	SECTION 23 - 6020 N COUNTRY RD 650 EAST	17029C0300D	X
00-05-1076A	03/07/2000	1691 WEST HAYES AVENUE	17029C0305D	X
06-05-BJ34A	05/12/2006	6516 EAST COUNTY ROAD 1900 NORTH -- PORTION OF SECTION 9, T14N, R8E (IL)	17029C0040D	X
06-05-BS51A	09/12/2006	9165 EAST COUNTY ROAD 1450 NORTH -- PORTION OF SECTION 10, T13N, R8E (IL)	17029C0175D	X
06-05-C450A	11/07/2006	ROLLING GREEN SUBDIV NO. 1, LOT 5 -- 7528 OLD STATE ROAD (IL)	17029C0280D	X
07-05-6010A	10/25/2007	SHADY OAKS SUBDIV, LOT 6 -- 6 BRIAN DRIVE	17029C0280D	X
08-05-5180A	10/09/2008	PORTION OF SECTION 2, T13N, R7E -- 4136 EAST COUNTY ROAD 1600 NORTH	17029C0150D	X
11-05-0473A	11/04/2010	18337 COUNTY ROAD 2700 EAST	17029C0115C	X
11-05-0158A	11/09/2010	10593 EAST COUNTY ROAD 600 NORTH	17029C0300D	X
11-05-6229A		Lot 2 - 5148 East County Road 1600 North	17029C0150D	X

Illinois Department of
Natural Resources
One Natural Resources Way Springfield, Illinois 62702-1271
http://dnr.state.il.us

Pat Quinn, Governor
Marc Miller, Acting Director

Special Flood Hazard Area Determination

Pursuant to Governor's Executive Order 5 (2006)

(Supersedes Governor's Executive Order 4 (1979))

In brief, Executive Order 5 (2006) requires that State agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the State floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. Critical facilities, as described in the Executive Order, must be protected to the 500-year flood elevation. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties.

Requester: Sarah Bush Lincoln Health Center / Tim Kastl

Address: 1000 Health Center Dr., P.O. Box 372

City, state, zip code: Mattoon, IL 61938

Project Description: Expansion to Emergency Department.

Site address or location: 1000 Health Center Dr.

City, state, zip code: Matoon, IL 61938

County: Cole County Flood Map Panel: 1709860125 Map Date: 08/05/1985

Floodplain Determination

[X] The property described above is **NOT** located within a 100-year or 500-year floodplain.

[ ] The property described above is located within a 100-year floodplain. Further plan review required.

[ ] Critical facility site located within 500-year floodplain. Further plan review required.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or flood damage. Questions concerning this determination may be directed to the Illinois DNR Office of Water Resources at (217) 782-3863.

Reviewed by: _____ Date 6/29/09

050

ILLINOIS
DEPARTMENT OF
NATURAL
RESOURCES

Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106

SWS

Contact
Paul Osmon
IDNR water resources
782-4428

Floodplain Information Repository
Special Flood Hazard Area Determination

Requester: Andrea Rozran, Diversified Health Resources
Address: 875 North Michigan Ave., Suite 3250
City, state, zip: Chicago, IL 60611 Telephone: (312) 266-0466

Site for Determination:
Street address: Sarah Bush Lincoln Health Center, 1000 Health Center Drive
City, state, zip: Mattoon, IL 61938
County: Coles Sec¼: W 1/2 of NE 1/4 Section: 14 T. 12 N. R. 8 E. PM: 3rd
Site description: The W 1/2 of the NE 1/4 of Sec. 14, T. 12 N., R. 8 E., 3rd P.M., Coles County IL.

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).
Floodway mapped: N/A Floodway on property: N/A
Map used: Flood Insurance Rate Map (FIRM). A copy of a portion of the map showing the subject area is attached.
Community name: Coles County Uninc. Areas Community number: 170986*
Panel/map number: 170986 0125 B Effective Date: August 5, 1985
Flood zone: C Base flood elevation, from FIRM (±0.5 ft): N/A NGVD 1929

**If the property is incorporated in Mattoon city limits, the applicable NFIP Community Number is 170053.*

N/A a. The community does not currently participate in the National Flood Insurance Program; State and Federal grants as well as flood insurance may not be available.
N/A b. Panel not printed; no Special Flood Hazard Area on the panel.
N/A c. No maps printed; no Special Flood Hazard Area for the community.

The primary structure on the property:
N/A d. Is located in a Special Flood Hazard Area. Any activity must meet State and Federal floodplain development regulations. Federal law requires that a flood insurance policy be obtained as conditions of a federally-backed mortgage or loan that is secured by the building.
N/A e. Is located in Zone B (500-year floodplain). Flood insurance may be available at non-SFHA rates.
X f. Is not located in a Special Flood Hazard Area. Flood insurance may be available at non-floodplain rates.
N/A g. A determination of the building's exact location cannot be made on the current Federal Emergency Management Agency flood hazard map.
N/A h. Exact structure location not available or not provided for this determination.

Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) or Sally McConkey (217/333-5482) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order IV (1979), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the IDNR Office of Water Resources.

William F Saylor Title: Surface Water and Floodplain Information Date: 5/7/2001

Printed on recycled paper

Sarah Bush Lincoln

Trusted Compassionate Care

January 4, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Re: Compliance with Requirements of Illinois Executive Order #2006-5
Regarding Instruction Activities in Special Flood Hazard Areas

Dear Ms. Avery:

I am the applicant representative of Sarah Bush Lincoln Health Center. Sarah Bush Lincoln Health Center is the owner of hospital site, which is where the Sarah Bush Lincoln Hospital Addition will be located.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map and revalidation letter for this location. This location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in the Special Flood Hazard Areas."

Sincerely,

Timothy A. Ols, FACHE
President and Chief Executive Officer

Witnessing or Attesting a Signature
State of Illinois
County of Coles
Signed and attested before me on 1/4/16 (date)
by Timothy A. Ols (name of person)
(seal)

(Signature of Notary Public)

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

052

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents Sarah Bush Lincoln Health Center's compliance with the requirements of the Historic Resources Preservation Act for the site of the proposed project.

The letter from Rachel Leibowitz, Ph.D., Deputy State Historic Preservation Officer, documents that this project has been found to be in compliance with the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.).

Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

Coles County
Mattoon
CON - New Addition and Rehabilitation, Sarah Bush Lincoln Health Center
1000 Health Center Dr.
IHPA Log #022021616

March 1, 2016

Andrea Rozran
Diversified Health Resources
65 E. Scott, Suite 9A
Chicago, IL 60610-5274

Dear Ms. Rozran:

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

ur 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 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

For TTY communication, dial 888-440-9009. It is not a voice or fax line.

Sarah Bush Lincoln Itemized Project Costs			
USE OF FUNDS	**Clinical Service Areas**	**Non-Clinical Service Areas**	**TOTAL**
Pre-Planning Costs:			
Architectural Pre-Planning	$159,778	$106,519	$266,297
Total Pre-Planning Costs	**$159,778**	**$106,519**	**$266,297**
Site Survey and Soil Investigation:			
Permits, Testing and Surveys	$7,500	$5,000	$12,500
Total Site Survey and Soil Investigation	**$7,500**	**$5,000**	**$12,500**
Site Preparation:	**$348,000**	**$232,000**	**$580,000**
Off-Site Work:	$0	$0	$0
New Construction Contracts	**$15,314,203**	**$7,662,951**	**$22,977,154**
Modernization Contracts	**$0**	**$415,920**	**$415,920**
Contingencies	**$1,305,902**	**$703,178**	**$2,009,080**
Architectural and Engineering Fees:	**$990,929**	**$660,620**	**$1,651,549**
Consulting and Other Fees:			
CON Planning and Consultation	$75,000	$0	**$75,000**
CON Application Processing Fee	$75,000	$0	**$75,000**
IDPH Plan Review Fee	$34,100	$0	**$34,100**
Total Consulting and Other Fees	**$184,100**	**$0**	**$184,100**
Movable or Other Equipment			
(not in Construction Contracts):			
Medical Equipment, Furniture/Furnishings			
(see listing by department on following pages			
Total Movable or Other Equipment	**$2,942,996**	**$7,004**	**$2,950,000**
Bond Issuance Expense (Project Related)	**$41,917**	**$27,946**	**$69,863**
Net Interest Expense During Construction (Project Related)	**$40,530**	**$27,020**	**$67,550**
TOTAL ESTIMATED PROJECT COSTS	**$21,335,855**	**$9,848,158**	**$31,184,013**

MEDICAL EQUIPMENT, FURNITURE AND FURNISHINGS TO BE PURCHASED

Department	Item Inventory	Quantity to be Purchased	Unit Price	Total	Department Total
CLINICAL SERVICE AREAS					
Medical/Surgical Nursing Unit					
	Beds & associated patient room equipment:	21	$30,250.00	$635,250	
	Computer Stations, Family Chairs, Telephones				
	Nurses station chairs & equipment			$35,000	
	Ice Machine	1	$5,000.00	$5,000	
	Blanket Warmer	1	$5,000.00	$5,000	
	Waiting room chairs	20	$350.00	$7,000	
	SUB-TOTAL FOR MEDICAL/SURGICAL NURSING UNIT				$687,250
	INFLATION FACTOR				$417
	TOTAL FOR MEDICAL/SURGICAL NURSING UNIT				$687,667
Cardiac Catheterization Laboratories					
	Fluro System *(Probably Philips)* for 2nd Cath Lab:	1	$900,000.00	$900,000	
	Should include the Radiation Apron for the RN side (4K)				
	as well as the Rad Board (2K)				
	Hemo System for 2nd Cath Lab:	1	$600,000.00	$600,000	
	(Probably GE and this will include the ETCO2 software)				
	ET CO2 Software for replacement 1st Cath Lab:	2	$12,000.00	$24,000	
	(Added to current GE Hemo System)				
	Volcano System (IVUS/FFR) for 2nd Cath Lab	1	$70,000.00	$70,000	
	Acist Contrast Injector for 2nd Cath Lab	1	$25,000.00	$25,000	
	Leads for Staff	4	$650.00	$2,600	
	Debrillator (for Crash Cart)	1	$26,000.00	$26,000	
	Crash Cart (fully stocked)	1	$15,000.00	$15,000	
	SUB-TOTAL FOR CARDIAC CATH LABORATORIES				$1,662,600
	INFLATION FACTOR				$1,010
	TOTAL FOR CARDIAC CATH LABORATORIES				$1,663,610
Prep/Recovery for Cardiac Cath, Peripheral Procedures, Device Implants, & Non-Invasive Cardiac Patients					
	Stryker Carts for Pre/Post	6	$17,000.00	$102,000	
	Procedure Chairs for Pre/Post	4	$1,800.00	$7,200	
	Bedside Monitor (with Central Station) for Pre/Post	10	$20,000.00	$200,000	
	Bedside Television for Pre/Post	10	$750.00	$7,500	
	Bedside Tables for Pre/Post	10	$700.00	$7,000	
	Staff Chairs Pre/Post (w/o arms)	5	$285.00	$1,425	
	Family Chairs	6	$180.00	$1,080	
	Ice Machine	1	$5,000.00	$5,000	
	Blanket Warmer - Floor Unit	1	$5,500.00	$5,500	
	Additional Desktop/Laptop/Tough Books	26	$2,000.00	$52,000	
	SUB-TOTAL FOR PREP/RECOVERY				$388,705
	INFLATION FACTOR				$236
	TOTAL FOR PREP/RECOVERY				$388,941
Cardiac Catheterization Support Areas					
	Tables for Staff Lounge	2	$750.00	$1,500	
	Chairs for Staff Lounge	12	$150.00	$1,800	
	Waiting Room Chairs for 2 Consultation Rooms (6 each)	12	$350.00	$4,200	
	Chairs (with arms) for Offices for Supervisor & Cardiologist	4	$495.00	$1,980	
	SUB-TOTAL FOR CARDIAC CATH SUPPORT AREAS				$9,480
	INFLATION FACTOR				$6
	TOTAL FOR CARDIAC CATH SUPPORT AREAS				$9,486

MEDICAL EQUIPMENT, FURNITURE AND FURNISHINGS TO BE PURCHASED

Department	Item Inventory	Quantity to be Purchased	Unit Price	Total	Department Total	Project Total
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services						
	Stress Test System (w/o Treadmill)	1	$20,000.00	$20,000		
	Stryker Cart (TEE/Venous Procedures)	1	$17,000.00	$17,000		
	Additional Desktop/Laptop/Tough Books	7	$2,000.00	$14,000		
	SUB-TOTAL FOR NON_INVASIVE DIAGNOSTIC					
	CARDIOLOGY/OUTPATIENT CARDIAC SERVICES				$51,000	
	INFLATION FACTOR				$32	
	TOTAL FOR NON_INVASIVE DIAGNOSTIC CARDIOLOGY/					
	OUTPATIENT CARDIAC SERVICES				$51,032	
Nuclear Medicine						
	Chairs	2	$495.00	$990		
	TOTAL FOR NUCLEAR MEDICINE				$990	
Cardio-Pulmonary Rehabilitation						
	Strength Training Equipment	1	$7,000.00	$7,000		
	SUB-TOTAL FOR CARDIO-PULMONARY REHABILITATION				$7,000	
	INFLATION FACTOR				$4	
	TOTAL FOR CARDIO-PULMONARY REHABILITATION				$7,004	
Physician Exam Rooms and Work Areas						
	Provider Office Furniture	4	$12,500.00	$50,000		
	Exam Tables (Power Tables); Ideally - Power Exam Chairs	6	$5,000.00	$30,000		
	Stools	6	$450.00	$2,700		
	Additional Desktop/Laptop/Tough Books	25	$2,000.00	$50,000		
	Chairs (with arms)	3	$495.00	$1,485		
	SUB-TOTAL FOR PHYSICIAN EXAM ROOMS/WORK AREAS				$134,185	
	INFLATION FACTOR				$81	
	TOTAL FOR PHYSICIAN EXAM ROOMS & WORK AREAS				$134,266	
TOTAL CLINICAL SERVICE AREAS						$2,942,996

MEDICAL EQUIPMENT, FURNITURE AND FURNISHINGS TO BE PURCHASED						
Department	Item Inventory	Quantity to be Purchased	Unit Price	Total	Department Total	Project Total
NON-CLINICAL SERVICE AREAS						
Lobby						
	Waiting Room Chairs	20	$350.00	$7,000		
	Inflation Factor			$4		
	TOTAL FOR LOBBY				$7,004	
TOTAL NON-CLINICAL SERVICE AREAS						$7,004
TOTAL MEDICAL EQUIPMENT, FURNITURE AND FURNISHINGS						$2,950,000

ATTACHMENT 9: COST SPACE REQUIREMENTS

Department	Cost	Gross Square Feet		Amount of Proposed Total GSF That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Clinical Service Areas:							
Medical/Surgical Nursing Unit (this project)		0	15,343	15,343	0	0	0
Existing Medical/Surgical Nursing Units		42,619	42,018	0	0	42,018	601[a]
TOTAL, Medical/Surgical Nursing Units	$8,243,763	*42,619*	*57,361*	*15,343*	*0*	*42,018*	*601*
Cardiac Catheterization:							
Cardiac Catheterization Laboratories	$2,710,896	847	2,113	2,113	0	0	847[b]
Prep/Recovery for Cardiac Cath, Peripheral Procedures, Device Implants, & Non-Invasive Cardiac Patients	$2,067,975	588	3,506	3,506	0	0	588[b]
Cardiac Catheterization Support Areas	$812,606	1,460	1,677	1,677	0	0	1,460[b]
Cardio-Pulmonary Services and Nuclear Medicine:							
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Serv.	$1,643,545	792	3,531	3,531	0	0	792[b]
Pulmonary Function Testing	$127,185	173	282	282	0	0	173[b]
Nuclear Medicine	$692,838	1,316	1,534	1,534	0	0	1,316[b]
Cardio-Pulmonary Rehabilitation	$1,933,263	3,768	4,271	4,271	0	0	3,768[b]
Physician Exam Rooms and Work Areas	$2,759,724	4,326	6,836	6,836	0	0	4,326[b]
Shared Patient Registration for Cardio-Pulmonary & Nuclear Medicine Patients	$344,060	504	966	966	0	0	504[b]
Sub-Total: Clinical Service Areas	**$21,335,855**	**56,393**	**82,077**	**40,059**	**0**	**42,018**	**14,375**
Non-Clinical Service Areas:							
Offices for Environmental, & Facilities Services (this project)	$747,006	1,055	2,165	2,165	0	0	1,055[c]
Lobby (this project)	$935,846	0	2,728	2,728	0	0	0
Public Toilets (this project) - 1st Floor, in Lobby	$119,170	0	350	350	0	0	0
Entrances and Vestibules (this project)	$290,263	242	854	612	242	0	0
Environmental Services/Janitors' Closet (this project):							
Lower Level		0	2,068	2,068	0	0	0
1st Floor		0	103	103	0	0	0
TOTAL, Environmental Services/Janitors' Closet	$739,192	*0*	*2,171*	*2,171*	*0*	*0*	*0*
Staff Services (this project):							
Lower Level		0	1,006	1,006	0	0	0
1st Floor		0	356	356	0	0	0
TOTAL, Staff Services	$477,692	*0*	*1,362*	*1,362*	*0*	*0*	*0*
Storage (this project) - Lower Level	$73,071	0	219	219	0	0	0
Maintenance (this project):							
Work Area		977	2,346	2,346	0	0	977[c]
Support Area		923	472	472	0	0	923[c]
TOTAL, Maintenance (this project)	$972,316	*1,900*	*2,818*	*2,818*	*0*	*0*	*1,900*

		Gross Square Feet		Amount of Proposed Total GSF That Is:			
Department	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Maintenance (this project):							
Work Area		977	2,346	2,346	0	0	977[c]
Support Area		923	472	472	0	0	923[c]
TOTAL, Maintenance (this project)	$972,316	*1,900*	*2,818*	*2,818*	*0*	*0*	*1,900*
Interdepartmental Circulation (this project):							
Lower Level		0	2,220	2,220	0	0	0
1st Floor		0	1,038	1,038	0	0	0
3rd Floor		0	379	379	0	0	0
4th Floor		0	379	379	0	0	0
TOTAL, Interdepartmental Circulation (this project)	$1,367,387	*0*	*4,016*	*4,016*	*0*	*0*	*0*
Connector to Existing Hospital (this project):							
Lower Level		0	553	167	386	0	0
1st Floor		0	2,214	2,214	0	0	0
2nd Floor		0	298	0	298	0	0
3rd Floor		0	302	0	302	0	0
4th Floor		0	299	0	299	0	0
TOTAL, Connector to Existing Hospital (this project)	$1,174,819	*0*	*3,666*	*2,381*	*1,285*	*0*	*0*
Mechanical Room and Equipment (this project)	$1,009,233	0	2,194	2,194	0	0	0
Electrical Service Room/Electrical Closets (this project):							
Lower Level		0	531	531	0	0	0
1st Floor		0	212	212	0	0	0
2nd Floor		0	192	192	0	0	0
TOTAL, Electrical Service Room/Electrical Closets	$492,886	*0*	*935*	*935*	*0*	*0*	*0*
IT/Data Closets/Rooms (this project)							
Lower Level		0	159	159	0	0	0
1st Floor		0	87	87	0	0	0
2nd Floor		0	111	111	0	0	0
TOTAL, IT/Data Closets/Rooms	$188,193	*0*	*357*	*357*	*0*	*0*	*0*
Elevator Shafts and Equipment (this project)							
Lower Level		0	364	364	0	0	0
1st Floor		0	357	357	0	0	0
2nd Floor		0	339	339	0	0	0
3rd Floor		0	304	304	0	0	0
4th Floor		0	304	304	0	0	0
TOTAL, Elevator Shafts and Equipment	$793,854	*0*	*1,668*	*1,668*	*0*	*0*	*0*
Stairwells (this project):							
Lower Level		0	111	111	0	0	0
1st Floor		0	252	252	0	0	0
2nd Floor		0	404	404	0	0	0
TOTAL, Stairwells	$261,152	*0*	*767*	*767*	*0*	*0*	*0*
Shafts (this project):							
1st Floor		0	186	186	0	0	0
2nd Floor		0	87	87	0	0	0
3rd Floor		0	80	80	0	0	0
4th Floor		0	80	80	0	0	0
TOTAL, Shafts	$206,078	*0*	*433*	*433*	*0*	*0*	*0*
Sub-Total: Non-Clinical Service Areas	**$9,848,158**	**3,197**	**26,703**	**25,176**	**1,527**	**0**	**2,955**
TOTAL PROJECT	$31,184,013	59,590	108,780	65,235	1,527	42,018	17,330

[a]The space being vacated on existing Medical/Surgical Nursing Units will be modernized to become part of the Connectors to the new addition.

[b]There are currently no definitive plans for the reuse of the space being vacated by Cardiac Services, and no capital funds have been allocated to the reuse of this space. It is anticipated that the future use of this space may be for physicians' offices for specialists and subspecialists' medical practices.

[c]There are currently no definitive plans for the reuse of the space being vacated by Offices for Environmental and Facilities Services and by Maintenance, and no capital funds have been allocated for the reuse of this space. Future use of this space may be for part of Information Technology.

III.
Criterion 1110.230 - Background of Applicant

1. The sole corporate member of Sarah Bush Lincoln Health Center is Sarah Bush Lincoln Health System.

Sarah Bush Lincoln Health Center is the only health care facility owned or operated by Sarah Bush Lincoln Health System.

Its identification numbers are shown below..

Name and Location of Facility	Identification Numbers
Sarah Bush Lincoln Health Center, Mattoon	Illinois Hospital License ID# 0003392 The Joint Commission ID# 7257

Proof of the current licensure and accreditation for Sarah Bush Lincoln Health Center will be found beginning on Page 2 of this Attachment.

2, 3. This Attachment includes a certification letter from Sarah Bush Lincoln Health System, the sole corporate member of Sarah Bush Lincoln Health Center, (1) documenting that Sarah Bush Lincoln Health Center has not had any adverse action taken against it during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.

4. This item is not applicable to this application because the requested materials are being submitted as part of this application, beginning on Page 2 of this Attachment.

HF109539

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.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016		0003392

General Hospital

Effective: 01/01/2016

Sarah Bush Lincoln Health Center
1000 Health Center Drive, P. O. Box 372
Mattoon, IL 61938

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 12/31/2016

Lic Number 0003392

Date Printed 10/28/2015

Sarah Bush Lincoln Health Center

1000 Health Center Drive, P. O. Box 3
Mattoon, IL 61938

FEE RECEIPT NO.

The Joint Commission

June 6, 2014

Tim Ols, FACHE
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 06/06/2014

Dear Mr. Ols:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 26, 2013. 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

The Joint Commission

June 6, 2014

Tim Ols, FACHE
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Home Care Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 06/06/2014

Dear Mr. Ols:

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

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

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning October 26, 2013. 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

Sarah Bush Lincoln

Trusted Compassionate Care

January 4, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

Sarah Bush Lincoln Health Center is a licensed, Joint Commission-accredited hospital in Mattoon. Its sole corporate member is Sarah Bush Lincoln Health System, a not for profit corporation.

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

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

Sincerely,

Timothy A. Ols, FACHE
President and Chief Executive Officer

Witnessing or Attesting a Signature
State of Illinois
County of Coles
Signed and attested before me on 1/4/16 (date)
by Timothy A. Ols (name of person)
(seal)

(Signature of Notary Public)

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

066

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

III.
Criterion 1110.230.b - Purpose of Project

1. This project will improve the health care and well-being of Sarah Bush Lincoln Health Center's market area population because it will accomplish the following:

   - Expand the Medical/Surgery Category of Service by constructing an additional Medical/Surgical Nursing Unit that will increase the hospital's Medical/Surgical bed capacity by 20 beds in order to accommodate the hospital's historic and projected high utilization of this category of service;

   - Replace and expand Sarah Bush Lincoln Health Center's undersized Cardiac Catheterization Laboratory and support space with appropriately sized and configured facilities that include a second Cardiac Cath Lab and adequate prep/recovery facilities for the hospital's volume of outpatient Cardiac Catheterization patients and other Cardio-Pulmonary and vascular patients that require pre-procedure and post-procedure care;

   - Replace and expand the hospital's Non-Invasive Diagnostic Cardiology, Pulmonary Function Testing, and Cardio-Pulmonary Rehabilitation Departments in order to accommodate the hospital's increasing caseload for these services;

   - Replace the hospital's Nuclear Medicine Department with a decrease in the number of Nuclear Medicine scanners;

   - Replace and expand the shared registration area and physician exam rooms and work areas for Cardio-Pulmonary Services in order to accommodate the hospital's increasing caseload for these services.

   This expansion project will provide the patients of Sarah Bush Lincoln Health Center's 10-county market area with appropriately sized and configured facilities for Medical/Surgical Services, particularly those focused on Cardio-Pulmonary patients.

   This expansion project will be able to enhance Sarah Bush Lincoln's Cardio-Pulmonary Services and Medical/Surgical Services and to meet the hospital's increased utilization, as the Sarah Bush Lincoln Health System has recruited a number of new physicians to meet the needs of the market area and opened clinics throughout the market area.

   This project is needed and appropriate to address the market area's significant incidence of Cardio-Pulmonary disease and the aging of the market area population.

As discussed under Item 2. below, the market area for this project is Sarah Bush Lincoln Health Center's 10-county market area in east central Illinois (consisting of Coles, Clark, Cumberland, Douglas, Edgar, Moultrie, Shelby, Crawford, Effingham, and Jasper Counties) that includes all of the State-designated Planning Area D-05, the Medical/Surgical planning area in which Sarah Bush Lincoln Health Center is located, as well as parts of Planning Areas D-01, D-04, F-02, and F-03.

Sarah Bush Lincoln Health Center is located in Health Service Area (HSA) 4 for the Cardiac Catheterization Category of Service. This HSA includes Planning Areas D-01 through D-05.

Sarah Bush Lincoln's 10-county market area had a 2010 population of 223,339 and accounted for at least 92% of the total discharges to Sarah Bush Lincoln Health Center in the hospital's last fiscal year (July 1, 2014, to June 30, 2015).

The need for this project is based upon the following.

a. Sarah Bush Lincoln Health Center has experienced increasingly high utilization in its Medical/Surgical Service, and utilization is projected to continue to increase in future years.

b. This project is needed to provide appropriately sized and configured diagnostic and treatment facilities for Cardio-Pulmonary patients currently receiving care at Sarah Bush Lincoln Health Center and those projected to utilize these facilities in the future. This volume has been increasing annually and is projected to continue to increase.

   Sarah Bush Lincoln Health Center provides the following Cardio-Pulmonary services: Cardiac and Peripheral Catheterization; Cardiac Clinic; Pulmonary Medicine Clinic; Non-Invasive Diagnostic Cardiology Testing, including EKGs, Holter Monitoring, Stress Testing (Exercise Stress Testing, Nuclear Stress Testing, Echocardiogram Stress Testing, Transthorasic Echo Testing), and Trans-Esophageal Echocardiograms (TEE); Pacemaker insertion and follow-up visits; Pulmonary Function Testing; Cardiac Rehabilitation; and Pulmonary Rehabilitation.

c. This project is needed to provide appropriately sized and configured Nuclear Medicine facilities for Nuclear Medicine patients currently receiving care at Sarah Bush Lincoln Health Center and those project to utilize these facilities in the future. This volume is projected to increase in the future.

d. Sarah Bush Lincoln is a major provider of cardiac care to residents of its 10-county market area.

Sarah Bush Lincoln signed an agreement with Prairie Heart Institute in 2011, and dedicated cardiologists from the Prairie Heart Institute have been practicing at the Health Center since 2013.

e. Sarah Bush Lincoln needs to expand its Cardio-Pulmonary programs in order to meet the needs of its market area population, which is older than a normative population and is continuing to age.

In 2013, 14.6% of the population in Sarah Bush Lincoln Health Center's Primary Service Area was 65 and older, while 18.7% of the population of its Secondary Service Area was 65 and older, and 17.0% of the population in its Tertiary Service Area was 65 and older.

The percentage of the population in Sarah Bush Lincoln Health Center's Primary Service area that is aged 65 and older is expected to increase to 16.0% by 2017, while the percentage of the population in its Secondary Service Area that is aged 65 and older is expected to increase to 20.4% by 2017, and the percentage of the population in its Tertiary Service Area that is aged 65 and older is expected to increase to 18.8% by 2017.

As a result of this aging of the market area population, the number of residents requiring cardiovascular and pulmonary care is expected to continue to increase.

f. This project is needed to provide care to many of Sarah Bush Lincoln's patients that are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for this project, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers (http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx).

The federal criteria for HPSA designation are found on Pages 11 though 23 of this Attachment.

As of January 1, 2016, the federal government designated the following portions of the market area as being Health Professional Shortage Areas (HPSAs). As this list indicates, at least a portion of every county in Sarah Bush Lincoln's market area is designated as a Health Professional Shortage Area.

Coles County: Low Income Population Group
Clark County: Low Income Population Group
Crawford County: Low Income Population Group
Cumberland County: Low Income Population Group
Douglas County: Entire County
Edgar County: Low Income Population Group
Effingham County: Medicaid Eligible Population Group
Jasper County: Low Income Population Group
Moultrie County: Entire County
Shelby County: Entire County

Documentation of these Health Professional Shortage Areas is found on Pages 24 through 27 of this Attachment.

g. This project is needed to provide care to many of Sarah Bush Lincoln Health Center's patients that are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in the market area for this project, as identified below.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population

group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides.

The federal criteria for designation of Medically Underserved Areas and Populations are found on Pages 12 and 28 through 30 of this Attachment.

As of February 15, 2016, the federal government designated the following Medically Underserved Areas (MUAs) and Medically Underserved Population Groups in the market area for this project.

Clark County: Low Income Medically Underserved Area
Coles County: Low Income Medically Underserved Population
Cumberland County: Greenup/Sumpter Service Area
Edgar County: Medically Underserved Area
Effingham County: 3 census tracts are Medically Underserved Areas
Jasper County: parts of 4 townships in the Ste. Marie Service Area are Medically Underserved Areas
Shelby County: parts of 7 townships in the Shelbyville, Herrick, and Ridge Service Areas are Medically Underserved Areas

Documentation of these Medically Underserved Areas and Populations is found on Pages 31 through 40 of this Attachment.

h. This project will have a positive impact on essential safety net services in Planning Areas D-01, D-04, D-05, F-02, and F-03, particularly in those counties within these planning areas that constitute the market area for the Sarah Bush Lincoln Health Center. That is because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive diagnostic and treatment services for Cardio-Pulmonary and other Medical/Surgical conditions in new facilities that have been designed and selected to meet their needs.

i. The Clinical Service Areas being provided in this expansion of the Sarah Bush Lincoln Health Center must address the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.360, 1100.370, 1100.380, 1100.390, 1100.400, 1100.410, 1100.430, 1100.520, 1100.620, 1110.230, 1110.234(a-c), 1110.539, 1110.1310, 1110.1320,

1110.1330, 1110.3030, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, and 1120.140.

This project is a necessary replacement and expansion of existing services for Cardio-Pulmonary and Medical/Surgical patients that are currently provided to patients at Sarah Bush Lincoln Health Center.

Specific information regarding the need to modernize these Clinical Service Areas will be found in Attachments 20, 25, and 34.

The project will be sized to accommodate the projected utilization in each of the included services during the second full year of operation of the departments included in this project.

Population statistics for the counties that constitute the market area for the Sarah Bush Lincoln Health Center were reviewed to identify recent population figures and five-year projections. The Illinois Department of Commerce and Economic Opportunity is the source of these population statistics (https://data.illinois.gov/Economics/DCEO-County-Population-Projections/h3bx-hbbh)

This review revealed that the population in the market area is expected to increase by 3% from 2015 to 2020, with the population expected to increase in every one of the 10 counties in the market area.

2. Sarah Bush Lincoln Health Center is located in Coles County in Planning Area D-05.

The market area for this project consists of the following counties in Southern Illinois.

Coles (Primary Service Area) - located in Planning Area D-05
Clark (Secondary Service Area) - located in Planning Area D-05
Cumberland (Secondary Service Area) - located in Planning Area D-05
Douglas (Secondary Service Area) - located in Planning Area D-01
Edgar (Secondary Service Area) - located in Planning Area D-05
Moultrie (Secondary Service Area) - located in Planning Area D-04
Shelby (Secondary Service Area) - located in Planning Area D-04
Crawford (Tertiary Service Area) - located in Planning Area F-03
Effingham (Tertiary Service Area) - located in Planning Area F-02
Jasper (Tertiary Service Area) - located in Planning Areas F-02 and F-03

As indicated above, this market area constitutes all of Planning Area D-05 and parts of Planning Areas D-01, D-04, F-02, and F-03. Planning Areas D-01, D-04, and D-05 are all within HSA 4, the state-designated planning area for the Cardiac Catheterization Category of Care.

Patient origin data for inpatient admissions to Sarah Bush Lincoln Health Center from July, 2014, through June, 2015, are found on Page 41 of this Attachment.

3. This project constitutes a needed replacement and expansion of services for Medical/Surgical patients, particularly those requiring Cardio-Pulmonary care.

The project addresses the following issues, which are also addressed in Attachments 20, 25, and 34 of this application.

a. Sarah Bush Lincoln Health Center has too few Medical/Surgical beds to accommodate its historic and projected utilization.

b. The Clinical Service Areas included in this project are undersized and need to be replaced.

1) There are too few Cardiac Catheterization Laboratories to accommodate Sarah Bush Lincoln's historic and projected volume.

2) The Prep/Recovery space for Cardiac Catheterization patients and other patients receiving pre- and post-procedure care in this unit (i.e., peripheral vascular patients, cardiac device implant patients, and certain non-invasive cardiac patients) is inadequate.

3) There is inadequate space for Non-Diagnostic Cardiology Services.

4) There are too few exam rooms.

5) There is inadequate support space for these departments.

c This project is needed to consolidate and provide appropriately sized and configured space for Non-Invasive Diagnostic Cardio-Pulmonary Services, both for patient care areas and for support space.

d. This project is needed to provide adequately sized and configured space for Cardiac Rehabilitation and Pulmonary Rehabilitation.

e. Space is needed to permit Cardiologists to provide care to their patients and to perform their work.

f. The project will provide much-needed services to the market area and, in doing so, will provide health care services to the low income and uninsured.

Documentation of this project's ability to address this issue is found in Item 5. below.

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

a. Hospital records.

b. Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250);

c. Facilities Guidelines Institute, 2014 FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. 2014: AHA (American Hospital Association).

d. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County for the market area counties, http://www.hrsa.gov/shortage/, http://hpsafind.hrsa.gov/HPSASearch.aspx.

A print-out of this information and a discussion of Health Professional Shortage Areas are found on Pages 11 through 23 of this Attachment.

e. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by Address for the market area counties, http://www.hrsa.gov/shortage/mua/index.html, http://muafind.hrsa.gov/index.aspx.

A print-out of this information and a discussion of Medically Underserved Areas and Medically Underserved Populations are found on Pages 12 and 28 through 30 of this Attachment.

f. 77 Ill. Adm. Code 1100.520(a)(6)(E)-(G) for identification of counties in Planning Areas D-01, D-04, D-05, F-02, F-03.

g. Illinois Department of Public Health and Illinois Health Facilities and Services Review Board, Inventory of Health Care Facilities and Services

and Need Determination for Health Service Area 4 (Cardiac Catheterization) and Hospital Planning Areas D-01, D-04, D-05, F-02, and F-03.

h. Illinois Department of Public Health, Hospital Profile - CY2014 for hospitals in HSA 4 that provide the Cardiac Catheterization Category of Service: Advocate BroMenn Medical Center, Normal; Carle Foundation Hospital, Urbana; Decatur Memorial Hospital, Decatur; Presence Covenant Medical Center, Urbana; Presence United Samaritans Medical Center, Danville; Sarah Bush Lincoln Health Center, Mattoon; St. Joseph Medical Center, Bloomington; St. Mary's Hospital, Decatur.

i. Illinois Department of Public Health, Hospital Profile - CY2014 for the hospitals in the Market Area: Crawford Memorial Hospital, Robinson (Crawford County); Paris Community Hospital, Paris (Edgar County); Sarah Bush Lincoln Health Center, Mattoon (Coles County); Shelby Memorial Hospital, Shelbyville (Shelby County); St. Anthony's Memorial Hospital, Effingham (Effingham County).

j. Illinois Department of Commerce and Economic Opportunity, "DCEO County Population Projections," https://data.illinois.gov/Economics/DCEO-County-Population-Projections/h3bx-hbbh.

k. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]).

l. National Fire Protection Association, NFPA 101: Life Safety Code, 2000 Edition.

5. This project will address and improve the health care of residents of Sarah Bush Lincoln Health Center's market area because it will accomplish the following: (1) it will add needed Medical/Surgical beds to the hospital; it will replace undersized Clinical Service Areas in the hospital with new facilities that are appropriately designed, sized and configured; and (3) it will consolidate Cardio-Pulmonary Services in one area of the hospital. By doing so, Sarah Bush Lincoln Health Center will be able to provide services in facilities that meet contemporary standards.

By improving the acute care facilities of Sarah Bush Lincoln Health Center, this project will improve the quality of health care services to all residents of the market area, including the low income and uninsured. In that way, this project will have a particular impact on those areas within Planning Area D-05, Health Service Area 4, and Sarah Bush Lincoln's market area that are identified by the federal government (Health Resources and Services Administration of the U.S.

Department of Health and Human Services) as Health Professional Shortage Areas and Medically Underserved Areas and Population.

6. Sarah Bush Lincoln Health Center's goal for this project is to continue providing quality Medical/Surgical, Cardio-Pulmonary, and Nuclear Medicine care to those living and working within the market area.

Shortage Designation

Find Shortage Areas

Health Professional Shortage Areas (HPSAs)

Medically Underserved Areas and Populations (MUAs/Ps)

Governor's Designation of Shortage Areas for Rural Health Clinics

Frequently Asked Questions

Negotiated Rulemaking Committee

Contact: SDB@hrsa.gov or 1-888-275-4772

Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations

Share

A list of designated HPSAs was published as a Federal Register Notice (FRN) on July 1, 2015 – view the FRN publication. You may also view the list of desionated HPSAs.
Please direct any questions to your State Primary Care Office and/or the appropriate Shortage Designation Officer.

HRSA develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

Find Shortage Areas

Programs that use HPSAs to determine eligibility may utilize the HPSA data as of a certain date in time in order to facilitate program operations. To locate NHSC approved sites with eligible HPSAs and the corresponding HPSA scores for use in the National Health Service Corps programs, individuals should refer to the NHSC Jobs Center. Find HPSAs, MUAs and MUPs by state, county or street address.

Please note: not all programs that use the HPSA or MUA/MUP designation to determine eligibility use them in the same way. The National Health Service Corps uses HPSA data as of a certain date.

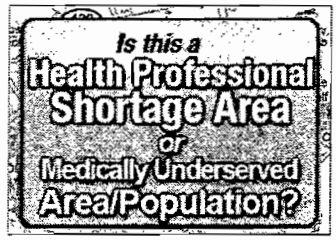
To find approved National Health Service Corps sites and their HPSA scores, please use the NHSC Jobs Center. The Medicare Physician Bonus Payment program uses only geographic HPSAs. To find eligible HPSAs, please use Find HPSAs eligible for the Medicare Physician Bonus Payment.

Health Professional Shortage Areas

HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

As of June 19, 2014:

- **There are currently approximately 6,100 designated Primary Care HPSAs**. Primary Care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. Applying this formula, it would take approximately 8,200 additional primary care physicians to eliminate the current primary care HPSA designations. While the 1:3,500 ratio has been a long standing ratio used to identify high need areas, it is important to note that there is no generally accepted ratio of physician to population ratio. Furthermore, primary care needs of an individual community will vary by a number of factors such as the age of the community's population. Additionally, the formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by Nurse Practitioners and Physician Assistants in an area. Other sources describing primary care supply use other ratios; for example, a ratio of 1 physician to 2,000 population. To meet this ratio, approximately 16,000 more primary care physicians would need to be added to the current supply in HPSAs.
- **There are currently approximately 4,900 Dental HPSAs**. Dental HPSAs are based on a dentist to population ratio of 1:5,000. In other words, when there are 5,000 or more people per dentist, an area is eligible to be designated as a dental HPSA. Applying this formula, it would take approximately 7,300 additional dentists to eliminate the current dental HPSA designations.
- **There are currently approximately 4,000 Mental Health HPSAs**. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000.



Programs

These programs benefit HPSAs and MUAs/Ps

Health Center Program grants support access to primary care in underserved areas

Rural Health Clinic Program provides cost-based reimbursement from Medicare and Medicaid

Medicare HPSA Bonus Payment provides reimbursement to physicians in underserved areas

National Health Service Corps Loan Repayment and Scholarship Programs helps underserved communities recruit and retain primary medical, dental and mental/behavioral health professionals

Indian Health Service Scholarship Program supports health professions students who will work in IHS facilities after graduation

Exchange Visitor Program enables foreign physicians to obtain J-1 visas and work in shortage areas

Conrad State 30 Program allows States 30 J-1 visa waivers each year in exchange for service in a shortage area

State Governor-designated and Secretary-certified Shortage Areas

Oklahoma's Governor-Certified Rural Health Clinics (PDF - 278 KB)

Oregon's Governor-Certified Rural Health Clinics (PDF - 257 KB)

Tennessee's Governor-Certified Rural Health Clinics (PDF - 256 KB)

Vermont's Governor-Certified Rural Health Clinics (PDF - 307 KB)

Wyoming's Governor-Certified Rural Health Clinics (PDF - 178 KB)

In other words, when there are 30,000 or more people per psychiatrist, an area is eligible to be designated as a mental health HPSA. Applying this formula, it would take approximately 2,800 additional psychiatrists to eliminate the current mental health HPSA designations. Additionally while the regulations allow mental health HPSA designations to be based either on psychiatrist to population ratio or core mental health provider to population ratio, most mental health HPSA designations are currently based on the psychiatrists only to population ratio. Core mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

Medically Underserved Areas and Populations

Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

U.S. Department of Health and Human Services www.hhs.gov

HRSA Health Workforce

Sign-up for e-mail updates

Home > Shortage Designation

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Health Professional Shortage Areas (HPSAs)

Share

Programs that use HPSAs to determine eligibility may utilize the HPSA data as of a certain date in time in order to facilitate program operations. To determine the list of eligible HPSAs and the corresponding HPSA scores for use in the National Health Service Corps, individuals should refer to the NHSC Jobs Center.

HPSA Designation Criteria, Guidelines & Process
Information on how HPSAs are defined and the designation process.

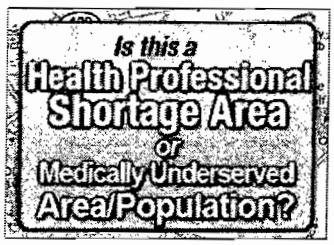
Criteria for Determining Priorities Among Health Professional Shortage Areas
Federal Register Notice that sets forth the current greatest shortage criteria for HPSAs.

Automatic Facility HPSA Scoring
How HPSA scoring works.

Rural Health Clinic Automatic HPSA Process
Information on how to request an auto HPSA for your CMS-certified RHC

How to Apply for HPSA Designation
Application guidelines and contact information.

HPSA Glossary
A list of HPSA-related terms.



Related Links

State Primary Care Offices for designation application help and State shortage information

Exchange Visitor Program for physicians with J-1 visas working in HPSAs

National Health Service Corps scholarships & loan repayment in return for service at NHSC-approved sites in greatest-need HPSAs

Medicare PSA/HPSA Physician Bonus

079

U.S. Department of Health and Human Services www.hhs.gov
HRSA Health Workforce
External link, please review our disclaimer here
sign up for e-mail updates

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Primary Medical Care HPSA Designation Overview

Share

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

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must:

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

Population Groups must:

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

Facilities must:

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

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HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Primary Medical Care HPSA Designation Criteria

Share

Part I -- Geographic Areas

A. Criteria.

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.

2. One of the following conditions prevails within the area:

(a) The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.

(b) The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.

3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration:

B. Methodology.

In determining whether an area meets the criteria established by paragraph A of this part, the following methodology will be used:

1. Rational Areas for the Delivery of Primary Medical Care Services.

(a) The following areas will be considered rational areas for the delivery of primary medical care services:

(i) A county, or a group of contiguous counties whose population centers are within 30 minutes travel time of each other.

(ii) A portion of a county, or an area made up of portions of more than one county, whose population, because of topography, market or transportation patterns, distinctive population characteristics or other factors, has limited access to contiguous area resources, as measured generally by a travel time greater than 30 minutes to such resources.

(iii) Established neighborhoods and communities within metropolitan areas which display a strong self-identity (as indicated by a homogeneous socioeconomic or demographic structure and/or a tradition of interaction or interdependency), have limited interaction with contiguous areas, and which, in general, have a minimum population of 20,000.

(b) The following distances will be used as guidelines in determining distances corresponding to 30 minutes travel time:

(i) Under normal conditions with primary roads available: 20 miles.

(ii) In mountainous terrain or in areas with only secondary roads available: 15 miles.

(iii) In flat terrain or in areas connected by interstate highways: 25 miles.

Within inner portions of metropolitan areas, information on the public transportation system will be used to determine the distance corresponding to 30 minutes travel time.

2. Population Count.

The population count used will be the total permanent resident civilian population of the area, excluding inmates of institutions with the following adjustments, where appropriate:

(a) The effect of transient populations on the need of an area for primary care professional(s) will be taken into account as follows:

(i) Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.

(ii) Other tourists (non-resident) may be included in an area's population but only with a weight of 0.25, using the following formula: Effective tourist contribution to population = 0.25 x (fraction of year tourists are present in area) x (average daily number of tourists during portion of year that tourists are present).

(iii) Migratory workers and their families may be included in an area's population, using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present).

3. Counting of Primary Care Practitioners.

(a) All non-Federal doctors of medicine (M.D.) and doctors of osteopathy (D.O.) providing direct patient care who practice principally in one of the four primary care specialities -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology -- will be counted. Those physicians engaged solely in administration, research, and teaching will be excluded. Adjustments for the following factors will be made in computing the number of full-time-equivalent (FTE) primary care physicians:

(i) Interns and residents will be counted as 0.1 full-time equivalent (FTE) physicians.

(ii) Graduates of foreign medical schools who are not citizens or lawful permanent residents of the United States will be excluded from physician counts.

(iii) Those graduates of foreign medical schools who are citizens or lawful permanent residents of the United States, but do not have unrestricted licenses to practice medicine, will be counted as 0.5 FTE physicians.

(b) Practitioners who are semi-retired, who operate a reduced practice due to infirmity or other limiting conditions, or who provide patient care services to the residents of the area only on a part-time basis will be discounted through the use of full-time equivalency figures. A 40-hour work week will be used as the standard for determining full-time equivalents in these cases. For practitioners working less than a 40-hour week, every four (4) hours (or 1/2 day) spent providing patient care, in either ambulatory or inpatient settings, will be counted as 0.1 FTE (with numbers obtained for FTE's rounded to the nearest 0.1 FTE), and each physician providing patient care 40 or more hours a week will be counted as 1.0 FTE physician. (For cases where data are available only for the number of hours providing patient care in office settings, equivalencies will be provided in guidelines.)

(c) In some cases, physicians located within an area may not be accessible to the population of the area under consideration. Allowances for physicians with restricted practices can be made, on a case-by-case basis. However, where only a portion of the population of the area cannot access existing primary care resources in the area, a population group designation may be more appropriate (see part II of this appendix).

(d) Hospital staff physicians involved exclusively in inpatient care will be excluded. The number of full-time equivalent physicians practicing in organized outpatient departments and primary care clinics will be included, but those in emergency rooms will be excluded.

(e) Physicians who are suspended under provisions of the Medicare-Medicaid Anti-Fraud and Abuse Act for a period of eighteen months or more will be excluded.

4. Determination of Unusually High Needs for Primary Medical Care Services.

An area will be considered as having unusually high needs for primary health care services if at least one of the following criteria is met:

(a) The area has more than 100 births per year per 1,000 women aged 15 - 44.

(b) The area has more than 20 infant deaths per 1,000 live births.

(c) More than 20% of the population (or of all households) have incomes below the poverty level.

5. Determination of Insufficient Capacity of Existing Primary Care Providers.

An area's existing primary care providers will be considered to have insufficient capacity if at least two of the following criteria are met:

(a) More than 8,000 office or outpatient visits per year per FTE primary care physician serving the area.

(b) Unusually long waits for appointments for routine medical services (i.e., more than 7 days for established patients and 14 days for new patients).

(c) Excessive average waiting time at primary care providers (longer than one hour where patients have appointments or two hours where patients are treated on a first-come, first-served basis).

(d) Evidence of excessive use of emergency room facilities for routine primary care.

(e) A substantial proportion (2/3 or more) of the area's physicians do not accept new patients.

(f) Abnormally low utilization of health services, as indicated by an average of 2.0 or less office visits per year on the part of the area's population.

6. Contiguous Area Considerations.

Primary care professional(s) in areas contiguous to an area being considered for designation will be considered excessively distant, overutilized or inaccessible to the population of the area under consideration if one of the following conditions prevails in each contiguous area:

(a) Primary care professional(s) in the contiguous area are more than 30 minutes travel time from the population center(s) of the area being considered for designation (measured in accordance with paragraph B.1(b) of this part).

(b) The contiguous area population-to-full-time-equivalent primary care physician ratio is in excess of 2000:1, indicating that practitioners in the contiguous area cannot be expected to help alleviate the shortage situation in the area being considered for designation.

(c) Primary care professional(s) in the contiguous area are inaccessible to the population of the area under consideration because of specified access barriers, such as:

(i) Significant differences between the demographic (or socio-economic) characteristics of the area under consideration and those of the contiguous area, indicating that the population of the area under consideration may be effectively isolated from nearby resources. This isolation could be indicated, for example, by an unusually high proportion of non-English-speaking persons.

(ii) A lack of economic access to contiguous area resources, as indicated particularly where a very high proportion of the population of the area under consideration is poor (i.e., where more than 20 percent of the population or the households have incomes below the poverty level), and Medicaid-covered or public primary care services are not available in the contiguous area.

Part II -- Population Groups

A. Criteria.

1. In general, specific population groups within particular geographic areas will be designated as having a shortage of primary medical care professional(s) if the following three criteria are met:

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(a) The area in which they reside is rational for the delivery of primary medical care services, as defined in paragraph B.1 of part I of this appendix.

(b) Access barriers prevent the population group from use of the area's primary medical care providers. Such barriers may be economic, linguistic, cultural, or architectural, or could involve refusal of some providers to accept certain types of patients or to accept Medicaid reimbursement.

(c) The ratio of the number of persons in the population group to the number of primary care physicians practicing in the area and serving the population group is at least 3,000:1.

2. Indians and Alaska Natives will be considered for designation as having shortages of primary care professional(s) as follows:

(a) Groups of members of Indian tribes (as defined in section 4(d) of Pub. L. 94 - 437, the Indian Health Care Improvement Act of 1976) are automatically designated.

(b) Other groups of Indians or Alaska Natives (as defined in section 4(c) of Pub. L. 94 - 437) will be designated if the general criteria in paragraph A are met.

Part III -- Facilities

A. Federal and State Correctional Institutions.

1. Criteria.

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of primary medical care professional(s) if both the following criteria are met:

(a) The institution has at least 250 inmates.

(b) The ratio of the number of internees per year to the number of FTE primary care physicians serving the institution is at least 1,000:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay (ALOS) are not specified, or if the information provided does not indicate that intake medical examinations are routinely performed upon entry, then -- Number of internees = average number of inmates.

(ii) If the ALOS is specified as one year or more, and intake medical examinations are routinely performed upon entry, then -- Number of internees = average number of inmates + (0.3) x number of new inmates per year.

(iii) If the ALOS is specified as less than one year, and intake examinations are routinely performed upon entry, then -- Number of internees = average number of inmates + (0.2) x (1+ALOS/2) x number of new inmates per year where ALOS = average length-of-stay (in fraction of year). (The number of FTE primary care physicians is computed as in part I, section B, paragraph 3 above.)

B. Public or Non-Profit Medical Facilities.

1. Criteria.

Public or non-profit private medical facilities will be designated as having a shortage of primary medical care professional(s) if:

(a) the facility is providing primary medical care services to an area or population group designated as having a primary care professional(s) shortage; and

(b) the facility has insufficient capacity to meet the primary care needs of that area or population group.

2. Methodology

In determining whether public or nonprofit private medical facilities meet the criteria established by paragraph B.1 of this Part, the following methodology will be used:

(a) Provision of Services to a Designated Area or Population Group.

A facility will be considered to be providing services to a designated area or population group if either:

(i) A majority of the facility's primary care services are being provided to residents of designated primary care professional(s) shortage areas or to population groups designated as having a shortage of primary care professional(s); or

(ii) The population within a designated primary care shortage area or population group has reasonable access to primary care services provided at the facility. Reasonable access will be assumed if the area within which the population resides lies within 30 minutes travel time of the facility and non-physical barriers (relating to demographic and socioeconomic characteristics of the population) do not prevent the population from receiving care at the facility.

Migrant health centers (as defined in section 319(a)(1) of the Act) which are located in areas with designated migrant population groups and Indian Health Service facilities are assumed to be meeting this requirement.

(b) Insufficient capacity to meet primary care needs.

A facility will be considered to have insufficient capacity to meet the primary care needs of the area or population it serves if at least two of the following conditions exist at the facility:

(i) There are more than 8,000 outpatient visits per year per FTE primary care physician on the staff of the facility. (Here the number of FTE primary care physicians is computed as in Part I, Section B, paragraph 3 above.)

(ii) There is excessive usage of emergency room facilities for routine primary care.

(iii) Waiting time for appointments is more than 7 days for established patients or more than 14 days for new patients, for routine health services.

(iv) Waiting time at the facility is longer than 1 hour where patients have appointments or 2 hours where patients are treated on a first-come, first-served basis.

Relevant excerpts from 42 Code of Federal Regulations (CFR), Chapter 1, Part 5, Appendix A (October 1, 1993, pp. 34-48) Criteria for Designation of Areas Having Shortages of Primary Medical Care Professionals [45 FR 76000, Nov. 17, 1980, as amended at 54 FR 8737, Mar. 2, 1989; 57 FR 2480, Jan. 22, 1992]

Shortage Designation

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Governor's Shortage Areas for Rural Health Clinics

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One of the requirements for certification of a practice as a Rural Health Clinic (RHC) for most clinics means is in either a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA). There is a provision in the RHC legislation for a third option: serving in a Governor's Certified Shortage Area for Rural Health Clinics. These are areas designated based on state plan that has been approved by the Health Resources and Services Administration (HRSA), which was delegated by the predecessor agency to the Centers for Medicare and Medicaid Services (CMS) to review and approve these plans. The areas have to be rural and they have to include additional criteria that document a shortage of "personal health services". At present there are 12 states with active Governor's Shortage Area for RHC plans. The list of these areas is maintained by the Office of Shortage Designation within HRSA, and the states update them periodically. New RHCs can be certified only if the area to be served has been designated in the past four years, so most states provide regular updates to maintain a current designation status if the areas qualify. There is no specific requirement to review and update the designations, and no requirement to "decertify" the areas after a period of time. RHCs that were approved based on serving an area that loses its designation are currently allowed to remain eligible regardless of the designation date or status.

The list of approved Governor's Shortage Areas for RHCs will be posted on the Office of Shortage Designation web site at: http://www.hrsa.gov/shortage/. Those areas that are considered "current", i.e. designated in the last 4 years, will be highlighted, and some states have requested that only the current areas be listed. Other states wished to have the entire list available, even though areas may not be current, because RHCs were approved in those areas previously and this provides documentation that they were eligible at the time. This list has been reviewed by the states with these plans to assure the accuracy and timeliness of the information. If there are any questions about the data or the areas involved, please call the appropriate State Primary Care Office; the contact information can be found at: http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html.

Background. Under the Social Security Act Sec. 1961(AA) (2), in order to qualify as a Rural Health Clinic, a facility must be located in:

- A non-urbanized area, as defined by the U.S. Census Bureau; and
- An area currently designated by the Health Resources and Services Administration as one of the following types of Federally-designated or certified shortage areas:
  - Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
  - Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
  - Medically Underserved Area Under Section 330(b)(3) of the PHS Act; or
  - Governor-designated and Secretary-certified shortage area under Section 6213© of the Omnibus Budget Reconciliation Act of 1989.

In order to implement the process for Governor's designation for Rural Health Clinic certification, HRSA has required States to submit a plan that contains the criteria a State will use to determine Governor's designated shortages. The criteria generally include the following requirements:

- The service area must be located in a non-urbanized area and be a contiguous area;
- The applicant clinic must not be eligible for or located in a HPSA or MUA designated within the last 4 years (with the caveat that the RHC's service area may include a portion of an existing HPSA service area);
- The applicant clinic must accept patients covered by Medicare, Medicaid and the State's Children's Health Insurance Program and have a sliding fee scale for patients below 200 percent of poverty;
- The service area must have a population to primary care physician ratio of at least 2,400:1 or a ratio of between 2,000:1 and 2,399:1 and meet of the following high-need indicators:
  - Service area's percent of population under 200 percent of poverty is higher than state average;
  - Percent of population age 65 and older is higher than the state average;
  - Percent of population that is unemployed is higher than the state average; or
  - Percent of population that is uninsured is higher than the state average.

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
Overview
Criteria
Guidelines

Dental HPSAs:
Overview
Criteria
Guidelines

Mental Health HPSAs:
Overview
Criteria
Guidelines

Guidelines for Primary Medical Care/Dental HPSA Designation

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Background/Summary

Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate health professional shortage areas, or HPSAs, based on criteria established by regulation. The authority for designation of HPSAs is delegated to the Bureau of Primary Health Care's Office of Shortage Designation (OSD). Criteria and the process used for designation of HPSAs were developed in accordance with the requirements of Section 332.

HPSA designation is a prerequisite for participation in a number of Federal programs, including National Health Service Corps approved sites.

The HPSA criteria require three basic determinations for a geographic area request:

- the geographic area involved must be rational for the delivery of health services,
- a specified population-to- practitioner ratio representing shortage must be exceeded within the area, and
- resources in contiguous areas must be shown to be overutilized, excessively distant, or otherwise inaccessible.

These criteria have been defined for shortage of primary medical care physicians, dentists, and mental health professionals. The particular level used to indicate primary medical care, dental, and mental health shortage is referenced in the Criteria for Designation of HPSAs, codified at 42 CFR Chapter 1, PART 5 - DESIGNATION OF HEALTH PROFESSIONAL(S) SHORTAGE AREAS, 10-1-93 edition.

Where a geographic area does not meet the shortage criteria, but a population group within the area has access barriers, a population group designation may be possible. In such cases the population group and the access barriers must be defined/described, and the ratio of the number of persons in the population group to the number of practitioners serving it must be determined. These ratios are also referenced in the Criteria for Designation of HPSAs.

In some cases, facilities may be designated as HPSAs. This applies to correctional facilities and to State mental hospitals. In addition, public and non-profit private facilities located outside designated HPSAs may receive facility HPSA designation if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

A current list of designated HPSAs is published periodically; the most recent was published in the Federal Register on February 2, 2002 . Designations more than 3 years old are subject to updating as part of the OSD's annual review of HPSAs. At that time, new data relevant to the designation should be submitted to the OSD in support of its continued status as a HPSA.

Required Information for HPSA Requests

1. Rational Service Area - A map showing the boundaries of the area for which designation is being requested should be provided. The rationale for the selection of a particular service area definition (in terms of travel times, composition of the population, etc.) should be described, particularly for non-whole- county service areas and population groups. The area should be defined in in terms of counties or whole census tracts (CTs), census county divisions (CCDs), block numbering areas (BNAs), or minor civil divisions (MCDs).

2. Population Count - the number of persons in the requested area (or population group), based on the latest available Census Bureau or State population **estimates** (population projections will not be accepted). Any adjustments to the population count for the service area and contiguous areas should be explained.

3. Practitioner Count - the number of full-time- equivalent (FTE) non-Federal practitioners available to provide patient care to the area or population group. "Non-Federal" means practitioners who are not Federal employees and are not obligated-service members of the National Health Service Corps. It would include non-obligated-service hires of Federal grantees.

"Practitioner" means allopathic (M.D.) or osteopathic (D.O.) primary medical care physicians for primary medical care HPSA requests; dentists, for dental HPSA requests; and psychiatrists or core mental health providers for psychiatric/mental health HPSA requests. Core mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family specialists.

"Patient care" for primary care physicians includes seeing patients in the office, on hospital rounds and in other settings, and activities such as interpreting laboratory tests and X-rays and consulting with other physicians.

To develop a comprehensive list of practitioners in an area, the applicant should check State licensure lists, State and local medical or dental society directories, local hospital admitting physician listings, Medicaid and Medicare practitioner lists, and the local yellow pages listings. For practitioners who serve in the requested area less than full-time (40 hours a week in patient care activities), an explanation is needed concerning a practitioner's part-time status (i.e. semi-retired, other practice location outside service area, teaching, etc.).

Calculating Primary Care FTE When Only Office Hours are Known

To determine primary medical care FTE in cases where only a physician's office hours are known, and information is not available on a physician's hours spent in other patient care activities, an upward adjustment must normally be made from the number of office hours per week to obtain the total estimated number of hours spent in direct patient care per week. The adjustment factors provided in the table below are designed to take into consideration the hours of direct patient care provided in both office and inpatient settings.

The first column of the table below lists the average number of hours per week that each type of primary care physician spends providing patient care in the office setting. The second column lists the average number of hours each spends in all direct patient care. The ratio of office hours to total direct patient care hours is shown in the third column. The last column presents the reciprocal of that ratio - the factor by which each type of physician's office hours should be multiplied to obtain his/her total hours in direct patient care.

Primary Care Specialty	Average Office Hours per Week [1/]	Average Hours All Direct Patient Care per Week [2/]	Ratio of Office Hours to All Direct Patient Care Hours	Office Hours to All Direct Patient Care Hours Adjustment Factor
General/Family	35.1	49.9	.703	1.4
Practice Pediatrics	31.9	46.0	.693	1.4
Internal	27.1	49.5	.547	1.8
Medicine Obstetrics / Gynecology	29.2	55.5	.526	1.9
All Primary Care [3/]	30.8	50.1	.618	1.6

To obtain a full-time-equivalency for a given physician, his/her total office hours per week should be multiplied by the appropriate factor for his/her specialty. In the event that the primary care specialty is unspecified, the factor shown for "all primary care" should be used. If this calculation yields a number greater than 40, the physician should be considered as 1.0 FTE; otherwise, this number of hours should be divided by 40 to obtain the physician's FTE.

[1/] American Medical Association, *Socioeconomic Characteristics of Medical Practice, 1990-1991*, Table 14, p. 58. [2/] Ibid, Table 11, p. 52.

[3/] This is a weighted average, weighted by the percentage that each specialty represents of all primary care physicians, using data from American Medical Association, *Physician Characteristics and Distribution in the U.S.*, 1993 Edition, Table B-11a, p.59.

The criteria provides for counting primary medical care interns and residents as 0.1 FTE. This FTE should be counted at the location the intern or resident provides primary care, such as a hospital outpatient clinic or local health department clinic. If the clinic or other service site has "slots" which interns or residents rotate through during the year, then that slot will be counted at 0.1 FTE.

There is no provision in the HPSA criteria for counting dental interns or residents.

Psychiatric residents are counted at 0.5 FTE at their service site; the slot approach outlined above for primary care may be used in determining FTE.

4. Contiguous Resources - the availability and accessibility of health providers in contiguous areas. When showing that contiguous resources are excessively distant (greater than 30 minutes travel time for primary medical care, greater than 40 minutes for dental and mental health), the driving distance and travel time between the population center of the requested area and the population centers of the contiguous areas should be provided.

In inner portions of metropolitan areas travel time by public transportation will be used. By this is meant those inner city neighborhoods with significant poverty levels (20 percent or higher) indicative of a dependence on public transportation. In those city neighborhoods with relatively low poverty levels (where residents may elect to use public transportation), driving times will be used.

5. High Needs/Insufficient Capacity - the presence of indicators of unusually high needs of the population or insufficient capacity of health care resources in the area. The high needs factors for primary care, dental and mental health, and the insufficient capacity factors for existing primary care and dental providers, are detailed in the criteria.

Population Group HPSA Requests

The following is an update and clarification to the "Guidelines on Designation of Population Groups with Health Manpower Shortages" published in the *Federal Register* on November 5, 1982.

The geographic area within which the population group resides should be defined in terms of counties, civil divisions or census tracts, in accordance with the same rational service area criteria for designation of geographic areas.

The request should contain a description of the barriers to access, in the area of residence and contiguous areas, experienced by the population group. This description should contain appropriate supporting data and should address the following points:

- 1. Whether the barriers to access for the population group are primarily economic in nature, or primarily due to non-economic factors such as minority status, language differences, or cultural differences. If significant numbers of practitioners (public and/or private) refuse to accept patients on the basis of non-economic factors, this problem and its extent should be discussed. If an access barrier appears to exist because of demographic or other differences between the population group and available practitioner(s) (public and/or private), this should also be discussed and evidence of it should be presented.
- With respect to economic barriers, whether the major difficulty is lack of access for the low-income population or lack of access for the Medicaid-eligible population, the applicant should provide information on the number of persons in the category for which designation is requested. A minimum of 30 percent of the service area's population must be at or below 200 percent of poverty for consideration as a low- income or Medicaid-eligible population group HPSA.
- Whether practitioners, health centers, or hospital outpatient clinics (public and/or private) in the area accept Medicaid reimbursement and/or provide patient care on an ability-to-pay or sliding-fee-scale basis. The applicant should list the practitioners, their practice locations and the approximate percentage of the practice devoted to the Medicaid-eligible population and the percentage of the practice devoted to other low-income persons in each such setting. FTE practitioners (D) is the number of practitioners involved, adjusted by the percentage of their time in patient care in the area, further adjusted by the estimated percentage of the time devoted to serving the population group in question.

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In order to calculate the appropriate population-to-practitioner ratio (R) for consideration as a primary medical care, dental or mental health HPSA, the request should include the total number of persons in the population group for which designation is requested and the total number of FTE practitioners (D) in the defined area that are serving that population. The appropriate ratio (R) will then be computed as follows for these specific population groups:

Low-income populations

Low-income population, defined as those persons with incomes at or below 200 percent of the poverty level. A minimum of 30 percent of the requested area of residence's population must be at or below 200 percent of poverty for consideration under this population group category. This is also the population eligible to receive services on a sliding-fee scale at Federally-funded projects. This includes and replaces the previously separate category of medically indigent population.

N = Population with incomes at or below 200 percent of the poverty level D = FTE non-Federal practitioners serving the Medicaid population
+ FTE non-Federal practitioners offering care on a sliding-fee- scale, ability-to-pay basis, or free-of-charge basis R = N/D

Medicaid-eligible populations

A minimum of 30 percent of the requested area of residence's population must have incomes at or below 200 percent of the poverty level for consideration under this population group category.

N = population eligible for Medicaid under applicable State's medical assistance program
D = FTE non-Federal practitioners accepting Medicaid
R = N/D

Migrant (or Migrant and Seasonal) Farmworkers and their families (Revised to explicitly include Seasonals where appropriate)

N = (average daily number of migrant workers, or migrant and seasonal workers, and dependents present in the area during portion of year that migrants, or migrant and seasonal workers, are present) X (fraction of year migrants, or migrant and seasonal workers, are present)
D = FTE non-Federal practitioners serving migrants, or migrants and seasonal workers
R = N/D

American Indians or Alaskan Natives

N = number of American Indians or Alaskan Natives
D = FTE non-Federal practitioners serving Indians or Alaskan natives
R = N/D

Other populations isolated by linguistic or cultural barriers or by handicaps

N = number of people in language or cultural or handicapped group involved
D = FTE non-Federal practitioners speaking language involved (or using interpreter), or familiar with culture involved, or serving handicapped group
R = N/D

Homeless Populations

Public Law 100-77 included a provision amending Section 332 of the PHS Act to specifically state that the homeless are one of the population groups eligible for health professional shortage area (HPSA) designation. In fact, designation of homeless populations as HPSAs was already possible under existing legislation, regulations and criteria, and such designations already exist. The area where the homeless congregate should be defined in terms of census tracts, and information on the location of any homeless shelters, clinics, or other facilities serving the homeless should be provided.

N = The estimated number of homeless persons in the area, as recognized by local officials for planning of shelters/services to the homeless. Please include a brief description (or enclose an existing report) on how the count was obtained.
D = The number of full-time-equivalent (FTE) non-Federal practitioners, if any, currently serving the population. This would include time devoted to the homeless by practitioners at any local health care facilities which provide some ambulatory care services to the homeless, or by private practitioners who volunteer some of their time to serve the homeless at shelters or other locations accessible to homeless persons.
R = N/D

Federal Programs Using HPSA Designations Include:

National Health Service Corps (Section 333 of the Public Health Service Act) - provides for assignment of federally-employed and/or service- obligated physicians, dentists, and other health professionals to designated HPSAs

National Health Service Corps Scholarship Programs (Section 338A) - provides scholarships for training of health professionals who agree to serve in designated HPSAs through the NHSC or the private practice option

National Health Service Corps Loan Repayment Program (Section 338B) - provides loan repayment to health professionals who agree to serve in the NHSC in HPSAs selected by the Secretary

Rural Health Clinics Act (Public Law 95-210) - provides Medicare and Medicaid reimbursement for services provided by physician assistants and nurse-practitioners in clinics in rural HPSAs

Medicare Incentive Payments for Physician's Services Furnished in HPSAs (Public Law 100-203, Section 4043, as amended) - CMS (formerly HCFA) gives 10 percent bonus payment for Medicare-reimbursable physician services provided **within geographic HPSAs. This payment does not apply to population group HPSAs.**

Higher "Customary Charges" for New Physicians in HPSAs (Public Law 100-203, Section 4047) - CMS (formerly HCFA) exempts new physicians opening practices in non-metropolitan geographic HPSAs from new Medicare limitations on "customary charges"

Area Health Education Center Program (Section 781(a)(1)) - gives special consideration to centers that would serve HPSAs with higher percentages of underserved minorities; gives funding priority to centers providing substantial training experience in HPSAs

Federal Employees Health Benefits Programs - provides reimbursement for non-physician services in States with high percentages of their population residing in HPSAs

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Data as of 1/1/2016

State: Illinois
County: Clark County, Coles County, Crawford County, Cumberland County, Douglas County, Edgar County, Effingham County, Jasper County, Moultrie County, Shelby County
Discipline: Primary Care
Metro: All
Status: Designated
Type: All
Date of Last Update: All Dates
HPSA Score: From 0 To 26

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County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Clark County	117999177J	Casey Clinic	Primary Care	Rural Health Clinic		0	Designated	02/19/2004
Clark County	11799917Q9	Low Income - Clark/Edgar Counties	Primary Care	HPSA Population	2	14	Designated	04/18/2014

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Clark County		Clark	Primary Care	Single County			Designated	04/18/2014
Edgar County		Edgar	Primary Care	Single County			Designated	04/18/2014

Coles County	117999173H	Low Income - Coles County	Primary Care	HPSA Population	7	9	Designated	11/14/2011

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Coles County		Coles	Primary Care	Single County			Designated	11/14/2011

Crawford County	117999174E	Low Income - Crawford County	Primary Care	HPSA Population	2	13	Designated	03/24/2014

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County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Crawford County		Crawford	Primary Care	Single County			Designated	03/24/2014
Cumberland County	11799917PR	Sbl - Neoga Clinic	Primary Care	Rural Health Clinic	0	0	Designated	02/25/2010
Cumberland County	117999177W	Neoga Clinic	Primary Care	Rural Health Clinic		0	Designated	02/19/2004
Cumberland County	117999176M	Low Income - Cumberland County	Primary Care	HPSA Population	1	14	Designated	08/17/2012
Cumberland County		Cumberland	Primary Care	Single County			Designated	08/17/2012
Douglas County	117999177B	Atwood Rural Health Clinic	Primary Care	Rural Health Clinic		0	Designated	09/30/2003
Douglas County	117041	Douglas County	Primary Care	HPSA Geographic	5	9	Designated	04/13/2012
Douglas County		Douglas	Primary Care	Single County			Designated	04/13/2012
Edgar County	11799917Q9	Low Income - Clark/Edgar Counties	Primary Care	HPSA Population	2	14	Designated	04/18/2014
Clark County		Clark	Primary Care	Single County			Designated	04/18/2014
Edgar County		Edgar	Primary Care	Single County			Designated	04/18/2014
Effingham County	11799917Q5	Medicaid Eligible - Effingham County	Primary Care	HPSA Population	2	8	Designated	04/17/2012

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County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Effingham County	Effingham		Primary Care	Single County			Designated	04/17/2012
Jasper County	11799917Q6	Low Income - Jasper County	Primary Care	HPSA Population	0	16	Designated	04/24/2012
Jasper County	Jasper		Primary Care	Single County			Designated	04/24/2012
Moultrie County	117999177Z	Sullivan Clinic	Primary Care	Rural Health Clinic		0	Designated	02/19/2004
Moultrie County	117139	Moultrie County	Primary Care	HPSA Geographic	3	8	Designated	03/24/2014
Moultrie County	Moultrie		Primary Care	Single County			Designated	03/24/2014
Shelby County	11799917QH	Family Healthcare Center	Primary Care	Rural Health Clinic		1	Designated	05/27/2015
Shelby County	117173	Shelby County	Primary Care	HPSA Geographic	4	10	Designated	03/24/2014
Shelby County	Shelby		Primary Care	Single County			Designated	03/24/2014

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Note: Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee – they are not listed separately.

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Shortage Designation

Find Shortage Areas

Health Professional Shortage Areas (HPSAs)

Medically Underserved Areas and Populations (MUAs/Ps)

Governor's Designation of Shortage Areas for Rural Health Clinics

Frequently Asked Questions

Negotiated Rulemaking Committee

Contact: SDB@hrsa.gov or 1-888-275-4772

Medically Underserved Areas/Populations

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Guidelines for MUA and MUP Designation

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

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

I. MUA Designation

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

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

The MUA designation process therefore requires the following information:

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

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

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

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

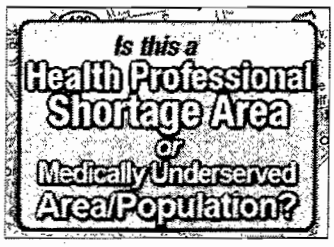
(2) The latest available data on:

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

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

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

(e) the current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area, and their locations of practice. Patient care includes seeing patients in the office, on hospital rounds and in other settings, and activities such as laboratory tests and X-rays and consulting with other physicians. To develop a comprehensive list of primary care physicians in



What Does That Mean?

Dictionary of MUA/P Words, Acronyms and Codes

an area, an applicant should check State and local physician licensure lists, State and local medical society directories, local hospital admitting physician listings, Medicaid and Medicare provider lists, and the local yellow pages.

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

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

II. MUP Designation, using IMU

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

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

Tables V1 - V4 for Determining Weighted Values

Table V1: Percentage of Population Below Poverty Level

Table V2: Percentage of Population Age 65 and Over

Table V3: Infant Mortality Rate

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

III. Exceptional MUP designations

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

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

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

Federal Programs Using MUA/MUP Designations

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

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

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

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

Revised June, 1995

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MUA Find Results

Search Criteria

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Click on a column heading to sort the results in ascending or descending order.

Data as of 2/15/2016

State: Illinois
County: Clark County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Clark County	Low Income - Clark County	00799	Medically Underserved Area	50.40	11/01/1978	06/07/2012

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Data as of 2/15/2016

State: Illinois
County: Coles County
MUA ID: All

Collapse All

1 Page Size: 20 01 items in 01 pages

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Coles County	Low Inc – Coles County	00871	Medically Underserved Population	62.00	05/18/1994	05/17/2012

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Data as of 2/15/2016

State: Illinois
County: Crawford County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date

Crawford County - No MUAs in this county

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Data as of 2/15/2016

State: Illinois
County: Cumberland County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cumberland County	Greenup/ Sumpter Service Area	00849	Medically Underserved Area	61.40	05/18/1994	05/18/1994
MCD (73729) Sumpter township MCD (31537) Greenup township						

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Data as of 2/15/2016

State: Illinois
County: Douglas County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date

Douglas County - No MUAs in this county

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Data as of 2/15/2016

State: Illinois
County: Edgar County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Edgar County	Edgar County	07875	Medically Underserved Area	58.30	05/30/2012	05/30/2012

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Data as of 2/15/2016

State: Illinois
County: Effingham County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Effingham County	Effingham	07232	Medically Underserved Area	60.40	07/23/2002	07/23/2002
CT 9502.00 CT 9506.00 CT 9508.00						

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Data as of 2/15/2016

State: Illinois
County: Jasper County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Jasper County	Ste. Marie Service Area	00853	Medically Underserved Area	58.10	05/18/1994	05/18/1994
MCD (66803) Ste. Marie township						
MCD (78357) Wade township						
MCD (17653) Crooked Creek township						
MCD (27390) Fox township						

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Data as of 2/15/2016

State: Illinois
County: Moultrie County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date

Moultrie County - No MUAs in this county

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Data as of 2/15/2016

State: Illinois
County: Shelby County
MUA ID: All

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County Name	Service Area Name	MUA/P Source Identification Number	Designation Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Shelby County	Shelbyville Service Area	00860	Medically Underserved Area	56.40	05/18/1994	05/18/1994
MCD (82335) Windsor township MCD (61522) Prairie township MCD (63615) Richland township MCD (69199) Shelbyville township						
Shelby County	Herrick Service Area	00861	Medically Underserved Area	53.50	05/18/1994	05/18/1994
MCD (20851) Dry Point township MCD (34345) Herrick township						
Shelby County	Ridge Service Area	00917	Medically Underserved Area	55.70	05/18/1994	05/18/1994
MCD (63836) Ridge township						

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SARAH BUSH LINCOLN HEALTH CENTER

Inpatient Origin: July 1, 2014 - June 30, 2015

Community	Zip Code	Admissions	Percentage of Admissions	Cumulative %	County	In PA D-05?	In Market Area?
Mattoon	61938	2,521	33.98%	33.98%	Coles	Yes	Primary
Charleston	61920	1,539	20.75%	54.73%	Coles	Yes	Primary
Arcola	61910	224	3.02%	63.04%	Douglas	No	Secondary
Toledo	62468	174	2.35%	73.40%	Cumberland	Yes	Secondary
Casey	62420	218	2.94%	57.67%	Clark,	Yes	Secondary
					Cumberland	Yes	Secondary
Greenup	62428	213	2.87%	65.91%	Cumberland	Yes	Secondary
Sullivan	61951	192	2.59%	68.50%	Moultrie	No	Secondary
Neoga	62447	191	2.57%	75.17%	Cumberland	Yes	Secondary
Effingham	62401	173	2.33%	73.40%	Effingham	No	Tertiary
Oakland	61943	131	1.77%	78.61%	Coles	Yes	Primary
Windsor	61957	130	1.75%	76.92%	Shelby	No	Secondary
Paris	61944	125	1.69%	78.61%	Edgar	Yes	Secondary
Ashmore	61912	117	1.58%	80.18%	Coles	Yes	Primary
Shelbyville	62565	89	1.20%	81.38%	Shelby	No	Secondary
Lerna	62440	84	1.13%	82.52%	Coles	Yes	Primary
Humboldt	61931	83	1.12%	83.63%	Coles	Yes	Primary
Arthur	61911	80	1.08%	84.71%	Douglas	No	Secondary
Tuscola	61953	69	0.93%	85.64%	Douglas	No	Secondary
Martinsville	62442	58	0.78%	86.42%	Clark,	Yes	Secondary
Kansas	61933	57	0.77%	87.19%	Edgar	Yes	Secondary
Westfield	62474	57	0.77%	87.96%	Clark	Yes	Secondary
Newton	62448	56	0.75%	88.72%	Jasper	No	Secondary
Trilla	62469	44	0.59%	89.31%	Coles	Yes	Primary
Marshall	62441	41	0.55%	90.35%	Clark	Yes	Secondary
Strasburg	62465	36	0.49%	90.35%	Shelby	No	Secondary
Gays	61928	47	0.63%	90.98%	Moultrie	No	Secondary
Altamont	62411	35	0.47%	91.45%	Effingham	No	Tertiary
Jewett	62436	34	0.46%	91.91%	Cumberland	Yes	Secondary
Other Zipcodes*		600	8.09%	100.00%			
Total, All of These Zipcodes		**6,818**					
Total Patients		**7,418**					
Total These Zipcodes within PA D-05			**6,287 (84.75%)**				
Total, These Zipcodes within Market Area			**7,418 (100.00%)**				

*Other Zipcodes are Zipcodes which had fewer than 34 admissions (0.5% of total admissions during this 12-month period)

III.
Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible.

   a. Expand the Cardiac Catheterization Service by adding a second Cardiac Catheterization Laboratory adjacent to the existing Cardiac Catheterization Laboratory. Do not replace or expand the Prep/Recovery Unit, Support Services for Cardiac Catheterization, or any other Cardio-Pulmonary Services. Do not add any Medical/Surgical beds to the hospital.

   b. Add a second Cardiac Catheterization Laboratory and support space in a new addition adjacent to Surgery. Do not replace or expand the Prep/Recovery Unit or any other Cardio-Pulmonary Services. Do not add any Medical/Surgical beds to the hospital.

2. Each of these alternatives was found to be infeasible for the following reasons.

   a. Expand the Cardiac Catheterization Service by adding a second Cardiac Catheterization Laboratory adjacent to the existing Cardiac Catheterization Laboratory. Do not replace or expand the Prep/Recovery Unit, Support Services for Cardiac Catheterization, or any other Cardio-Pulmonary Services. Do not add any Medical/Surgical beds to the hospital.

      Capital Costs: $2,717,418 using Cash and Securities

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

      1) Upon review by Sarah Bush Lincoln's architects, it was determined that there was insufficient space in this location to implement this alternative. The addition of a second Cardiac Catheterization Laboratory would not be possible in existing space adjacent to the existing Cardiac Catheterization Laboratory.

      2) Even if there were adequate space to implement this alternative, it would be a less desirable alternative than the project that is the subject of this CON application because it would permit Sarah Bush Lincoln to fulfill only a portion of the several intended purposes of the proposed project.

This project is designed to correct a number of deficiencies, including the consolidation of all of the hospital's Cardio-Pulmonary services in close proximity to each other and the addition of Medical/Surgical beds that are needed to reduce the historic and projected high occupancy in this service.

The specific deficiencies of the Clinical Service Areas included in this project, which justify the modernization and expansion of these services, are discussed in Attachments 20 and 34 of this application.

3) Implementation of this alternative would prevent Sarah Bush Lincoln from increasing the size of its undersized existing Cardiac Catheterization Laboratory by replacing it with an appropriately sized and configured Cardiac Catheterization Laboratory.

4) Implementation of this alternative would not permit Sarah Bush Lincoln to increase the size of its Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiac Procedures that require this unit prior to the performance of a procedure and post-procedure before a patient can be discharged.

5) Implementation of this alternative would prevent Sarah Bush Lincoln from adding Medical/Surgical beds to address the historic high occupancy of this service, which is projected to increase in the future and cause Sarah Bush Lincoln, the only non-Critical Access Hospital in its planning area, to have to refuse emergent admissions and delay elective admissions.

b. Add a second Cardiac Catheterization Laboratory and support space in a new addition adjacent to Surgery. Do not replace or expand the Prep/Recovery Unit or any other Cardio-Pulmonary Services. Do not add any Medical/Surgical beds to the hospital.

Capital Costs: $4,985,383 using Cash and Securities

This alternative was considered to be infeasible for the following reasons, several of which are similar to the reasons reported above.

1) Upon review by Sarah Bush Lincoln's architects, it was determined that this alternative would impact the existing Materials Management Department, as a result of which the addition would need to be larger than originally thought in order to replace space

in Materials Management that would be lost as a result of expanding Cardiac Catheterization.

2) Implementation of this alternative would limit any expansion of Surgery in the future. That is because, in order to be near the existing Cardiac Catheterization Laboratory, the addition would have to be constructed in the same location as would be appropriate for expansion of the Surgical Suite.

3) Construction of an addition at this location would be a less desirable alternative than the project that is the subject of this CON application because it would permit Sarah Bush Lincoln to fulfill only a portion of the several intended purposes of the proposed project. That is because the addition would need to be limited in size of the footprint and could not have a second floor because of the existing building that is adjacent to the site of the addition.

   This project is designed to correct a number of deficiencies, including the consolidation of all of the hospital's Cardio-Pulmonary services in close proximity to each other and the addition of Medical/Surgical beds that are needed to reduce the historic and projected high occupancy in this service. Those purposes could not be achieved by implementing this alternative.

   The specific deficiencies of the Clinical Service Areas included in this project, which justify the modernization and expansion of these services, are discussed in Attachments 20 and 34 of this application.

4) Implementation of this alternative would prevent Sarah Bush Lincoln from increasing the size of its undersized existing Cardiac Catheterization Laboratory by replacing it with an appropriately sized and configured Cardiac Catheterization Laboratory.

5) Implementation of this alternative would not permit Sarah Bush Lincoln to increase the size of its Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiac Procedures that require this unit prior to the performance of a procedure and post-procedure before a patient can be discharged.

6) Implementation of this alternative would prevent Sarah Bush Lincoln from adding Medical/Surgical beds to address the historic high occupancy of this service, which is projected to increase in the

future and cause Sarah Bush Lincoln, the only non-Critical Access Hospital in its planning area, to have to refuse emergent admissions and delay elective admissions.

3. This item is not applicable to this project.

The purpose of this project is to modernize existing services at Sarah Bush Lincoln Health Center, not to establish new categories of service or a new health care facility.

IV.
Project Scope, Utilization:
Size of Project

This project includes both Clinical and Non-Clinical Service Areas.

The Medical/Surgical and Cardiac Catheterization Services are the only Categories of Service included in this project, as discussed in Attachments 20 and 25.

This project includes the expansion of the Medical/Surgical Service with increased authorized beds to accommodate historic utilization as well as projected increased utilization. This expansion will be accomplished by constructing a new nursing unit in the new addition.

The project also includes the replacement of the Cardiac Catheterization Unit with an increase in Cardiac Catheterization Laboratories in order to accommodate historic utilization as well as projected increased utilization.

This project also includes the following Clinical Service Areas Other than Categories of Service, as discussed in Attachment 34.

Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology Patients
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physicians' Work Areas
Shared Patient Registration for Cardio-Pulmonary Services and Nuclear Medicine
Nuclear Medicine

1. The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Medical/Surgical Category of Service
Cardiac Catheterization Category of Service
Nuclear Medicine

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project, as discussed in Attachment 37.

Prep/Recovery Unnit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology Prep/Recovery Unit
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physicians' Work Areas
Shared Patient Registration for Cardio-Pulmonary Services and Nuclear Medicine

An analysis of the proposed size (number of rooms or stations and gross square footage) of the Clinical Service Areas for which there are State Guidelines is found below.

This analysis is based upon historic utilization at Sarah Bush Lincoln Health Center (SBL) during CY2015 (January 1 - December 31, 2015) and projected utilization for the second full year of operations after this project is completed for those services for which the approvable number of rooms or stations is based upon utilization.

The following chart identifies the State Guidelines for each of the Clinical Service Areas included in this project for which State Guidelines exist.

CLINICAL SERVICE AREA	STATE GUIDELINE
Medical/Surgical	80% occupancy of authorized beds for addition of beds to hospitals with 1-99 beds 500-660 DGSF per Bed
Cardiac Catheterization	400 cardiac catheterization procedures per Cardiac Catheterization Laboratory 1,800 DGSF per Bed
Nuclear Medicine	2,000 visits per unit 1,600 DGSF per unit

Attachment 15 includes historic and projected utilization for these three Clinical Service Areas, which are the only Clinical Service Areas in this project for which there are State Guidelines.

In addition to the justification for all three of these Clinical Service Areas that is presented in Attachment 15, the justification for the number of Medical/Surgical beds is presented in Attachment 20, the justification for the Cardiac Catheterization Laboratories is presented in Attachment 25, and the justification for the number of Nuclear Medicine units is presented in Attachment 34.

The number of key rooms and square footage proposed for each Clinical Service Area for which State Guidelines exist is presented below.

CLINICAL SERVICE AREA	STATE STANDARD	PROJECTED FY2021 VOLUME	TOTAL EXISTING BEDS/ UNITS	TOTAL PROPOSED BEDS/ UNITS
Medical/ Surgical	500-660 DGSF/Bed	27,170 patient days	73	93
Cardiac Catheterization	1,800 DGSF/ Cath Lab	3,151 Cardiac Cath Procedures	1	2
Nuclear Medicine	1,600 DGSF/unit	7,744 Visits	3	2

The proposed number of beds or units/procedure rooms for all the Clinical Service Areas included in this project for which there are State Guidelines are justified.

The square footage proposed for each Clinical Service Area for which State Guidelines exist is shown below.

CLINICAL SERVICE AREA	STATE GUIDELINE/ BED OR UNIT	TOTAL PROPOSED BEDS OR UNITS	TOTAL DGSF JUSTIFIED PER PROGRAM	TOTAL PROPOSED DGSF
Medical/ Surgical	500-660 DGSF/Bed	93 total Medical/ Surgical beds	61,380 DGSF for 93 Medical/ Surgical bed	57,361 DGSF
Cardiac Catheterization	1,800 DGSF/ Cath Lab	2 Cath Labs	3,600 DGSF	2,113 DGSF
Nuclear Medicine	1,600 DGSF per unit	2 units	3,200 DGSF	1,534 DGSF

Space programs for each of the Clinical Service Areas included in this project are appended to this Attachment.

The following published data and studies identify the contemporary standards of care and the scope of services that MHC addressed in developing the proposed project .

- Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250.2440);
- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- National Fire Protection Association, NFPA 101: Life Safety Code, 2000 Edition.

2. The proposed square footage for the Clinical Service Areas included in this project is less than the State Guideline for each department that is found in 77 Ill. Adm. Code 1110.APPENDIX B, as shown on the next page.

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Medical/ Surgical	For the hospital's 93 Medical/ Surgical beds: 57,361 DGSF, 616.8 DGSF/bed	500-660 DGSF/Bed	under by 4,019 DGSF (43.2 DGSF/ Bed)	Yes
Cardiac Catheterization	2,113 for 2 Cath Labs, 1,056.5 DGSF/ Cath Lab	1,800 DGSF per Cath Lab	under by 1,487 DGSF (743.5 DGSF/ Cath Lab)	Yes
Nuclear Medicine	1,534 for 2 units, 767 DGSF/unit	1,600 DGSF per unit	under by 1,666 DGSF (833 DGSF/ unit)	Yes

SPACE PROGRAM

MEDICAL/SURGICAL NURSING UNIT

THIS PROJECT ONLY

21 Private Medical/Surgical Patient Rooms, each with toilet room, one of which replaces an existing patient room being lost to construct the connector to the new addition*

2 Nursing Stations
1 Dictation Area

1 Medication Room
1 Telemetry Room

2 Soiled Utility Rooms
1 Clean Holding

1 Nourishment Station

1 Storage Room
1 Medical Equipment Room
1 Alcove

2 Family Lounges
1 Public Toilet

1 Conference Room

1 Break Room with Staff Lockers
2 Staff Toilet Rooms

3 Offices for PCL, Hospitalist, Manager

1 Janitorial Closet

*This project will add 20 authorized Medical/Surgical beds because 1 of the project's 21 Medical/Surgical beds is a replacement for a private patient room that will be lost when the connector to the new addition is constructed

SPACE PROGRAM

CARDIAC CATHETERIZATION LABORATORIES

2 Cardiac Catheterization Laboratory Rooms

1 Control Room for both Cardiac Catheterization Laboratories

SPACE PROGRAM

PREP/RECOVERY UNIT FOR CARDIAC CATHETERIZATION, PERIPHERAL PROCEDURES, DEVICE IMPLANTS, AND NON-INVASIVE CARDIAC PATIENTS

10 Prep/Recovery Bays

2 Toilet Rooms

1 Nursing Station

1 Equipment Room

2 Consultation Rooms

1 Office

SPACE PROGRAM

CARDIAC CATHETERIZATION SUPPORT AREAS

1 Soiled Utility Room
1 Clean Utility Room

1 Storage Room

1 Break Room

1 Men's Locker Room
1 Women's Locker Room

2 Toilet Rooms

1 Janitor's Closet

SPACE PROGRAM

NON-INVASIVE DIAGNOSTIC CARDIOLOGY/OUTPATIENT CARDIAC SERVICES

3 Stress Testing Rooms
3 Echo Testing Rooms
1 Pacemaker/Heart Failure Room
1 Procedure Room

1 Prep Area

1 Nurses' Station

1 Echo Workroom

1 Soiled Utility Room
1 Clean Utility Room

1 Toilet Room

1 Office

SPACE PROGRAM

PULMONARY FUNCTION TESTING

1 Pulmonary Function Testing Room

1 Tank Storage Room

SPACE PROGRAM

NUCLEAR MEDICINE

2 Nuclear Medicine Laboratory Spaces

1 Control Room

1 Infusion Room

1 Patient Holding Area

1 Hot Lab

SPACE PROGRAM

CARDIO-PULMONARY REHABILITATION

1 Rehabilitation Gym

1 Nurses' Station

1 Waiting Area

2 Toilet Rooms

2 Therapist Work Areas

SPACE PROGRAM

PHYSICIAN EXAM ROOMS AND WORK AREAS

15 Physician Exam Rooms

1 Phlebotomy Room

2 Nurses' Stations
1 Nurses' Work Area

2 Toilet Rooms

1 Patient Orientation Room

1 EKG Work Room
1 Physician Reading Room

1 Equipment Storage Room

8 Physician/Provider Offices

2 Offices

1 Staff Services Room

SPACE PROGRAM

SHARED PATIENT REGISTRATION FOR CARDIO-PULMONARY AND NUCLEAR MEDICINE PATIENTS

Patient Registration

Workstations

Printer

IV.
Criterion 1110.234 - Project Services Utilization

The Clinical Service Areas included in this project that are Categories of Service are the Medical/Surgical Service and the Cardiac Catheterization Service, both of which currently exist at Sarah Bush Lincoln Health Center (SBL).

In addition to the Medical/Surgical and Cardiac Catheterization Services, this modernization project includes the following Clinical Service Areas Other than Categories of Service, all of which currently exist at SBL.

Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology Patients
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physician' Work Areas
Shared Patient Registration for Cardio-Pulmonary Services and Nuclear Medicine
Nuclear Medicine

The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas included in this project.

Medical/Surgical Category of Service
Cardiac Catheterization Category of Service
Nuclear Medicine

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology Patients
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physician' Work Areas
Shared Patient Registration for Cardio-Pulmonary Services and Nuclear Medicine

The chart on the next page identifies the State Guidelines that exist for the Clinical Service Areas included in this project.

CLINICAL SERVICE AREA	STATE GUIDELINE
Medical/Surgical	80% occupancy of authorized beds for addition of beds to hospitals with 1-99 beds 500-660 DGSF per Bed
Cardiac Catheterization	400 cardiac catheterization procedures per Cardiac Catheterization Laboratory 1,800 DGSF per Cath Lab
Nuclear Medicine	2,000 visits per unit 1,600 DGSF per unit

The Clinical Service Areas included in this project for which there are State Guidelines based upon utilization are the Medical/Surgical, Cardiac Catheterization, and Nuclear Medicine Services.

Utilization for the last 2 years and projected utilization for the first 2 years of operation for these Clinical Service Areas are found below, with footnotes.

	CY14	CY15	PROJECTED YEARS		STATE GUIDELINE	MET STANDARD?
CLINICAL SERVICE AREAS			FY20	FY21		
Medical/ Surgical Admissions	4,387	4,911	5,679	5,907	N/A	N/A
Medical/ Surgical Patient Days	21,038 incl. Obs. Days	22,332 incl. Obs. Days	26,125 incl. Obs. Days	27,170 incl. Obs. Days	80%	Yes
Cardiac Catheterization Procedures	903	889	2,764	3,151	800	Yes
Nuclear Medicine	4,625*	5,178*	7,435	7,744	2,000 visits/ unit	Yes

*The number of Nuclear Medicine Visits is less than the number of Nuclear Medicine exams reported on the AHQ because the State Guideline is based on visits and the AHQ requests exams/procedures

The number of key rooms proposed for each Clinical Service Area for which there are State Guidelines based on utilization is presented on the next page.

CLINICAL SERVICE AREA	STATE GUIDELINE BEDS/UNITS	PROJECTED FY21 VOLUME	TOTAL EXISTING BEDS/ UNITS	TOTAL PROPOSED BEDS/ UNITS
Medical/ Surgical	80%	27,170 patient days incl. Observ. Days	73	93
Cardiac Catheterization	400 procedures/ Cath. Lab	3,151 procedures	1	2
Nuclear Medicine	2,000 visits/ unit	7,744 visits	3	2

The proposed number of Medical/Surgical beds, Cardiac Catheterization Laboratories, and Nuclear Medicine Units for this project is justified based on the projected utilization for FY2021.

The assumptions underlying the projected increases in are presented below and in Attachments 20 and 34.

Medical/Surgical Category of Service

- Medical/Surgical Admissions
  - SBL's Medical/Surgical admissions are projected to continue their historic increases based on the following factors.
    - SBL's Medical/Surgical admissions will continue to increase based on historic growth.

      Since 2012, SBL's Medical/Surgical admissions increased by a total of nearly 14% from 4,316 to 4,911.

      The increase in admissions has been due to the following factors.

      - SBL has opened or acquired a number of clinics in its market area during the past 3 ½ years, which have resulted in increased admissions to the hospital.
        - SBL opened a walk-in clinic in Mattoon in Autumn, 2012.
        - SBL opened a Neurosurgery Clinic in Spring, 2013.
        - SBL opened a primary care clinic and walk-in clinic in Charleston in December, 2013.
        - SBL acquired a primary care clinic in Shelbyville in November, 2014.

        - SBL acquired a primary care clinic in Newton in January, 2015.

        - SBL acquired a primary care clinic in Martinsville in November, 2015.

      - SBL is currently constructing a primary care clinic in Tuscola, which will open in May, 2016. SBL anticipates approximately 100 additional inpatient admissions from Tuscola by 2020.

      - As part of the partnership with Prairie Heart Insitute, Prairie Heart Institute physicians began providing dedicated full-time Cardiology coverage at SBL in Summer, 2013.

        Two additional Cardiologists will start working at SBL during the next fiscal year.

    - The historic trend of annually increasing Medical/Surgical admissions at SBL is expected to continue in future years due to physician recruitment, aging of the market area's population, and the opening of physician practices and primary care clinics in the market area.

  - As a result of these factors, Medical/Surgical admissions at SBL are projected to continue to increase 4% annually through FY2021, which will be the second full fiscal year of operation after the additional beds become operational. This will result in 20.3% more Medical/Surgical admissions in FY2021 than in CY2015.

- Medical/Surgical Patient Days, including Observation Days

  - SBL's Medical/Surgical admissions will continue to increase, as discussed above, which will result in increased Medical/Surgical patient days in future years.

  - SBL's Medical/Surgical patient days will continue to increase based on historic growth of this service.

    Since 2012, SBL's Medical/Surgical inpatient days increased by a total of 14.1% from 16,211 to 18,495, and its Observation days on Medical/Surgical Nursing Units increased by 16.7% from 3,287 to 3,837.

    Total Medical/Surgical patient days on its Medical/Surgical Nursing Units increased by 14.5% from an average daily census of 53.4 in CY12 to an average daily census of 61.2 in CY15.

  - SBL's Medical/Surgical patient days, including observation days, are projected to continue to increase in the future, based on increased growth of the hospital's Cardiology Services as well as its recruitment of additional physicians, including specialists.

- As a result of these factors, SBL's Medical/Surgical patient days, including Observation days, are projected to increase by a total of 17% from CY2015 to FY2020, the first complete fiscal year of operation of the increased authorized beds, which is an average annual increase of 3.8% during this 4 ½ year period.

- After this project is completed and operational, Medical/Surgical patient days at SBL are projected to increase by 4.0% from FY2020, the first cornplete year of operation, to FY2021, the second full year of operation of the new Medical/ Surgical unit.

Cardiac Catheterization Category of Service

- SBL's 2015 Cardiac Catheterization volume justified additional Cardiac Catheterization Laboratories, and the volume is projected to continue increasing in future years as a result of the factors identified below.

- SBL's Cardiac Catheterization procedures are projected to continue to increase, exceeding their historic increases, based on the following factors.

  SBL's Cardiac Catheterization procedures increased from 514 in 2013 to 889 in 2015, an increase of 73% of its 2013 volume in two years.

  The increase in Cardiac Catheterization volume has been due to the following factors.

  - SBL has been opening walk-in clinics and primary care clinics within its market area, as a result of which patients are diagnosed with cardiac problems, some of whom require Cardiac Catheterization.

    Since Autumn, 2012, SBL has opened and acquired existing clinics in Mattoon, Charleston, Shelbyville, Newton, and Martinsville.

    SBL will continue to provide primary care to its market area by opening and acquiring additional clinics. It is currently constructing a primary care clinic in Tuscola, which will open this spring.

  - As part of their partnership with SBL, Prairie Heart Institute has been providing full-time Cardiology coverage SBL since Summer, 2013. As a result, SBL has additional physicians on staff who are affiliated with an outstanding program.

    In addition to the existing Cardiology team, two additional Cardiologists will start working at SBL this year.

  - SBL will continue to recruit physicians who will provide care to residents of its market area, many of whom reside in federally-designated Health Manpower Shortage Areas and/or Medically Underserved Areas or who are part of the Medically Underserved Population that resides within SBL's market area.

- SBL's market area population is aging, and an aging population exhibits medical issues that require cardiovascular care, including Cardiac Catheterization.

Nuclear Medicine Service

- SBL's FY15 Nuclear Medicine volume justified both the current 3 Nuclear Medicine Units as well as the proposed reduction to 2 Nuclear Medicine Units.

  The number of Nuclear Medicine visits is projected to continue increasing in future years, primarily because of the projected increase in nuclear stress tests. The volume of nuclear stress tests is projected to increase in future years because of the growth of SBL's cardiac services since nuclear stress testing is an important modality of diagnostic cardiology.

VII.A.
Service Specific Review Criteria: Medical/Surgical Category of Service

This application proposes the expansion of Sarah Bush Lincoln's Health Center's Medical/Surgical authorized beds through the construction of a new addition to the hospital.

As a result of this project, Sarah Bush Lincoln's Authorized Beds in the Medical/Surgical Category of Service will increase from 73 to 93. This project is necessary in order to accommodate the current and projected future occupancy of this category of service.

This project will include the construction of a new addition to the hospital that will have ancillary services on the first floor and a Medical/Surgical nursing unit on the 2nd floor.

The construction of the new Medical/Surgical Nursing Unit will increase Sarah Bush Lincoln's authorized Medical/Surgical beds in order to accommodate the current and projected future occupancy of this category of service.

1. Criteria 1110.530(b)(1) and 1110.530(b)(3) Background of Applicant

   The proposed project meets this review criterion, as demonstrated in Attachment 11 of this application.

2. Criterion 1110.530(c)(1) Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)

   This criterion is not applicable to this project because Sarah Bush Lincoln Health Center is not proposing to establish a new category of medicine, but is proposing to increase its Medical/Surgical authorized beds because of Criterion 1110.530(c)(2) - Service to Planning Area Residents and Criterion (1110.530(c)(4) - Expansion of Existing Category of Service.

3. Criterion 1110.530(c)(2) Planning Area Need - Service to Planning Area Residents

   a. As discussed in Attachment 12, the primary purpose of this project is to provide necessary health care to residents of Planning Area D-05, the Medical/Surgical planning area in which Sarah Bush Lincoln Health Center is located.

      Nearly 85% of Sarah Bush Lincoln's inpatient admissions during its most recent fiscal year (FY15) resided in Planning Area D-05.

In addition, during FY15, 100% Sarah Bush Lincoln's inpatients from zip codes that contributed 0.5% or more of inpatient admissions resided within its market area, which includes the following counties in Southern Illinois.

Coles County
Clark County
Crawford County
Cumberland County
Douglas County
Edgar County
Effingham County
Jasper County
Moultrie County
Shelby County

These counties constitute all of Planning Area D-05 and parts of Planning Areas D-01, D-04, F-02, and F-03.

Sarah Bush Lincoln Health System does not own or operate any other health care facilities. It owns and operates 14 extended campus primary care locations and three walk-in clinics throughout its market area.

Sarah Bush Lincoln Health Center operates a Regional Cancer Center (a free-standing Cancer Center on the hospital campus is currently under construction after having received a CON permit on March 10, 2015). It provides Cardiac Services including the Cardiac Catheterization Category of Service in partnership with Prairie Heart Institute of Illinois.

This project is needed to provide necessary health care to residents of both Planning Area D-05 and the balance of Sarah Bush Lincoln's market area because of the need for health care services in this area, as discussed below and in Attachment 12.

At least a portion of all 10 of the counties in Sarah Bush Lincoln's market area have been designated as Health Professional Shortage Areas (HPSAs) by the federal government. The Low Income Medically Underserved Population in Coles County, the county in which Sarah Bush Lincoln is located, as well as all or part of 6 other counties in this market area have been designated by the federal government as Medically Underserved Areas (MUAs) or having a Medically Underserved Population (MUP).

b. Sarah Bush Lincoln's patient origin information for FY15, the most recent period for which these data are available, will be found on Page 10 of this Attachment as well as in Attachment 12.

4. Criterion 1110.530(c)(3) Planning Area Need - Service Demand - Establishment of Category of Service

This criterion is not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

5. Criterion 1110.530(c)(4) Planning Area Need - Service Demand - Expansion of Existing Category of Service

The expansion of Sarah Bush Lincoln's Medical/Surgical Nursing Units and its Medical/Surgical authorized beds is necessary in order to accommodate Sarah Bush Lincoln's experienced high occupancy and to meet a projected demand for increased utilization.

Sarah Bush Lincoln's experienced high utilization in its Medical/Surgical Service during the past 2 calendar years and during the first 2 years after this project becomes operational will be found in the tables below.

	Medical/Surgical Service			
	CY2014	**CY2015**	**FY2020**	**FY2021**
Admissions	4,387	4,911	5,679	5,907
Patient Days including Observation Days	21,038	22,332	26,125	27,170
Average Daily Census	57.64	61.18	71.58	74.44
Average Length of Stay including Observation Days	4.8	4.5	4.6	4.6
Authorized Beds	73	73	93	93
Occupancy	79%	84%	77%	80%

*2020 is a leap year

SBL's utilization during CY2014 and 2015 exceeded the target occupancy levels for the Medical/Surgical Category of Service, and its projected utilization for FY2021, the second full fiscal year of operation after the increased

Medical/Surgical beds become operation is projected to meet the target occupancy level for the Medical/Surgical Category of Service.

The projected increased utilization at Sarah Bush Lincoln is based upon the following assumptions.

Medical/Surgical Category of Service

- Medical/Surgical Admissions
  - Sarah Bush Lincoln's (SBL's) Medical/Surgical admissions are projected to continue their historic increases based on the following factors.
    - SBL's Medical/Surgical admissions will continue to increase based on historic growth.

      Since 2012, SBL's Medical/Surgical admissions increased by a total of nearly 14% from 4,316 to 4,911.

      The increase in admissions has been due to the following factors.

      - SBL opened a walk-in clinic in Mattoon in Autumn, 2012.
      - SBL opened a Neurosurgery Clinic in Spring, 2013.
      - As part of their partnership, dedicated full-time Cardiology coverage from Prairie Heart Institute began at SBL in Summer, 2013.

        In addition, 2 additional Cardiologists will start working at SBL during the next fiscal year, the result of which is anticipated to be additional admissions to the hospital.
      - SBL opened a primary care clinic and walk-in clinic in Charleston in December, 2013.
      - SBL acquired a primary care clinic in Shelbyville in November, 2014.

- SBL acquired a primary care clinic in Newton in January, 2015.

- SBL acquired a primary care clinic in Martinsville in November, 2015.

- SBL is currently constructing a primary care clinic in Tuscola, which will open in May, 2016. SBL anticipates approximately 100 additional inpatient admissions from Tuscola by 2020.

- The historic trend of annually increasing Medical/Surgical admissions at SBL is expected to continue in future years due to physician recruitment, aging of the market area's population, and the opening of physician practices and primary care clinics in the market area.

- As a result of these factors, Medical/Surgical admissions at SBL are projected to continue to increase through FY2021, which will be the second full fiscal year of operation after the additional beds become operational.

- Medical/Surgical Patient Days, including Observation Days

  - SBL's Medical/Surgical patient days, including observation days, are projected to increase based on the following factors.

    - SBL's Medical/Surgical admissions will continue to increase, as discussed above, which will result in increased Medical/Surgical patient days in future years.

    - Since 2012, SBL's Medical/Surgical inpatient days increased by a total of 14.1% from 16,211 to 18,495, and its Observation days on Medical/Surgical Nursing Units increased by 16.7% from 3,287 to 3,837.

      Total Medical/Surgical patient days on its Medical/Surgical Nursing Units increased by 14.5% from an average daily census of 53.4 in CY12 to an average daily census of 61.2 in CY15.

- SBL's Medical/Surgical utilization is projected to continue to increase in the future, based on increased growth of the hospital's Cardiology Services as well as its recruitment of additional physicians, including specialists.

- As a result of these factors, SBL's Medical/Surgical patient days, including Observation days, are projected to increase by a total of 17% from CY2015 to FY2020, the first complete fiscal year of operation of the increased authorized beds, which is an average annual increase of 3.8% during this 4 ½ year period.

- After this project is completed and operational, Medical/Surgical patient days at SBL are projected to increase by 4.0% from FY2020, the first complete year of operation, to FY2021, the second full year of operation of the new Medical/ Surgical unit.

6. Criterion 1110.530(b)(5) Planning Area Need - Service Accessibility

This criterion is not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

7. Criterion 1110.530(c)(1) Formula Calculation of Need

This criterion is not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

8. Criterion 1110.530(c)(2) Service to Planning Area Residents

This project is necessary to serve residents of the planning area in which Sarah Bush Lincoln Health Center is located.

As shown on Page 10 of this Attachment, nearly 85% of Sarah Bush Lincoln's inpatients during its most recent full fiscal year resided within Planning Area D-05, the planning area in which it is located.

SBL is located in Planning Area D-05, and its market area includes portions of Planning Areas D-01, D-04, F-02, and F-03.

9. Criterion 1110.530(c)(3) Establishment of Bed Category of Service

This criterion is not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

10. Criterion 1110.530(c)(4) Expansion of Existing Category of Service

a. As required by this criterion, Sarah Bush Lincoln Health Center is proposing to add 20 beds to its Medical/Surgical Category of Service, which is the number of beds necessary to reduce the hospital's experienced high occupancy and to meet the projected demand for this service.

This project meets the requirements of subsection (c)(4)(A) because the historic service demand for the Medical/Surgical Service has exceeded occupancy standards for each of the last two years.

Sarah Bush Lincoln Health Center currently operates its Medical/Surgical Service above the target occupancy for this service, and projected utilization for this service will increase through the second complete year of operation after this project is completed.

b. Sarah Bush Lincoln Health Center is located in Coles County, which has been designated as having both a Health Professional Shortage Area (HPSA) and a Medically Underserved Population (MUP) by the federal government.

This designation indicates the need for additional health care resources in Coles County.

c. In addition, at least a portion of every county in the entire market area for this project has been designated as a HPSA by the federal government, and seven of the 10 counties in the market area have been designated by the federal government as having a Medically Underserved Area (MUA) or an MUP.

d. The recently-issued "Inventory of Health Care Facilities and Services and Need Determinations" (Illinois Health Facilities and Services Review Board and Illinois Department of Public Health, August 4, 2015) and its February 17, 2016, "Update to Inventory of Hospital Services" identify 19 excess Medical/Surgical and Pediatric beds in Planning Area D-05.

e. This project will not result in a maldistribution of Medical/Surgical beds in SBL's planning area.

Paris Community Hospital is the only other hospital in Planning Area D-05, the planning area in which SBL is located.

Paris Community Hospital is a Critical Access Hospital, located in Paris. It is located 34 miles and 46 rninutes travel time (unadjusted) from Sarah Bush Lincoln Health Center.

Paris Community Hospital has 25 authorized Medica/Surgical beds and experienced an average daily census of 7.0 in CY2015.

f. In addition to the high occupancy of the Medical/Surgical Service that has been experienced historically, documentation of additional admissions to Sarah Bush Lincoln's Medical/Surgical service when this expansion is completed are provided by the referral letters that are appended to this Attachment.

11. Criterion 1110.530(c)(5) Service Accessibility

This criterion is not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

12. Criterion 1110.530(d) Unnecessary Duplication/Maldistribution

These criteria are not applicable to this project because Sarah Bush Lincoln is not proposing to establish a new category of service.

13. Criteria 1110.530(e) Modernization

These criteria are not applicable to this project because Sarah Bush Lincoln is not proposing to modernize existing Medical/Surgical nursing units.

14 Criterion 1110.530(f) Staffing Availability

Sarah Bush Lincoln considered relevant clinical and professional staffing needs when it planned this project.

Irnplementation of the new Medical/Surgical Nursing Unit will require the following additional staff:

32 Registered Nurses;
12 Certified Nurse Assistants (Care Partners);
4.5 Clerical Partners;
4.5 Support Partners;
4.5 Monitor Technicians for Telemetry.

The staffing needs associated with this project will be achieved as described below.

Since this project will not become operational for more than 2 ½ years, it is premature to recruit additional nursing staff at this time.

Sarah Bush Lincoln will develop and implement recruitment strategies and plans to recruit the additional staff that will needed for the additional Medical/Surgical Nursing Unit.

The hospital will utilize its regular staff recruitment procedures to recruit the staff that will be required to implement this project. In CY2015, Sarah Bush Lincoln successfully recruited 90 registered nurses.

Sarah Bush Lincoln has been very successful with recruitment for clinical nursing positions over the past several years. The recruitment team conducts open houses throughout the community, attends local job fairs, utilizes social media to target clinical staff, offers bonuses for signing and referrals, and speaks to local nursing schools.

Sarah Bush Lincoln serves as a clinical rotation site for local nursing schools: Lakeview College of Nursing; Lake Land College; and Olney Central College.

Sarah Bush Lincoln is confident that it will be able to recruit the additional staff that is needed without creating a staffing burden for any of the existing health care facilities in the region.

15. Criterion 1110.530.() - Performance Requirements - Bed Capacity Minimum

This project does not establish a new Medical/Surgical Category of Service. The purpose of this project is to modernize and expand clinical services within an existing hospital that has 73 authorized Medical/Surgical beds. Therefore, the minimum bed capacity for a Medical-Surgical Category of Service within a Metropolitan Statistical Area (MSA) is not applicable to this project.

16. Criterion 1110.530.(h) - Assurances

A signed and dated statement attesting to the applicants' understanding that, by the second year of operation after the project completion, SBL will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the Medical-Surgical Category of Service is found on the last page of this Attachment.

SARAH BUSH LINCOLN HEALTH CENTER

Inpatient Origin: July 1, 2014 - June 30, 2015

Community	Zip Code	Admissions	Percentage of Admissions	Cumulative %	County	In PA D-05?	In Market Area?
Mattoon	61938	2,521	33.98%	33.98%	Coles	Yes	Primary
Charleston	61920	1,539	20.75%	54.73%	Coles	Yes	Primary
Arcola	61910	224	3.02%	63.04%	Douglas	No	Secondary
Toledo	62468	174	2.35%	73.40%	Cumberland	Yes	Secondary
Casey	62420	218	2.94%	57.67%	Clark,	Yes	Secondary
					Cumberland	Yes	Secondary
Greenup	62428	213	2.87%	65.91%	Cumberland	Yes	Secondary
Sullivan	61951	192	2.59%	68.50%	Moultrie	No	Secondary
Neoga	62447	191	2.57%	75.17%	Cumberland	Yes	Secondary
Effingham	62401	173	2.33%	73.40%	Effingham	No	Tertiary
Oakland	61943	131	1.77%	78.61%	Coles	Yes	Primary
Windsor	61957	130	1.75%	76.92%	Shelby	No	Secondary
Paris	61944	125	1.69%	78.61%	Edgar	Yes	Secondary
Ashmore	61912	117	1.58%	80.18%	Coles	Yes	Primary
Shelbyville	62565	89	1.20%	81.38%	Shelby	No	Secondary
Lerna	62440	84	1.13%	82.52%	Coles	Yes	Primary
Humboldt	61931	83	1.12%	83.63%	Coles	Yes	Primary
Arthur	61911	80	1.08%	84.71%	Douglas	No	Secondary
Tuscola	61953	69	0.93%	85.64%	Douglas	No	Secondary
Martinsville	62442	58	0.78%	86.42%	Clark,	Yes	Secondary
Kansas	61933	57	0.77%	87.19%	Edgar	Yes	Secondary
Westfield	62474	57	0.77%	87.96%	Clark	Yes	Secondary
Newton	62448	56	0.75%	88.72%	Jasper	No	Secondary
Trilla	62469	44	0.59%	89.31%	Coles	Yes	Primary
Marshall	62441	41	0.55%	90.35%	Clark	Yes	Secondary
Strasburg	62465	36	0.49%	90.35%	Shelby	No	Secondary
Gays	61928	47	0.63%	90.98%	Moultrie	No	Secondary
Altamont	62411	35	0.47%	91.45%	Effingham	No	Tertiary
Jewett	62436	34	0.46%	91.91%	Cumberland	Yes	Secondary
Other Zipcodes*		600	8.09%	100.00%			
Total, All of These Zipcodes		**6,818**					
Total Patients		**7,418**					
Total These Zipcodes within PA D-05			**6,287 (84.75%)**				
Total, These Zipcodes within Market Area			**7,418 (100.00%)**				

*Other Zipcodes are Zipcodes which had fewer than 34 admissions (0.5% of total admissions during this 12-month period)

Prairie Cardiovascular

The Doctors of Prairie

Springfield – (217) 788-0706
Richard E. Kalnoll, M.D.
Robert C. Woodruff, M.D.
Brian J. Miller, M.D.
Kriegh P. Moulton, M.D.
Gregory J. Mishkel, M.D.
Richard M. Holloway, M.D.
Krishna J. Roche-Singh, M.D.
Robert V. Trask, M.D.
Marc E. Shelton, M.D.
Stephen A. Mayer, M.D.
Mark S. Steen, M.D.
Charles W. Karpen, M.D.
Vincent P. Zack, M.D.
John B. Gill, M.D.
Nasar Nallamothu, M.D.
Frank V. Aguirre, M.D.
Mansura Ghani, M.D.
James C. Mullin, M.D.
Holly Novak, M.D.
Jeffrey A. Goldstein, M.D.
Nilesh J. Goswami, M.D.
Michael P. Kelley, M.D.
Ziad Fiasa, M.D.
Gabor F. Matos, M.D.
Jeffrey Christy, M.D.
Madhu Dukkipati, M.D.
Bernard Lim, M.D.
Shailesh Nandish, M.D.
Roberto Pacheco, M.D.
Mark R. Stampeh, M.D.
Manjula Burri, M.D.
Kartik Mani, M.D.
Raja Gopaldas, M.D.
Himanshu Pathak, M.D.
Ashraf Al-Dadah, M.D.
Sachin Goel, M.D.
Aman Khurana, M.D.
John Scherschel, M.D.

Decatur – (217) 422-6100
Kris Patel, M.D.
Manohar Kela, M.D.
Luis J. Caceres, M.D.
Theodore Addai, M.D.
Jeanne Marie Kalmus, M.D.
Shoheshafini Chokkalingam, M.D.

Effingham – (217) 342-3700
Amir N. Cheema, M.D.
John P. Scally, M.D.

Carbondale – (618) 529-4455
Cesar E. Coello, M.D.
Marie T. Falcone, M.D.
Son P. Le, M.D.
Raja C. Maddipoti, M.D.
Varadendra B. Panchamukhi, M.D.
Raed Al-Dallow, M.D.
Nabil Al-Sharif, M.D.
Firas Al Badarin, M.D.
Daniel Correa de Sa, M.D.
Magdalena Anna Zeglin-Sawczuk, M.D.

Streator – (815) 672-8741
Riyaz Nomani, M.D.

Belleville – (618) 233-6044
Atul Shah, M.D.
Henry Martis, M.D.
Roop Lal, M.D.
David Wallace, M.D.
Regina Chiu, M.D.
Shiyam Sabwani, M.D.
Pavan K. Gupta, M.D.
Girish Mood, M.D.
Paban Saha, M.D.
Craig Vinca, M.D.

Mattoon – (217) 238-4360
Amit S. Dande, M.D.
Thomas Cahill, M.D.

P.O. Box 19420 Springfield, IL 62794-9420 **(217) 788-0706** FAX: (217) 788-0848

March 1, 2016

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

Dear Ms. Avery:

I am the president of Prairie Cardiovascular Consultants at HSHS St. John's Hospital in Springfield, IL. In 2012, Sarah Bush Lincoln Health Center (SBLHC) partnered with Prairie Cardiovascular for cardiology services and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, Prairie Cardiovascular has been actively recruiting for an additional interventional cardiologist to support SBLHC. The growth of the cardiology program has led to the need for expanded cardiology services and increased bed capacity for the hospital.

I strongly support the Cardiology and Bed Expansion project that SBLHC is proposing as it provides improved local access to nationally recognized cardiology care.

Sincerely,

Marc E. Shelton, M.D.
President, Prairie Cardiovascular
Immediate Past Governor, American College of Cardiology Illinois Chapter
President and CEO, Prairie Education and Research Cooperative

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Shelbyville Clinic where I practice was opened in November 2014 and has experienced growth in patient office visits since opening. My practice is projected to continue to grow and I anticipate referring 55 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Doris Bowers, MD

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Nurse Practitioner practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

I began practicing at the SBLHC Sullivan Clinic in 2015. My practice is projected to continue to grow and I anticipate referring 25 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

J. Clayton DNP

Jackie Clayton, DNP

144

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Martinsville Clinic where I practice was acquired by Sarah Bush Lincoln in November 2015. My practice is projected to continue to grow and I anticipate referring 65 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

David P. Davis MD

David Davis, MD

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Nurse Practitioner practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Newton Clinic where I practice opened in January 2015 and has experienced growth in patient office visits since opening. My practice is projected to continue to grow and I anticipate referring 80 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Michelle Fulton APN

Michelle Fulton, APN, FNP-BC

14E

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician Assistant practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Shelbyville Clinic where I practice was opened in November 2014 and has experienced growth in patient office visits since opening. My practice is projected to continue to grow and I anticipate referring 55 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Gary Hayden, PA-C

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Cardiologist who will be joining the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon in September 2016.

In 2012, SBLHC partnered with Prairie Heart Institute for cardiology services and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, Prairie Heart Institute has been actively recruiting for additional cardiology support for SBLHC. The growth of the cardiology program has led to increased admissions for the hospital and has contributed to bed capacity concerns.

As I develop my cardiology practice at SBLHC, I anticipate conducting 250 additional new patient inpatient consults each year by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for expansion of the cardiology program and addition of inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Michael LaMonto, DO

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician Assistant practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

I began practicing at the SBLHC Mattoon Family Medical Center in January 2016. As my practice begins to grow, I anticipate referring 25 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Jeremy Mathenia, PA-C

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician Assistant practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Martinsville Clinic where I practice was acquired by Sarah Bush Lincoln in November 2015. My practice is projected to continue to grow and I anticipate referring 30 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Rachel Morrison, PA-C

Rachel Morrison, PA-C

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1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Neurosurgeon practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

I began practicing at the SBLHC Orthopedics & Sports Medicine Clinic in December 2012 and my practice has experienced growth in patient office visits since opening. My practice is projected to continue to grow and I anticipate referring 30 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Emilio Nardone, MD

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Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

I began practicing at the SBLHC Charleston Clinic in August 2015. My practice is projected to continue to grow and I anticipate referring 75 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

E Perrino MD

Erica Perrino, MD

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Martinsville Clinic where I practice was acquired by Sarah Bush Lincoln in November 2015. My practice is projected to continue to grow and I anticipate referring 65 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

John Richards, MD

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

SBLHC is opening a new primary care clinic in Tuscola, IL and I will begin practicing at that location in May 2016. As I develop my practice in this new market, I anticipate referring 155 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Kimberly Whitaker, MD

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 22, 2016

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

Dear Ms. Avery:

I am a Family Medicine Nurse Practitioner practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and the development of their primary care presence which has contributed to the need for the proposed Cardiology and Bed Expansion project. SBLHC has encountered a 30% increase in provider office visits over the last three years, leading to significant growth in hospital admissions and patient days. In addition, SBLHC partnered with Prairie Heart Institute for cardiology services in 2012 and since that time has experienced over a 500% growth in inpatient cardiology consults and over an 800% increase in cardiac catheterization volume. As a result of this growth, limited bed capacity is a concern and has contributed to delays in admission for patients that require an inpatient bed.

The SBLHC Newton Clinic where I practice opened in January 2015 and has experienced growth in patient office visits since opening. My practice is projected to continue to grow and I anticipate referring 80 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Cardiology and Bed Expansion project to address the critical need for inpatient beds as it improves access to care for the patients in our community.

Sincerely,

Michele Woodard, APN, FNP-BC

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

February 25, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

I am the applicant representative of the co-applicants for this project (i.e., Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System), who has signed the CON application that includes an increase in Sarah Bush Lincoln's authorized Medical/Surgical beds.

In accordance with 77. Ill. Adm. Code 1110.530.g., I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, Sarah Bush Lincoln Health Center will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the Medical/Surgery Category of Service.

The occupancy standard for the addition of Medical/Surgical beds to a hospital with 1 to 99 Medical/Surgical authorized beds is 80% occupancy of the authorized beds on an annual basis (77 Ill. Adm. Code 1100.520(c)(2)(A)).

Sincerely,

Timothy A. Ols, FACHE
President and Chief Executive Officer

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

IV.F.
Criterion. 1110.1330 - Cardiac Catheterization

1. Criterion 1110.1330(a) Peer Review

Sarah Bush Lincoln Health Center has operated a Cardiac Catheterization Service since December, 2003, after it received a CON permit to establish this category of service.

The hospital's Peer Review Program will remain unchanged when the hospital's Cardiac Catheterization facilities are expanded to include a second Cath Lab.

A description of the Peer Review Program begins on Page 5 of this Attachment.

2. Criterion 1110.1330(b) Establishment or Expansion of Cardiac Catheterization Service

This CON application is for the expansion of Sarah Bush Lincoln Health Center's existing Cardiac Catheterization Service. The hospital currently has 1 Cardiac Catheterization Laboratory (Cath Lab) and seeks to replace that Cath Lab and add a second Cath Lab.

Sarah Bush Lincoln Health Center performed more than 400 annual procedures during each of the past 3 years, as reported on its IDPH Annual Hospital Questionnaire.

Total Cardiac Cath Procedures	
2013:	514
2014:	903
2015:	889

a. Sarah Bush Lincoln Health Center is located in Planning Area 4 for Cardiac Catheterization Services.

A map showing the location of the other hospitals's providing the Cardiac Catheterization Service within the planning area is appended to this Attachment. All of these hospitals have been providing this category of service for more than 10 years.

b. The number of cardiac catheterizations reported by these hospitals on the most recent IDPH Annual Hospital Questionnaires are shown below.

Hospital, City	2014 Cardiac Catheterization Procedures
Advocate BroMenn Medical Center, Normal	1,021
Carle Foundation Hospital, Urbana	2,341
Decatur Memorial Hospital, Decatur	961
Presence Covenant Medical Center, Urbana	1,379
Presence United Samaritans Medical Center, Danville	65
Sarah Bush Lincoln Health Center, Mattoon	903
St. Joseph Medical Center, Bloomington	1,542
St. Mary's Hospital, Decatur	0

The proposed project is in accordance with 77 Ill. Adm. Code 1110.1330(b)(2) because the applicant (Sarah Bush Lincoln Health Center) has provided more than 400 annual procedures during each of the last three years, as reported on its IDPH Annual Hospital Questionnaires.

	Total Cardiac Cath Procedures
2013:	514
2014:	903
2015:	889

c. The following number of patients were transferred directly from Sarah Bush Lincoln Health Center to another facility for Cardiac Catheterization Services during each of the last three years.

	2013	2014	2015
Transfers from Cath Lab for medical intervention and further diagnostic procedures	15	11	21
Transfers of outpatients with AMI (Acute Myocardial Infarction) - may overlap transfers for STEMI (below)	29	23	50
Transfers from Emergency Department of patients with STEMI (ST-elevation myocardial infarctions) - includes some duplication of transfers of outpatients with AMI (above)	31	28	67

3. Criterion 1110.1330(c) Unnecessary Duplication of Services

This criterion is not applicable to this project because Sarah Bush Lincoln Health Center currently provides the Cardiac Catheterization Category of Service.

4 Criterion 1110.1330(d) Modernization of Existing Cardiac Catheterization Laboratories

Sarah Bush Lincoln performed 889 cardiac catheterizations during CY2015.

5. Criterion 1110.1330(e) Support Services

This criterion is not applicable to this project because Sarah Bush Lincoln Health Center currently provides the Cardiac Catheterization Category of Service.

6. Criterion 1110.1330(f) Laboratory Location

A drawing that shows the location of the proposed Cardiac Catheterization Laboratories is appended to this Attachment.

This drawing shows that the Cardiac Catheterization Laboratories will be in close proximity to each other.

7. Criterion 1110.1330(g) Staffing

This criterion is not applicable to this project because Sarah Bush Lincoln Health Center currently provides the Cardiac Catheterization Category of Service.

8. Criterion 1110.1330(h) Continuity of Care

Sarah Bush Lincoln Health Center has a written transfer agreement with St. John's Hospital for continuity of care.

A copy of the agreement is provided as part of this Attachment.

9. Criterion 1110.1330(I) Multi-institutional Variance

This criterion is not applicable to this project because Sarah Bush Lincoln Health Center currently provides the Cardiac Catheterization Category of Service.

SARAH BUSH LINCOLN HEALTH CENTER
CARDIAC CATHETERIZATION PEER REVIEW PROGRAM
March 11, 2016

The Director of Sarah Bush Lincoln Health Center's Peer Review Program is Jeffrey A. Goldstein, M.D., F.A.C.C., F.S.C.A.I., Chairman of the Department of Cardiology, St. John's Hospital, Springfield, Illinois. Dr. Goldstein, is a member of Prairie Cardiovascular Consultants, Medical Director of Prairie Diagnostic Center, and Director of Prairie Vascular and the Prairie Vascular Fellowship.

Peer Review of Sarah Bush Lincoln Health Center's Cardiac Catheterization cases is conducted on a quarterly basis. The staff of the Cardiac Catheterization Laboratory pulls six charts per quarter, two charts for each month. The cases are selected randomly, and they include diagnostic and interventional procedures. The cases selected for review include cases for each of the physicians who have privileges in Sarah Bush Lincoln Health Center's Cardiac Catheterization Laboratory, with the majority of the cases being for the cardiologist who performs the majority of cases.

Peripheral procedures are also performed at Sarah Bush Lincoln Health Center, and these cases are included in the cases reviewed by Dr. Goldstein.

The selected cases are sent to Dr. Goldstein, who examines each record based on the following criteria.

1. Was pre-operative justification for the procedure documented?
2. Were patient rounds made daily?
3. Was all necessary information recorded (i.e., history, physical, progress notes, and summary)?
4. Was the above information recorded in a legible manner?
5. Were the entries made in the patient's record by the physician appropriate?
6. Was the physician's approach appropriate?
7. Did the pre-operative diagnosis coincide with post-operative findings?
8. Was post-operative care adequate?
9. Were complications (if any) recognized and managed appropriately?
10. Generally, how would you rate this physician's skill and competence in performing this procedure?

A template used for the Peer Review Program is appended to this description.

After examining each record based on these criteria, Dr. Goldstein sends a report to the Cardiac Services Director at Sarah Bush Lincoln Health Center.

The Cardiac Services Director at Sarah Bush Lincoln Health Center presents a report of Dr. Goldstein's findings at the quarterly Cardiac and Peripheral Vascular Oversight (CPV) Committee meeting. This is an action item for the committee.

Cardiac and Peripheral Vascular Committee Performance Evaluation

DATE: _____ Physician Evaluator: Jeffrey A. Goldstein, M.D., F.A.C.C., F.S.C.A.I

CONFIDENTIAL FOR FILE OF: Provisional Appointee Dr. _____

Chart No. HV# _____

Diagnosis or Procedure:

_____

Complications:

_____

PLEASE ANSWER ALL OF THE FOLLOWING

If the answer to any of the following questions is no, please provide an explanation in comment section (#6 below)

1.	Was pre-operative justification for surgery documented?	Yes ___	No ___
2.	Were patient rounds made daily?	Yes ___	No ___
3.	Was all necessary information (i.e., history, physical, progress notes and summary) recorded ?	Yes ___	No ___
4.	Was the above information recorded in a legible manner?	Yes ___	No ___
5.	Were the entries made in the patient's record by the physician appropriate?	Yes ___	No ___
6.	Was the physician's surgical approach appropriate?	Yes ___	No ___
7.	Did pre-operative diagnosis coincide with post-operative findings?	Yes ___	No ___
8.	Was post-operative care adequate?	Yes ___	No ___
9.	Were complications (if any) recognized and managed appropriately?	Yes ___	No ___
10.	Generally, how would you rate this physician's skill and competence in performing this procedure?		

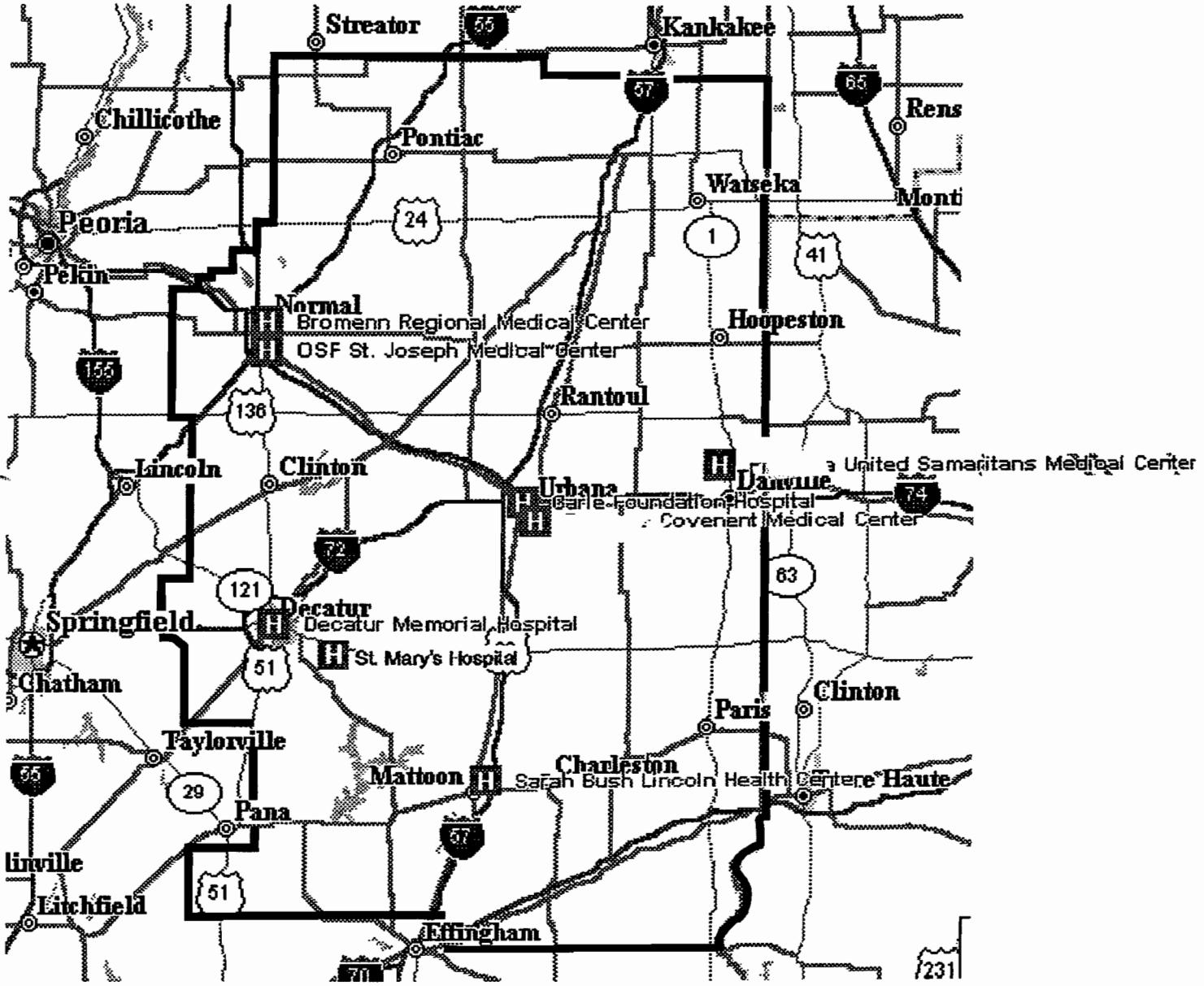
___ Satisfactory **___ Unsatisfactory**

Physician Signature: _____ Date: _____

Comments:

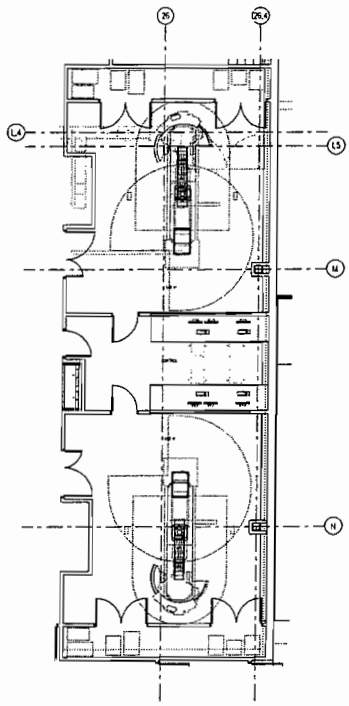
anual\form_24r2

HOSPITALS IN HSA 4 THAT PROVIDE
CARDIAC CATHETERIZATION SERVICES



Sarah Bush Lincoln

Trusted Compassionate Care



BSA LifeStructures

CARDIAC CATH LABS AND CONTROL ROOM | S3L021

SARAH BUSH LINCOLN | 04/13/16

TRANSFER AGREEMENT

This agreement is made and entered into this 1st day of April, 2001, between **SARAH BUSH LINCOLN HEALTH CENTER** ("SBLHC") a not-for-profit hospital organized and existing under the laws of the State of Illinois and **ST. JOHN'S HOSPITAL** (the "Open Heart Surgery Center").

WHEREAS, both parties to this agreement desire to assure continuity of care and treatment appropriate to the needs of patients of SBLHC and the Open Heart Surgery, and,

WHEREAS, SBLHC intends to operate a diagnostic cardiac catheterization service contingent on necessary approvals from relevant agencies of the State of Illinois, and,

WHEREAS, patients at SBLHC may require services provided ad an open heart surgery,

NOW, THEREFORE, IN CONSIDERATION of the mutual advantages occurring to the parties hereto, SBLHC and Open Heart Surgery Center hereby covenant and agree with each other as follows:

ARTICLE 1

AUTONOMY

The Administrator of SBLHC and the Administrator of the Open Heart Surgery Center shall continue to have exclusive control of the management assets, and affairs of their respective institutions, and neither party by virtue of this agreement shall assume any liability for any debts or obligations which have been or which may be incurred by the other party to this agreement.

ARTICLE II

TRANSFER OF PATIENTS

Transfer of patients to the Open Heart Surgery Center shall occur when the SBLHC attending physician has assessed the patient and determined that a transfer is appropriate, the patient or responsible party has agreed to the transfer, and a physician at the Open Heart Surgery Center concurs with the need for transfer and agrees to admit the patient to the Open Heart Surgery Center. The parties shall give preference in their admissions policies to patients requiring such transfer, subject to availability of bed space and cardiac treatment resources, and provided that all of the usual conditions for admission are met. Each party shall give notice to the other party, as far in advance as possible, of an impending transfer. Specifically, it shall be the responsibility of the institution and attending physician.

ARTICLE III

OPEN HEART SURGERY CENTER ADMISSION PRIORITY

In establishing its preferences in admission policies for patients subject to transfer from SBLHC in accordance with Article II, the Open Heart Surgery Center shall admit the patient to the Open Heart Surgery Center as promptly as possible, provided general admission requirements established by the institution are met.

ARTICLE IV

INTERCHANGE OF INFORMATION

In the interest of good patient care, and in an effort to maintain continuity of care, a transfer record shall accompany each transferred patient. The transfer record shall include information necessary for SBLHC or Open Heart Surgery Center to render necessary and appropriate treatment to the patient. The transfer record shall include, where pertinent, copies of the patient chart, including history and physical report, admitting note and/or emergency department evaluation; copies of laboratory, X-ray, EKG or other diagnostic procedure reports; diagnostic reports; and transfer orders.

If the patient has a legal representative, SBLHC shall provide the following information:

A. Name of legal representative

B. Address and phone number of legal representative

C. Copy of evidence of the legal representative status

Whenever possible, the parties hereto agree to provide a transfer record prior to transfer.

ARTICLE V

TRANSPORTATION

It shall be the responsibility of the institution and attending physician initiating transfer to arrange for appropriate and safe transportation, and, for the care of the patient during transfer.

ARTICLE VI

NOTICE OF TRANSFER

Each party shall notify the other party as far in advance as possible that a patient is to be transferred. ~~In the event that a patient transferred to the Open Heart Surgery Center expires, the Open Heart Surgery Center will notify SBLHC as soon as practicable.~~

ARTICLE VII

TRANSFER OF PERSONAL EFFECTS

A standard procedure to be established by SBLHC shall be used in transferring a patient's personal effects and valuables. These procedures will include, but not be limited to providing information concerning all valuables and personal effects of the patient and an orderly transfer of said property from the transferring institution. SBLHC shall develop all forms to be used in the transfer of said personal effects including, but not limited to receipts for such personal effects.

ARTICLE VIII

OUTPATIENT SERVICES

SBLHC provides outpatient services as needed for cardiac rehabilitation care. This includes Laboratory, Radiology, Echocardiography, EKG and Pacemaker Clinic, Nuclear Medicine, Physical Therapy, Respiratory Services, Social Services, Occupational Therapy, and Speech, Language and Hearing, Home Health and Homemaker Services.

ARTICLE IX

FINANCIAL ARRANGEMENTS

Charges for services performed by one party for patients transferred from the other party pursuant to this agreement shall be collected by the party rendering such services directly from the patient or from other sources normally billed. Neither party shall have any liability to the other for such charges, except to the extent that such liability would exist separate and apart from this agreement. Nor shall either party receiving a transferred patient be responsible for collection of any account receivable of the other party from such patient which may still be outstanding after such transfer takes place. When applicable, the referring institution shall assume the responsibility of notifying the financially responsible party or agency.

ARTICLE X

ADVERTISING AND PUBLICITY

Neither party shall use the name of the other party in any promotional or advertising material unless review and approval of the intended use shall first be obtained in writing from the party whose name is to be used.

ARTICLE XI

NONEXCLUSIVE AGREEMENT

Nothing in this agreement shall be construed as limiting the right of either party to affiliate or contract with any other hospital or extended care facility, on either a limited or general basis, while this agreement is in effect.

ARTICLE XII

MODIFICATION OR AMENDMENT

This agreement may be modified, amended, or supplemented by agreement of both parties, but no such modification, amendment, or supplement shall be binding on either party unless and until the same is attached hereto in writing and signed by authorized officials of both parties.

ARTICLE XIII

Notices or communications required or permitted to be given under this Agreement shall be given to the respective parties by hand delivery or by registered or certified mail (said notice being deemed given as of the date of mailing) at the following addresses unless a party shall otherwise designate its address by written notice:

OPEN HEART SURGERY CENTER
St. John's Hospital
Attention: Mary Ann Knight
Asst. Administrator, Nursing
800 East Carpenter Street
Springfield, Illinois 62769-0002

HEALTH CENTER
Sarah Bush Lincoln Health Center
Attention: James Pierce
Vice President, Operations
P.O. Box 372
Mattoon, Illinois 61938

ARTICLE XIV

This agreement may be terminated by either party at any time upon the giving of at least sixty (60) days prior written notice. Not withstanding any notice which may have been given, however, this agreement shall be automatically terminated whenever either party shall have its license to operate revoked, suspended or non renewed.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate the day and year first hereinabove written.

SARAH BUSH LINCOLN HEALTH CENTER

BY: _____ 1/18/01

James M. Pierce
Vice President, Operations

Date

ST. JOHN'S HOSPITAL

BY: _____ 3/20/01

Its Duly Authorized Agent

Date

VII.R.3.(c)(2), (c)(3)(B)
Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service:
Service Modernization: Necessary Expansion
Utilization - Services

The project includes the modernization of the following Clinical Service Areas that are not Categories of Service, all of which currently exist at Sarah Bush Lincoln Health Center.

Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physicians' Work Areas
Shared Patient Registration for Cardio-Pulmonary Services and Nuclear Medicine
Nuclear Medicine

The purpose of this project is to construct an addition to Sarah Bush Lincoln Health Center. Other than the connectors to the existing hospital and a vestibule, all of the departments included in this project, both those that are Clinical Service Areas and those that are Non-Clinical Service Areas, will take place in new construction.

It should be noted that there are no Clinical Service Areas included in this project that are listed in 77 Ill. Adm. Code 1110.3030(a)(1) as being subject to this Attachment.

However, 77 Ill. Adm. Code 1110.APPENDIX B contains a utilization and square footage standard for Nuclear Medicine, which is included in this project.

1. Criterion 1110.3030(b) Background of Applicant

   The proposed project meets this review criterion, as demonstrated in Attachment 11 of this application.

2. Criterion 1110.3030(c) Need Determination - Establishment

   This criterion is not applicable to this project since this project is solely for the modernization and expansion of existing services and does not include any new services.

3. Criterion 1110.3030(d)(1) Service Modernization - Deteriorated Equipment or Facilities

This criterion is not applicable to this project since this project is an expansion of existing services.

4. Criterion 1110.3030(d)(2) Service Modernization - Necessary Expansion

The proposed project is necessary to expand Sarah Bush Lincoln Health Center's (SBL's) diagnostic and treatment services that are not categories of service in order to meet the requirements of patient service demand for the reasons identified below.

a. Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology

This project proposes to replace SBL's existing Prep/Recovery Unit for Cardiac Catheterization with an appropriately sized and configured Prep/Recovery Unit for patients undergoing cardiac catheterization, peripheral catheterization, and outpatient cardiac procedures.

The new Prep/Recovery Unit will have 10 cubicles in a location that is adjacent to the new Cardiac Catheterization Suite and Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services.

This Unit will serve cardiac catheterization patients as well as cardiac and peripheral patients undergoing procedures that require that patients be prepped before their procedure and/or recover under observation before being discharged to their homes.

1) SBL needs to relocate its existing Cardiac Prep/Recovery Unit because the hospital is relocating and expanding its Cardiac Catheterization Suite as well as its Outpatient Cardiac Services, and the Prep/Recovery Suite needs to be located adjacent to these departments.

2) SBL needs to expand its existing Cardiac Prep/Recovery Unit because of historic and projected increases in volume in Cardiac Catheterization peripheral procedures, device implants, and non-invasive cardiac modalities.

3) The changing nature of medical care and the growth of SBL's Cardiac Services have resulted in increased numbers of patients who undergo cardiac catheterization and peripheral procedures, as well as cardiac patients who undergo procedures on an outpatient

basis, making it necessary for SBL to expand its facilities in order to prepare patients for their procedures and to recover them so they are able to be discharged to their homes.

4) The new Cardiac Prep/Recovery Department will include the following functions.

   a) Pre-procedure preparation and holding for patients undergoing cardiac catheterization, peripheral procedures, device implants, and non-invasive cardiac procedures.

   b) Post-procedure recovery for patients undergoing these procedures.

5) Adequate space for this unit will consist of an appropriate number of patient bays sized and configured for this function as well as all required support space.

   Patients undergoing a variety of procedures will require varying lengths of time for recovery before they are discharged to their homes, and there must be an adequate number of patient bays to permit patients to stay in this department as long as necessary before discharge.

b. Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services

This project includes the replacement and expansion of Non-Invasive Diagnostic Cardiology and Outpatient Cardiac Services in order to create an appropriately sized and configured department that will accommodate the projected utilization of Cardiac Services and be adjacent to Cardiac Catheterization and related cardiac services.

1) Replacement of Non-Invasive Diagnostic Cardiology and Outpatient Cardiac Services is necessary in order to have all cardiac services including Cardiac Catheterization, the Prep/Recovery Unit, and Cardio-Pulmonary Exam Rooms and physician work areas located in contiguous space.

   There is inadequate space to expand Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services as well as the other cardiac functions, including Cardiac Catheterization in their current locations.

2) Expansion of Cardiac Services is necessary because SBL has too few key rooms to accommodate the hospital's cardiac utilization,

which has increased in recent years and is projected to continue to increase.

SBL's key rooms for cardiac services are not appropriately designed or configured to accommodate their projected utilization based on modality.

The number of procedures performed in this department increased by 3.75% from FY13 through FY15, an average annual increase of nearly 2%.

3) Expansion of both the number of key rooms and square footage for SBL's Non-Invasive Diagnostic Cardiology and Outpatient Cardiac Services will continue to be necessary to enable SBL to handle its cardiology volume, which is projected to continue to increase in the future.

The number of procedures performed in this department is projected to increase by more than 50% by FY21, the second complete fiscal year of operation of the new facilities.

The 8 key rooms in the new facilities will have dedicated key rooms with equipment that is designated for the separate modalities: Stress Testing; Echo Testing; Pacemaker/Heart Failure Room; and a Procedure Room.

There is no State Guideline for utilization or square footage for Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services.

c. Pulmonary Function Testing

This project includes the replacement and expansion of Pulmonary Function Testing in order to create an appropriately sized and configured room for this function. The replacement Pulmonary Function Testing room will need to be able to accommodate its projected utilization while being located adjacent to Non-Invasive Diagnostic Cardiology/ Outpatient Cardiac Services and Cardio-Pulmonary Rehabilitation so it can share support services with those departments.

1) Replacement of Pulmonary Function Testing is necessary in order to have all Cardio-Pulmonary services located in contiguous space.

This is important for Pulmonary Function Testing since the only space dedicated to this department is a testing room, and all support services for this department are located in space that is

shared with Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services, Cardio-Pulmonary Rehabilitation, and Cardio-Pulmonary Exam Rooms/Physicians' Work Areas.

2) SBL's volume of Pulmonary Function Testing has increased in recent years and is projected to continue to increase.

The number of procedures performed in this department increased by 20% from FY13 through FY15, an average annual increase of 10%.

3) Pulmonary Function Testing is projected to continue increasing in volume at SBL.

The number of procedures performed in this department is projected to increase by 5.6% annually, resulting in 676 procedures by FY21, the second complete fiscal year of operation of the new facilities.

There is no State Guideline for utilization or square footage for Pulmonary Function Testing.

d. Cardio-Pulmonary Rehabilitation

This project includes the replacement and expansion of Cardio-Pulmonary Rehabilitation in order to create appropriately sized and configured facilities to accommodate the current and projected workload for this program and to to maintain adjacency with support services for other Cardio-Pulmonary programs.

1) Replacement of Cardio-Pulmonary Rehabilitation is necessary in order to have all cardio-pulmonary services located in contiguous space.

There is inadequate space for the expansion of all of SBL's cardio-pulmonary services in their current location.

2) Expansion of Cardio-Pulmonary Rehabilitation Services is necessary because the activity in SBL's Cardio-Pulmonary Rehabilitation Program is projected to increase in future years.

The number of visits to this department for Phase 2 and 3 Rehab and community programs procedures decreased by 5.4% from FY13 through FY15, an annual decline of 2.7%.

3) The number of Cardio-Pulmonary Rehabilitation visits is expected to increase beginning in FY17 (July 1, 2016 - June 30, 2017) due to the on-boarding of additional Cardiologists.

The number of visits projected to increase by more than 18% or 3.1% annually by FY21, the second complete fiscal year of operation of the new facilities.

There is no State Guideline for utilization or square footage for Cardio-Pulmonary Rehabilitation Services.

e. Cardio-Pulmonary Exam Rooms and Physicians Work Areas

This project includes the replacement and expansion of exam rooms and physicians' work areas for the Cardio-Pulmonary Department. This function is necessary in order to create an appropriately sized and configured department.

1) The relocation of these functions is necessary in order to provide these facilities in space that is contiguous with other cardiac and pulmonary services, including support services that will be shared by all related departments.

2) The expansion of space devoted to exam rooms and work areas for Cardio-Pulmonary Services is necessary because there is currently inadequate space to expand the number of exam rooms and physician work areas as well as the other Cardio-Pulmonary functions, including Cardiac Catheterization, in their current locations.

a) Expansion of both the number of Cardio-Pulmonary Exam Rooms and Physicians' Work Areas and the square footage for this department is necessary because SBL has too few key rooms to accommodate the hospital's cardio-pulmonary exams and work areas for physicians, volume that has increased in recent years and is projected to continue to increase.

SBL currently has a total of 12 Cardio-Pulmonary exam rooms, which is too few key rooms to accommodate its historic and projected utilization.

The number of Cardiology and Pulmonology exams performed in this department increased by 57% from FY13 through FY15.

b) Cardio-Pulmonary exams are projected to continue increasing in volume at SBL.

The number of exams performed in this department is projected to increase by 33.9% by FY21, the second complete fiscal year of operation of the new facilities, which is an annual increase of 5.7%.

3) This expansion is needed to provide adequate work space for Cardiologists, Pulmonologists, and other physicians and professionals examining cardiac and pulmonary patients (both inpatients on the nursing units as well as outpatients seen in this department).

There is no State Guideline for utilization or square footage for physician exam rooms or work areas.

f. Shared Patient Registration for Cardio-Pulmonary and Nuclear Medicine

This project includes shared Patient Registration areas and staff for Cardio-Pulmonary and Nuclear Medicine patients.

The construction of shared registration space for these patients is a cost-effective solution to providing this service, as it avoids duplication of facilities and staffing. This facility will be used by outpatients who will be using the facilities included in this project.

At the present time, there are only limited Shared Patient Registration areas for these patients..

There is no State Guideline for utilization or square footage for this program.

g. Nuclear Medicine

This project includes the replacement and expansion of Nuclear Medicine with a reduction of 1 key room and 1 scanner. The purpose of this replacement is to avoid duplication of facilities and staff by maintaining the contiguity of Nuclear Medicine with Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services.

1) The replacement of Nuclear Medicine is necessary in order to maintain the adjacency of Nuclear Medicine with Non-Invasive Diagnostic Cardiology since a significant number of stress tests utilize both nuclear medicine equipment and a treadmill.

   The relocation of Nuclear Medicine will eliminate the need for duplicate nuclear medicine scanners in order to perform nuclear stress tests.

2) The replacement of Nuclear Medicine will enable SBL to eliminate one of its 3 existing key rooms and nuclear scanners in this department, even though the number of nuclear medicine visits increased by 28% from FY13 to FY15 and is projected to increase by an additional 50% by FY21, an annual increase of more than 8%.

3) Replacement of Nuclear Medicine into space that will be contiguous with other Cardio-Pulmonary services will enable SBL to have its Nuclear Medicine Department share patient registration and support services with the Cardio-Pulmonary departments, which will reduce both construction and operational costs.

The proposed Nuclear Medicine Department is within the State Guidelines for both utilization and square footage, as documented in Attachments 14 and 15.

5. Utilization for Services Other than Categories of Service

The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for Nuclear Medicine, which is the only Clinical Service Area Other than Categories of Service included in this project for which State Guidelines exist.

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Prep/Recovery Unit for Cardiac Catheterization, Peripheral Procedures, Device Implants, and Non-Invasive Cardiology
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services
Pulmonary Function Testing
Cardio-Pulmonary Rehabilitation
Cardio-Pulmonary Exam Rooms and Physicians' Work Areas
Shared Patient Registration and Support Areas for Cardio-Pulmonary Services

Space programs for all Clinical Service Areas included in this project that are not categories of service are found in Attachment 14 and in this Attachment.

a. Nuclear Medicine

The following chart identifies the State Guidelines for Nuclear Medicine, which is the only Clinical Service Area included in this project that is not a Category of Service for which State Guidelines exist.

CLINICAL SERVICE AREA	STATE GUIDELINES
Nuclear Medicine	2,000 visits per unit 1,600 DGSF per unit

The following chart identifies historic utilization and projected utilization for the first 2 years of operation of this project for Nuclear Medicine.

	HISTORIC YEARS		PROJECTED YEARS	
CLINICAL SERVICE AREAS	CY2014	CY2015	FY2020	FY2021
	5,003 Exams/ Proc.*	5,295 Exams/ Proc.*	7,435 Visits*	7,744 Visits*

*The AHQ asks for Nuclear Medicine Exams/Procedures, while the State Guideline is based on Nuclear Medicine Visits

The assumptions underlying the projected increase in Nuclear Medicine visits are as follows.

- SBL's Nuclear Medicine visits increased annually from 2013 through 2015.

- SBL's Nuclear Medicine utilization is projected to continue to increase in the future, primarily because of the projected increase in nuclear stress tests. The volume of nuclear stress tests is projected to increase in future years because of the growth of SBL's cardiac services since nuclear stress testing is an important modality of Diagnostic Cardiology.

Justification for the number of units/key rooms and square footage proposed for Nuclear Medicine is presented below, based upon projected volume for FY21, the second complete year of operation after this project is completed.

CLINICAL SERVICE AREA	STATE GUIDELINE (UNITS)	PROJECTED FY2021 VOLUME	TOTAL EXISTING UNITS	TOTAL APPROVABLE UNITS
Nuclear Medicine	2,000 visits/ unit	7,744 visits	3	4

The proposed number of Nuclear Medicine units is shown in the following chart.

CLINICAL SERVICE AREA	TOTAL APPROVABLE UNITS	TOTAL PROPOSED UNITS	MET STANDARD?
Nuclear Medicine	4	2	Yes

Nuclear Medicine is the only Clinical Service Area that is not a Category of Service included in this project for which there is a State Guideline for the number of units, rooms or stations, and SBL's is proposing to have fewer Nuclear Medicine units than permitted under the State Guideline for the number of units, as shown in the table above.

The proposed square footage for Nuclear Medicine is shown on the chart on the next page.

CLINICAL SERVICE AREA	STATE GUIDELINE (DGSF/UNIT)	TOTAL PROPOSED UNITS	TOTAL DGSF JUSTIFIED PER PROGRAM	TOTAL PROPOSED DGSF
Nuclear Medicine	1,600 DGSF per unit	2	3,200	1,534

As seen in the table on the previous page, the proposed square footage for Nuclear Medicine, the only Clinical Service Area that is not Categories of Service for which State Guidelines exist, is within the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

b. Other Clinical Service Areas Included in this Project

The projected increased utilization of these Clinical Service Areas is based upon the following factors.

1) Sarah Bush Lincoln has opened outpatient clinics and medical practices in many communities in its market area. Some patients seen at these facilities require referral to the Sarah Bush Lincoln Health Center for Cardio-Pulmonary diagnosis and treatment, as documented in a number of the physician referral letters found in Attachment 20 of this application.

- SBL opened a walk-in clinic in Mattoon in Autumn, 2012.
- SBL opened a Neurosurgery Clinic in Spring, 2013.
- SBL opened a primary care clinic and walk-in clinic in Charleston in December, 2013.
- SBL acquired a primary care clinic in Shelbyville in November, 2014.
- SBL acquired a primary care clinic in Newton in January, 2015.
- SBL acquired a primary care clinic in Martinsville in November, 2015.
- SBL is currently constructing a primary care clinic in Tuscola, which will open in May, 2016. SBL anticipates

approximately 100 additional inpatient admissions from Tuscola by 2020.

2) As part of SBL's partnership with the Prairie Heart Institute, dedicated full-time Cardiology coverage from Prairie Heart Institute began at SBL in Summer, 2013. As a result of this coverage, there has been an increase in SBL's cardiology volume, which will continue in future years.

   Two additional Cardiologists will start working at SBL during the next fiscal year, which will result in continued increases in cardiac activity at the hospital.

   Continued physician recruitment in other medical specialties is expected to result in continued referrals to SBL Cardiologists.

3) The historic trend of annually increasing cardiac activity at SBL is expected to continue in future years due to the reasons identified above plus the aging of the market area's population.

SPACE PROGRAM

PREP/RECOVERY UNIT FOR CARDIAC CATHETERIZATION, PERIPHERAL PROCEDURES, DEVICE IMPLANTS, AND NON-INVASIVE CARDIAC PATIENTS

10 Prep/Recovery Bays

2 Toilet Rooms

1 Nursing Station

1 Equipment Room

2 Consultation Rooms

1 Office

SPACE PROGRAM

NON-INVASIVE DIAGNOSTIC CARDIOLOGY/OUTPATIENT CARDIAC SERVICES

3 Stress Testing Rooms
3 Echo Testing Rooms
1 Pacemaker/Heart Failure Room
1 Procedure Room

1 Prep Area

1 Nurses' Station

1 Echo Workroom

1 Soiled Utility Room
1 Clean Utility Room

1 Toilet Room

1 Office

SPACE PROGRAM

PULMONARY FUNCTION TESTING

1 Pulmonary Function Testing Room

1 Tank Storage Room

SPACE PROGRAM

NUCLEAR MEDICINE

2 Nuclear Medicine Laboratory Spaces

1 Control Room

1 Infusion Room

1 Patient Holding Area

1 Hot Lab

SPACE PROGRAM

CARDIO-PULMONARY REHABILITATION

1 Rehabilitation Gym

1 Nurses' Station

1 Waiting Area

2 Toilet Rooms

2 Therapist Work Areas

SPACE PROGRAM

PHYSICIAN EXAM ROOMS AND WORK AREAS

15 Physician Exam Rooms

1 Phlebotomy Room

2 Nurses' Stations
1 Nurses' Work Area

2 Toilet Rooms

1 Patient Orientation Room

1 EKG Work Room
1 Physician Reading Room

1 Equipment Storage Room

8 Physician/Provider Offices

2 Offices

1 Staff Services Room

SPACE PROGRAM

SHARED PATIENT REGISTRATION FOR CARDIO-PULMONARY AND NUCLEAR MEDICINE PATIENTS

Patient Registration

Workstations

Printer

PROOF OF BOND RATING OF "A" AND HIGHER

ATTACHMENTS-36 THROUGH 38

STANDARD & POOR'S
RATINGS SERVICES
McGRAW HILL FINANCIAL

Research

Sarah Bush Lincoln Health Center, Illinois; Hospital

Primary Credit Analyst:
Cynthia S Keller, New York (1) 212-438-2035; cynthia.keller@standardandpoors.com

Secondary Contact:
Santo F Barretta, Chicago (1) 312-233-7068; santo.barretta@standardandpoors.com

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Sarah Bush Lincoln Health Center, Illinois; Hospital

Credit Profile

Illinois Fin Auth (Sarah Bush Lincoln Hlth Ctr) ICR

Long Term Rating	A+/Stable	Affirmed

Rationale

Standard & Poor's Ratings Services affirmed its 'A+' issuer credit rating (ICR) on Sarah Bush Lincoln Health Center (Sarah Bush), Ill. The ICR applies to Sarah Bush's general creditworthiness and is not specific to any bond issue. The outlook is stable.

We assessed Sarah Bush's enterprise profile as adequate characterized by a dominant market share in a limited service area economy. We assessed the financial profile as very strong highlighted by its balance sheet and robust earnings and cash flow. Also contributing to the rating decision is Sarah Bush's extremely high reserves relative to both operations and debt. Combined we think these credit factors lead to an indicative rating level of 'a+' and a final rating of 'A+'.

The rating reflects our view of Sarah Bush's robust earnings and cash flow coupled with ample reserves and light debt levels. Management is considering a $30 million variable rate debt issuance to finance construction of a cancer center and to reimburse Sarah Bush $15 million for prior capital expenditures. The organization has largely completed its internally funded master facility plan and has virtually all private rooms, a new energy plant, and a Center for Healthy Living. The proposed project will consolidate cancer services in a new building on Sarah Bush's campus. Although the credit profile exhibits several strengths commensurate with a higher rating, the inherent risks of its relatively small size and vulnerability during times of stress from a limited economy, constrain the rating.

The rating further reflects our view of Sarah Bush's:

- Robust balance sheet metrics characterized by ample reserves and modest debt;
- Good business position as the leading provider in Coles County;
- History of strong operating margins, generating excellent maximum annual debt service coverage that we anticipate will continue; and
- Payer mix, which benefits from Medicaid expansion and favorable commercial rates.

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

- Limited economic base that leaves the system vulnerable to small changes in volumes and medical staff;
- High level of contingent liability debt including a likely additional $30 million variable rate direct placement later this year; and
- Reliance on the state's provider tax funds, which contributed almost $6 million toward net revenue in 2014.

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Sarah Bush Lincoln Health System is the parent entity of the health center that operates a 128-bed acute care facility located in Mattoon, in east central Illinois, approximately 50 miles south of Champaign. Other subsidiaries of the system include a foundation, captive insurance company, and a company that provides pharmaceuticals, durable medical equipment, and home infusion. Securing the bonds is a gross revenue pledge from the obligated group, which consists solely of the health center. We base our analysis on the entire system unless otherwise noted.

Outlook

The stable outlook reflects our view that Sarah Bush will continue to operate at healthy levels given its leading market position, stable employed physician group, and management's continued attention to cost, productivity, and service. We believe Sarah Bush can accommodate the planned additional debt at its current rating level.

Downside scenario

We could revise the outlook to negative in the unlikely event that margins deteriorate and coverage drops below 4x or if Sarah Bush's balance sheet weakens either due to a material decline in unrestricted reserves or significant additional debt above plan.

Upside scenario

A higher rating is unlikely during the outlook period because of the planned additional debt and the inherent risks of being a relatively small stand-alone provider located in a limited service area.

Enterprise Profile

Industry risk

Industry risk addresses the health care sector's overall cyclicality and competitive risk and growth by applying various stress scenarios and evaluating barriers to entry, the level and trend of industry profit margins, risk from secular change and substitution of products, services, and technologies, and risk in growth trends. We believe the health care services industry represents an intermediate credit risk when compared with other industries and sectors.

Economic fundamentals

Coles County, Sarah Bush's primary service area, had a small population of about 54,000 in 2014, which we expect will remain basically flat for the next five years. The local economy has remained stable, with a printing and publishing company, a communications firm, Eastern Illinois University, and the hospital as the major employers. The unemployment rate is consistent with that of the state, but in our opinion, wealth and income are well below state and national averages. Sarah Bush is located in Mattoon, approximately 180 miles south of Chicago and 125 northeast of St. Louis.

Market position

With limited immediate service area competition, Sarah Bush has retained a leading and slightly growing market share of 72% in 2014. There are two small hospitals in the secondary service area, both with fewer than 50 beds, although there is outmigration to Urbana/Champaign mainly to the Carle Foundation, for tertiary services.

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The system has focused on improving its facilities, expanding services through its own employed physicians and in cooperation with other regional providers, and continues its culture of service excellence. The master facility plan is now largely complete and the only project remaining is construction of a cancer center. Sarah Bush has received an approved certificate of need and is expected to begin construction this spring for completion in late 2016. Management, along with consultants, estimate that once the project is completed, Sarah Bush will have opportunity for increased market share. Similarly, Sarah Bush's clinic expansion, strong primary care network, and increased specialist coverage are keeping volume stable. Sarah Bush employs approximately 65 primary care and specialist physicians, which management estimates are responsible for about three-quarters of annual admissions.

After declining between 2012 and 2013, Sarah Bush's inpatient admissions rose almost 4% between 2013 and 2014 and continue to rise in 2015. Observation days, total surgeries, and births have grown as well. We believe Sarah Bush's volumes trends are more favorable than the general industry declines and have generated robust revenue growth.

Management and governance

Sarah Bush's management and governance structure is stable. Recently, after the chief financial officer's retirement, the executive team was restructured with the former chief financial officer (CFO), now the CFO and vice president of operations, assuming both roles while also spreading some areas of responsibility among additional executives. In addition to the cancer center, management is contemplating an information technology replacement. With few capital and facility needs remaining, we believe Sarah Bush has capacity to finance new IT within its routine capital budget.

Table 1

Sarah Bush Lincoln Health Center And Subsidiaries Enterprise Statistics

	--Seven months ended Jan. 31--	--Fiscal year ended June 30--	
	2015	**2014**	**2013**
Enterprise Profile			
PSA population	N.A.	53,974	53,974
PSA market share %	N.A.	72.2	70.3
Inpatient admissions	3,679	5,945	5,723
Equivalent inpatient admissions	15,575	24,334	23,493
Emergency visits	21,655	36,346	38,451
Inpatient surgeries	757	1,239	1,132
Outpatient surgeries	2,894	5,170	5,129
Medicare case mix index	1.4063	1.4388	1.3886
FTE employees	1,720	1,640	1,526
Active physicians	113	104	98
Top 10 physicians admissions %	N.A.	N.A.	36.5
Based on net/gross revenues	Net	Net	Net
Medicare %	28.1	29.8	27.8
Medicaid %	10.1	11.9	9.9
Commercial/blues %	58.1	54.9	59.6

N.A.--not available. Inpatient admissions exclude newborns, psychiatric, rehabiliation admissions.

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Financial Profile

Financial policies

We believe the financial policies assessment of neutral reflects our opinion that financial reporting and disclosure, investment allocation and liquidity, debt profile, contingent liabilities, and legal structure are appropriate for an organization of its type and size and are not likely to negatively affect the organization's future ability to pay debt service.

Financial performance

Sarah Bush has historically generated very robust margins and management indicates that earnings are on track for a record year in 2015. Management attributes its operating performance to new clinical specialties, growing services such as cardiology and orthopedics, expansion of clinics in the secondary service area, and a very large cadre of primary care physicians. Recently, performance has also benefitted from Illinois Medicaid expansion. Sarah Bush's strong commercial contracts in conjunction with management's attention to cost controls have also contributed to steadily improving operating margins. Net income driven by good investment returns and Sarah Bush's light debt levels combined to generate excellent debt service coverage. Even including debt service from the proposed $30 million borrowing, pro forma coverage is strong at 8x in 2014.

Liquidity and financial flexibility

The balance sheet is characterized by excellent cash metrics despite recently heightened capital spending on the master facility plan. Unrestricted reserves relative to operating expense and debt are well above rating level medians. As of Jan. 31, 2015, unrestricted reserves include $9.8 million of cash and investments held at Sarah Bush's malpractice captive in excess of liabilities because management indicates it could access the excess funding within a reasonable time period. Pro forma unrestricted reserves including $15 million of reimbursement from the proposed debt issuance would be almost 340 days' cash on hand and 3.4x pro forma debt. In addition, Sarah Bush has a fund raising campaign underway, which could offset some of the project costs. Sarah Bush's investments are allocated about two-thirds in equities and alternative investments with the remainder in cash, cash equivalents, and fixed income. Management indicates that a majority of the investments are accessible within 30 days.

Debt and contingent liabilities

Although Sarah Bush's debt levels are light, all of its current and proposed debt represent contingent liability debt, which we view as a higher than average risk profile. Nevertheless, the debt metrics benefit from Sarah Bush's limited debt, which even including the proposed $30 million issuance, will remain well below median levels.

Contingent liabilities

Sarah Bush's series 2011 fixed rate debt is directly placed with JPMorgan Chase. The terms of the agreement with JPMorgan Chase contain various event-of-default provisions, remedies to which may accelerate the bond payments if efforts to cure the event are not underway within 30 days. Although some termination risk is associated with the potential for payment acceleration, Sarah Bush's $200 million of unrestricted liquidity demonstrates capacity to support any liquidity event associated with the bonds.

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Table 2

Sarah Bush Lincoln Health Center And Subsidiaries Financial Statistics

	--Seven months ended Jan. 31--	--Fiscal year ended June 30--		Medians for 'A+' rated stand-alone hospitals
	2015	2014	2013	2013
Financial performance				
Net patient revenue ($000s)	155,111	237,592	207,189	480,537
Total operating revenue ($000s)	159,423	242,318	211,881	MNR
Total operating expenses ($000s)	141,767	225,340	194,765	MNR
Operating income ($000s)	17,656	16,978	17,116	MNR
Operating margin (%)	11.07	7.01	8.08	4.00
Net non-operating income ($000s)	6,927	10,858	7,340	MNR
Excess income ($000s)	24,583	27,836	24,456	MNR
Excess margin (%)	14.78	10.99	11.16	6.60
Operating EBIDA margin (%)	16.06	12.03	13.33	10.90
EBIDA margin (%)	19.56	15.80	16.23	13.60
Net available for debt service ($000s)	32,533	40,001	35,574	78,541
Maximum annual debt service ($000s)	3,946	3,946	3,946	MNR
Maximum annual debt service coverage (x)	14.13	10.14	9.02	4.90
Operating lease-adjusted coverage (x)	12.59	9.05	8.24	3.90
Liquidity and financial flexibility				
Unrestricted reserves ($000s)	200,005	194,710	170,682	398,859
Unrestricted days' cash on hand	316.5	331.7	337.4	290.90
Unrestricted reserves/total long-term debt (%)	596.5	559.7	456.7	185.80
Unrestricted reserves/contingent liabilities (%)	596.5	559.7	458.9	MNR
Average age of plant (years)	9.5	10.8	11.1	10.00
Capital expenditures/depreciation and amortization (%)	148.0	229.0	316.0	118.00
Debt and liabilities				
Total long-term debt ($000s)	33,530	34,790	37,370	MNR
Long-term debt/capitalization (%)	9.6	11.0	13.5	26.70
Contingent liabilities ($000s)	33,530	34,790	37,193	MNR
Contingent liabilities/total long-term debt (%)	100.0	100.0	99.5	MNR
Debt burden (%)	1.38	1.56	1.80	2.70
Defined benefit plan funded status (%)	N/A	N/A	N/A	86.70
Pro forma ratios				
Unrestricted reserves ($000s)	215,005	209,710	N/A	MNR
Total long-term debt ($000s)	63,530	64,790	N/A	MNR
Unrestricted days' cash on hand	340.18	357.22	N/A	MNR
Unrestricted cash/total long-term debt (%)	338.43	323.68	N/A	MNR
Long-term debt/capitalization (%)	16.78	18.78	N/A	MNR
Maximum annual debt service ($000s)	4,971	4,971	N/A	MNR
Maximum annual debt service coverage (x)	11.22	8.05	N/A	4.90

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Table 2

Sarah Bush Lincoln Health Center And Subsidiaries Financial Statistics (cont.)

N/A--not applicable. MNR--median not reported. Pro forma figures assume $30 million of additional variable rate debt with $15 million used to construct a cancer center and $15 million of reimbursement for prior master facility projects.

Related Criteria And Research

Related Criteria

- USPF Criteria: U.S. Not-For-Profit Acute-Care Stand-Alone Hospitals, Dec. 15, 2014
- USPF Criteria: Commercial Paper, VRDO, And Self-Liquidity, July 3, 2007
- USPF Criteria: Contingent Liquidity Risks, March 5, 2012
- General Criteria: Methodology: Industry Risk, Nov. 20, 2013

Related Research

- Glossary: Not-For-Profit Health Care Ratios, Oct. 26, 2011
- The Outlook For U.S. Not-For-Profit Health Care Providers Is Negative From Increasing Pressures, Dec. 10, 2013
- U.S. Not-For-Profit Health Care Stand-Alone Ratios: Operating Margin Pressure Signals More Stress Ahead, Aug. 13, 2014
- Health Care Providers And Insurers Pursue Value Initiatives Despite Reform Uncertainties, May 9, 2013
- Standard & Poor's Assigns Industry Risk Assessments To 38 Nonfinancial Corporate Industries, Nov. 20, 2013
- Alternative Financing: Disclosure Is Critical To Credit Analysis In Public Finance, Feb. 18, 2014
- Health Care Organizations See Integration And Greater Transparency As Prescriptions For Success, May 19, 2014
- U.S. Not-For-Profit Health Care: Competition And Reform Continue To Spur Mergers, Oct. 24, 2014

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ECONOMIC FEASIBILITY

ATTACHMENT-39

Sarah Bush Lincoln
Trusted Compassionate Care

April 25, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62702

Re: Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System

Dear Ms. Avery:

The undersigned, as authorized representatives of Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, in accordance with 77 Ill. Adm. Code 1120.140(a)(1) and the requirements of Section X.A.1 of the CON Application for Permit, hereby attest to the following:

> This project will be financed through the use of the following sources of funds: cash and securities; pledges; gifts and bequests; and tax-exempt revenue bonds;
>
> The selected form of debt financing for this project will be tax exempt revenue bonds issued through the Illinois Finance Authority;
>
> The selected form of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of April 25, 2016.

Sarah Bush Lincoln Health Center
Sarah Bush Lincoln Health System
Illinois Not-for-Profit Corporations

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

By: Timothy A Ow

Title and Co-Applicant: President & CEO

Jan Davis
4/25/16

By: Dennis J Pharr

Title and Co-Applicant: CFO & V/P OF OPERATIONS

19

1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. $	H Mod. $	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Medical/Surgical Nursing Unit	$412.17	N/A	15,343	N/A	0	N/A	$6,323,878	$0	$6,323,878
Cardiac Catheterization Laboratories	$415.00	N/A	2,113	N/A	0	N/A	$876,895	$0	$876,895
Prep/Recovery for Cardiac Cath, Peripheral Procedures, etc.	$400.00	N/A	3,506	N/A	0	N/A	$1,402,400	$0	$1,402,400
Cardiac Catheterization Support Areas	$400.00	N/A	1,677	N/A	0	N/A	$670,800	$0	$670,800
Non-Invasive Diagnostic Cardiology/Outpatient Cardiac Services	$375.00	N/A	3,531	N/A	0	N/A	$1,324,125	$0	$1,324,125
Pulmonary Function Testing	$375.00	N/A	282	N/A	0	N/A	$105,750	$0	$105,750
Nuclear Medicine	$375.00	N/A	1,534	N/A	0	N/A	$575,250	$0	$575,250
Cardio-Pulmonary Rehabilitation	$375.00	N/A	4,271	N/A	0	N/A	$1,601,625	$0	$1,601,625
Physician Exam Rooms and Work Areas	$315.00	N/A	6,836	N/A	0	N/A	$2,153,340	$0	$2,153,340
Shared Patient Registration for Cardio-Pulmonary & Nuclear Med.	$290.00	N/A	966	N/A	0	N/A	$280,140	$0	$280,140
SUBTOTAL CLINICAL COMPONENTS	$382.29	N/A	40,059	N/A	0	N/A	$15,314,203	$0	$15,314,203
Contingency							$1,305,902	$0	$1,305,902
TOTAL CLINICAL SERVICE AREAS	**$414.89**	**N/A**	**40,059**	**N/A**	**0**	**N/A**	**$16,620,105**	**$0**	**$16,620,105**
Non-Clinical Service Areas:									
Offices for Environmental & Facilities Services	$280.00	N/A	2,165	N/A	0	N/A	$606,200	$0	$606,200
Lobby	$276.00	N/A	2,728	N/A	0	N/A	$752,928	$0	$752,928
Public Toilets	$276.00	N/A	350	N/A	0	N/A	$96,600	$0	$96,600
Entrances and Vestibules	$285.00	$285	612	N/A	242	N/A	$174,420	$68,970	$243,390
Environmental Services/Janitors' Closets:									
Lower Level			2,068	N/A	0	N/A	$570,768		
1st Floor			103	N/A	0	N/A	$28,428		
Total	$276.00	N/A	2,171	N/A	0	N/A	$599,196	$0	$599,196
Staff Services:									
Lower Level			1,006	N/A	0	N/A	$286,710		
1st Floor			356	N/A	0	N/A	$101,460		
Total	$285.00	N/A	1,362	N/A	0	N/A	$388,170	$0	$388,170
Storage	$270.00	N/A	219	N/A	0	N/A	$59,130	$0	$59,130
Maintenance	$280.00	N/A	2,818	N/A	0	N/A	$789,040	$0	$789,040
Interdepartmental Circulation:									
Lower Level			2,220	N/A	0	N/A	$812,720		
1st Floor			1,038	N/A	0	N/A	$286,488		
3rd Floor			379	N/A	0	N/A	$104,604		
4th Floor			378	N/A	0	N/A	$104,604		
Total	$276.00	N/A	4,016	N/A	0	N/A	$1,108,416	$0	$1,108,416
Connector to Existing Hospital:									
Lower Level			167	N/A	388	N/A	$45,090	$104,220	
1st Floor			2,214	N/A	0	N/A	$597,780	$0	
2nd Floor			0	N/A	298	N/A	$0	$80,460	
3rd Floor			0	N/A	302	N/A	$0	$81,540	
4th Floor			0	N/A	299	N/A	$0	$80,730	
Total	$270.00	$270.00	2,381	N/A	1,285	N/A	$642,870	$346,950	$989,820
Mechanical Room and Equipment	$381.00	N/A	2,194	N/A	0	N/A	$835,914	$0	$835,914
Electrical Service Room/Electrical Closets:									
Lower Level			531	N/A	0	N/A	$233,640		
1st Floor			212	N/A	0	N/A	$93,280		
2nd Floor			192	N/A	0	N/A	$84,480		
Total	$440.00	N/A	935	N/A	0	N/A	$411,400	$0	$411,400
IT/Data Closets/Rooms:									
Lower Level			159	N/A	0	N/A	$69,960		
1st Floor			87	N/A	0	N/A	$38,280		
2nd Floor			111	N/A	0	N/A	$48,840		
Total	$440.00	N/A	357	N/A	0	N/A	$157,080	$0	$157,080
Elevator Shafts and Equipment:									
Lower Level			364	N/A	0	N/A	$143,780		
1st Floor			357	N/A	0	N/A	$141,015		
2nd Floor			339	N/A	0	N/A	$133,905		
3rd Floor			304	N/A	0	N/A	$120,080		
4th Floor			304	N/A	0	N/A	$120,080		
Total	$395.00	N/A	1,668	N/A	0	N/A	$658,860	$0	$658,860
Stairwells:									
Lower Level			111	N/A	0	N/A	$30,636		
1st Floor			252	N/A	0	N/A	$69,552		
2nd Floor			404	N/A	0	N/A	$111,504		
Total	$276.00	N/A	767	N/A	0	N/A	$211,692	$0	$211,692
Shafts:									
1st Floor			186	N/A	0	N/A	$73,470	$0	
2nd Floor			87	N/A	0	N/A	$34,365	$0	
3rd Floor			80	N/A	0	N/A	$31,600	$0	
4th Floor			80	N/A	0	N/A	$31,600	$0	
Total	$395.00	N/A	433	N/A	0	N/A	$171,035	$0	$171,035
SUBTOTAL NON-CLINICAL COMPONENTS	$304.38	$272.38	25,176	N/A	1,527	N/A	$7,662,951	$415,920	$8,078,871
Contingency							$663,096	$40,082	$703,178
TOTAL NON-CLINICAL COMPONENTS	$330.71	$298.63	**25,176**	**N/A**	**1,527**	**N/A**	**$8,326,047**	**$456,002**	**$8,782,049**
PROJECT TOTAL	$382.40	$298.63	**65,235**	**N/A**	**1,527**	**N/A**	$24,946,152	$456,002	$25,402,154

X.D. **Projected Operating Costs**

Projected Operating Costs Per EPD = FY20 Operating Expenses/FY20 EPD

FY20 Operating Expenses:	
Salaries	$148,444,521
Benefits	41,707,430
Supplies	42,889,513
	$233,041,464

FY20 Equivalent Patient Days (EPD) =
[1 + (Outpatient + Emergency Revenue) x Total Projected FY20 Inpatient Days =
[(Inpatient Revenue)

[1 + $126,109,274] x 35,372 =
[$ 55,604,378]

[1 + 2.268] x 35,372 =

3.268 x 35,372 = 115,596, based on net revenue

Projected Operating Costs Per EPD = FY20 Operating Expenses/FY20 EPD =

$$\frac{\$233,041,464}{115,596} = \$2,016.00$$

X.E. **Total Effect of the Project on Capital Costs**

Projected Capital Costs Per EPD = FY20 Capital Costs/FY20 EPD

FY20 Capital Costs:	
Depreciation/Amortization	$28,139,853
Interest	1,191,550
	$29,331,403

FY20 Equivalent Patient Days (EPD) =
[1 + (Outpatient + Emergency Revenue) x Total Projected FY20 Inpatient Days =
[(Inpatient Revenue)

[1 + $126,109,274] x 35,372 =
[$ 55,604,378]

[1 + 2.268] x 35,372 =

3.268 x 35,372 = 115,596, based on net revenue

Projected Capital Costs Per EPD = FY20 Capital Costs/FY20 EPD =

$$\frac{\$29,331,43}{115,596} = \$253.74$$

XI.
Safety Net Impact Statement

A Safety Net Impact Statement is required because this CON application is for a "Substantive Project," as defined in the Illinois Health Facilities Planning Act (20 ILCS 3960/12) and 77 Ill. Adm. Code 1130.140. This project is a "Substantive Project" because it proposes to increase Sarah Bush Lincoln Health Center's authorized beds by 20 beds, which is more than 10% of the hospital's total bed capacity, which is currently 129 beds.

1. The project's material impact, if any, on essential safety net services in the community.

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003).

Sarah Bush Lincoln Health Center is in Hospital Planning Area D-05 for acute care, and in HAS-4 for the Cardiac Catheterization Service. HSA-4 includes Planning Areas D-01 through D-05.

This project proposes to increase Sarah Bush Lincoln Health Center's Medical/Surgical beds and its facilities for Cardio-Pulmonary patients. The project is needed and appropriate to address the hospital's historic and projected high utilization, the hospital's market area's significant incidence of Cardio-Pulmonary disease, and the aging of its market area population.

The market area for this project is Sarah Bush Lincoln Health Center's 10-county market area in east central Illinois (consisting of Coles, Clark, Cumberland, Douglas, Edgar, Moultrie, Shelby, Crawford, Effingham, and Jasper Counties) that includes all of the State-designated Planning Area D-05, the Medical/Surgical planning area in which SBL is located, as well as parts of Planning Areas, D-01, D-04, F-02, and F-03.

Sarah Bush Lincoln's 10-county market area had a 2010 population of 223,339 and accounted for at least 92% of the total discharges to Sarah Bush Lincoln Health Center in the hospital's last fiscal year (July 1, 2014, to June 30, 2015).

The population residing in Sarah Bush Lincoln Health Center's market area is older than a normative population and is continuing to age. In 2013, 14.6% of the population in Sarah Bush Lincoln Health Center's Primary Service Area was 65 and older, while 18.7% of the population of its Secondary Service Area was 65 and older, and 17.0% of the population in its Tertiary Service Area was 65 and older. The percentage of the population in Sarah Bush Lincoln Health Center's Primary Service area that is aged 65 and older is expected to increase to 16.0% by 2017, while the percentage of the population in its Secondary Service Area that is aged 65 and older is expected to increase.

There are residents of Sarah Bush Lincoln Health Center's market area who are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care, in Medically Underserved Areas, and in being part of Medically Underserved Populations.

Health Professional Shortage Areas are designated by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) because they have a shortage of primary medical care providers. A detailed discussion of the Health Professional Shortage Areas in Sarah Bush Lincoln's market area is presented in Attachment 12 of this application. It should be noted that at least a portion of every county in Sarah Bush Lincoln's market area has been designated as a Health Professional Shortage Area.

Medically Underserved Areas and Medically Underserved Populations are designated by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) based on the Index of Medical Underservice. Designated Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are eligible for certification and funding under federal programs such as Community Health Center (CHC) grant funds, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (http://bhpr.hrsa.gov/shortage/muaguide.htm) (Health Resources and Services Administration, U.S. Department of Health and Human Services).

A detailed discussion of the Medically Underserved Areas and Medically Underserved Populations in Sarah Bush Lincoln's market area is presented in Attachment 12 of this application. Within the hospital's market area, at least a portion of seven of the ten counties has been designated as a Medically Underserved Area or having a Medically Underserved Population, a designation that is made to document unusual local conditions and barriers to accessing personal health services.

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

This project will not negatively impact other hospitals ability to cross-subsidize safety net series because Sarah Bush Lincoln Health Center already serves these patients, as documented by the Medicaid and Charity Care services that it currently provides. Also, there is only one other hospital in Planning Area D-05, and it is a Critical Access Hospital.

As a result, this project should not have any impact on the ability of another provider or health care system to cross-subsidize safety services, but it is anticipated that it will enhance Sarah Bush Lincoln Health System's ability to cross- subsidize safety net services at all of its locations.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

This item is not applicable because this project does not propose to discontinue any services or facilities.

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.

A notarized certification describing the amount of charity care provided in 2013 through 2015 by Sarah Bush Lincoln Health Center, the only hospital operated by Sarah Bush Lincoln Health System, is found on Page 5 of this Attachment.

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.

A notarized certification describing the amount of care provided to Medicaid patients in 2013 through 2015 by Sarah Bush Lincoln Health Center is found on Page 6 of this Attachment.

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

A Safety Net Information Table per PA 96-0031 in the specified format must be provided as part of Attachment 40.

The Table is found on Page 7 of this Attachment.

Sarah Bush Lincoln

Trusted Compassionate Care

April 25, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

Sarah Bush Lincoln Health Center certifies that it provided the amount of charity care at cost that is shown below for the three most recent audited fiscal years prior to submission of this certificate of need application.

Charity Care	FY13	FY14	FY15
Inpatients	$1,858,250	$543,460	$192,926
Outpatients	$4,778,357	$5,177,174	$1,236,958
Total	$6,636,607	$5,720,634	$1,429,884

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Timothy A. Ols, FACHE
President and Chief Executive Officer

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

4/25/16

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1000 Health Center Drive • P.O. Box 372 • Mattoon, IL 61938-0372
217-258-2525 • www.sarahbush.org

Sarah Bush Lincoln

Trusted Compassionate Care

May 4, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

Sarah Bush Lincoln Health Center certifies that its net Medicaid revenue that is shown below was received for the three most recent audited fiscal years prior to submission of this certificate of need application.

Medicaid	FY13	FY14	FY15
Inpatients	$2,641,921	$4,170,328	$5,077,703
Outpatients	$4,173,411	$5,927,136	$9,120,696
Total	$6,815,332	$10,097,464	$14,198,399

This information is provided in a manner consistent with 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.

Sincerely,

Timothy A. Ols, FACHE
President and Chief Executive Officer

OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/06/19

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217-258-2525 • www.sarahbush.org

SARAH BUSH LINCOLN HEALTH CENTER
SAFETY NET INFORMATION PER P.A. 96-0031

Charity (# of Patients)	CY2013	CY2014	CY2015
Inpatients	478	232	342
Outpatients	8,456	3,668	5,694
Total Patients	8,934	3,900	6,036

Charity (Cost in dollars)	FY2013	FY2014	FY2015
Inpatients	$1,858,250	$543,460	$192,926
Outpatients	$4,778,357	$5,177,174	$1,236,958
Total Patients	$6,636,607	$5,720,634	$1,429,884

Medicaid (# of Patients)	CY2013	CY2014	CY2015
Inpatients	1,183	1,617	1,727
Outpatients	55,405	69,163	78,274
Total Patients	56,588	70,780	80,001

Medicaid (Revenue)	FY2013	FY2014	FY2015
Inpatients	$2,641,921	$4,170,328	$5,077,703
Outpatients	$4,173,411	$5,927,136	$9,120,696
Total Patients	$6,815,332	$10,097,464	$14,198,399

ATTACHMENT-40, ATTACHMENT-43

XII.
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Sarah Bush Lincoln Health Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

SARAH BUSH LINCOLN HEALTH CENTER

	FY2013	FY2014	FY2015
Net Patient Revenue	$157,785,835	$181,713,652	$212,990,890
Amount of Charity Care (charges)	$23,617,820	$21,587,297	$5,466,603
Cost of Charity Care	$6,636,607	$5,720,634	$1,429,884
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	14.97%	11.88%	2.57%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	4.21%	3.15%	0.67%

2. This chart reports data for Sarah Bush Lincoln Health Center. The charity costs and patient revenue are only for Sarah Bush Lincoln Health Center and are not consolidated with any other entities that are part of Sarah Bush Lincoln Health System or any other entity.

3. Because Sarah Bush Lincoln Health Center is an existing facility, the data are reported for the latest three audited fiscal years.

SARAH BUSH LINCOLN HEALTH CENTER
SAFETY NET INFORMATION PER P.A. 96-0031

Charity (# of Patients)	CY2013	CY2014	CY2015
Inpatients	478	232	342
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Total Patients	$6,815,332	$10,097,464	$14,198,399