

ORIGINAL

11-056

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUL 11 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital			
Street Address: 238 South Congress			
City and Zip Code: Rushville, IL 62681			
County: Schuyler	Health Service Area	3	Health Planning Area: Schuyler County E-1

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

Exact Legal Name: Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital	
Address: 238 South Congress, Rushville, IL 62681	
Name of Registered Agent:	
Name of Chief Executive Officer: Lynn Stambaugh	
CEO Address: 238 South Congress, Rushville, IL 62681	
Telephone Number: 217-322-4321, ext. 291	

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: Lynn Stambaugh
Title: CEO
Company Name: Schuyler County Hosp. Dist. d/b/a Sarah D. Culbertson Mem. Hosp.
Address: 238 South Congress, Rushville, IL 62681
Telephone Number: 217-322-4321 ext. 291
E-mail Address: lstambaugh@sdcmh.org
Fax Number: 217-322-2546

Additional Contact

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

Name: Alan Palo
Title: CFO
Company Name: Schuyler County Hosp. Dist. d/b/a Sarah D. Culbertson Mem. Hosp.
Address: 238 South Congress, Rushville, IL 62681
Telephone Number: 217-322-4321, ext. 252
E-mail Address: apalo@sdcmh.org
Fax Number: 217-322-6459

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: Lynn Stambaugh
Title: CEO
Company Name: Schuyler County Hospital District d/b/a Sarah D. Culbertson Mem. Hosp.
Address: 238 South Congress, Rushville, IL 62681
Telephone Number: 217-322-4321, ext. 291
E-mail Address: lstambaugh@sdcmh.org
Fax Number: 217-322-2546

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Schuyler County Hospital District d/b/a Sarah D. Culbertson Mem. Hosp.
Address of Site Owner: 238 South Congress, Rushville, IL 62681
Street Address or Legal Description of Site: 238 South Congress, Rushville, IL 62681
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 <u>ATTACHMENT-2</u> , 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: Schuyler County Hospital District d/b/a Sarah D. Culbertson Mem. Hosp.
Address: 238 South Congress, Rushville, IL 62681
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships - *Not applicable to this project*

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 <u>ATTACHMENT-4</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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Flood Plain Requirements[Refer to application instructions.] ***Not applicable to this project***

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

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

Historic Resources Preservation Act Requirements[Refer to application instructions.] ***Not applicable to this project***

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: <input type="checkbox"/> Substantive <input checked="" type="checkbox"/> Non-substantive	Part 1120 Applicability or Classification: [Check one only.] <input checked="" type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project <input type="checkbox"/> Category B Project <input type="checkbox"/> DHS or DVA Project
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2. Narrative Description

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

The project proposes the discontinuation of the 29 bed General Long Term Care Category of Service at Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital.

This project is "Non-Substantive" in accordance with 77 Ill. Adm. Code 1110.40.b) because it is solely for the discontinuation of a category of service.

There are no capital costs associated with this project.

Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital is located in Planning Area E-1 – Schuyler County, which has an excess of 65 General Long-Term Care beds as of June 16, 2011.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	0	0	0
Site Survey and Soil Investigation	0	0	0
Site Preparation	0	0	0
Off Site Work	0	0	0
New Construction Contracts	0	0	0
Modernization Contracts	0	0	0
Contingencies	0	0	0
Architectural/Engineering Fees	0	0	0
Consulting and Other Fees	0	0	0
Movable or Other Equipment (not in construction contracts)	0	0	0
Bond Issuance Expense (project related)	0	0	0
Net Interest Expense During Construction (project related)	0	0	0
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	0	0	0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	0	0	0
Pledges	0	0	0
Gifts and Bequests	0	0	0
Bond Issues (project related)	0	0	0
Mortgages	0	0	0
Leases (fair market value)	0	0	0
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
TOTAL SOURCES OF FUNDS	0	0	0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

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): upon receipt of CON permit

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): **Not applicable because this project has no costs.**

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-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.

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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
General Long Term Care (Skilled Nursing Unit)							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Schuyler County Hospital District d/b/a Sarah D. Culbertson Mem Hosp			CITY: Rushville		
REPORTING PERIOD DATES: From: 1/1/10 to: 12/31/10					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	22	323 *	1865 *	0	22
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	29	29	7466	-29	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:	51	352	9331	-29	22

*Medical/Surgical admissions and patient days include patients in Swing Beds
Medical/Surgical patient days include Observation Days on the nursing unit.

CERTIFICATION

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

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

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

David Hester
SIGNATURE

Lynn Stambaugh
SIGNATURE

David Hester
PRINTED NAME

Lynn Stambaugh
PRINTED NAME

Chairman of the Board of Directors
PRINTED TITLE

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of June, 2011

Notarization:
Subscribed and sworn to before me
this 23rd day of June, 2011

Lisa Adams
Signature of Notary

Lisa Adams
Signature of Notary

Seal


Seal


*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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 2009	Year 2010	Year 2011
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year 2009	Year 2010	Year 2011
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year 2009	Year 2010	Year 2011
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

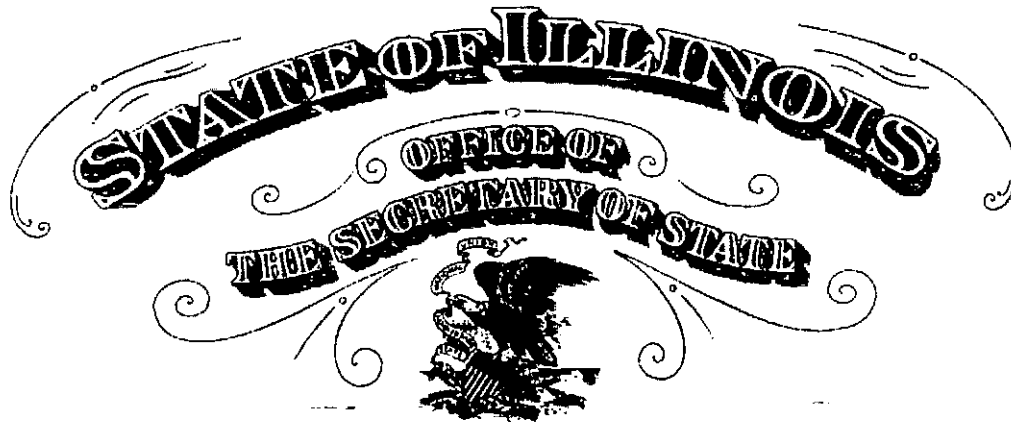
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for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

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

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

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

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



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

SCHUYLER COUNTY HOSPITAL DISTRICT HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 17, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST

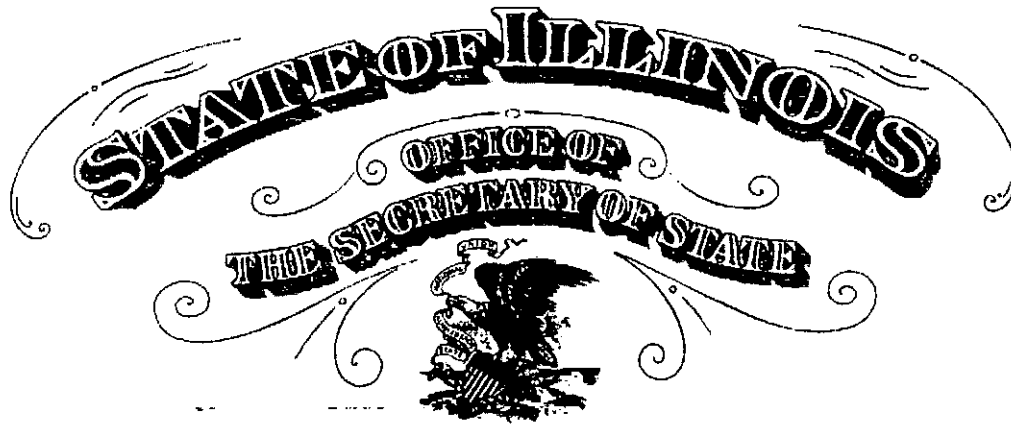
day of JUNE A.D. 2011



Jesse White

SECRETARY OF STATE

Authentication #: 1117200603
Verify at: www.cyberdriveillinois.com



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

SCHUYLER COUNTY HOSPITAL DISTRICT HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 17, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

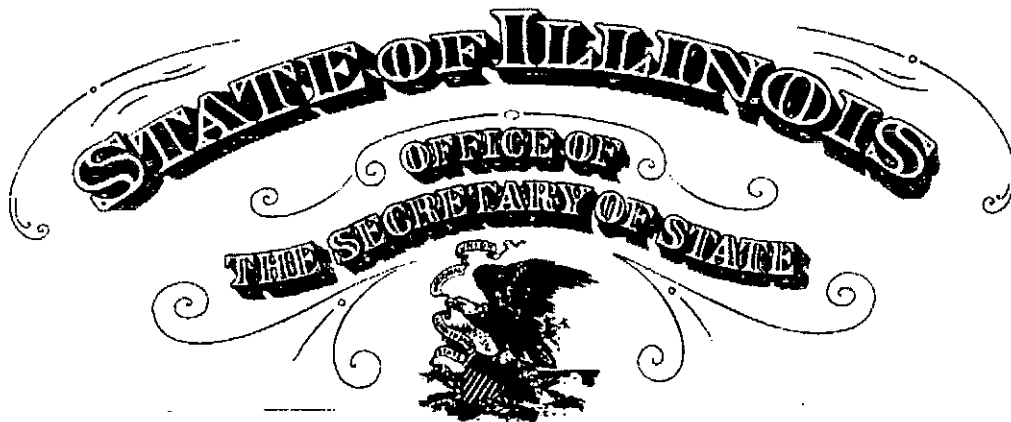


Authentication #: 1117200603
Verify at www.cyberdriveillinois.com

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of JUNE A.D. 2011

Jesse White

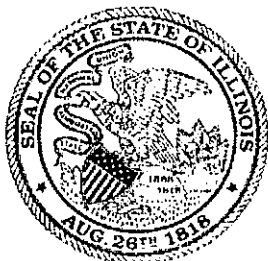
SECRETARY OF STATE



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Authentication #: 1117200603
Verify at www.cyberdriveillinois.com

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of JUNE A.D. 2011 .

Jesse White

SECRETARY OF STATE



Telephone: (217) 322-4321

Fax 1 : (217) 322-6425

Fax 2 : (217) 322-4246

Website: www.cmhospital.com

238 South Congress • Rushville, IL 62681

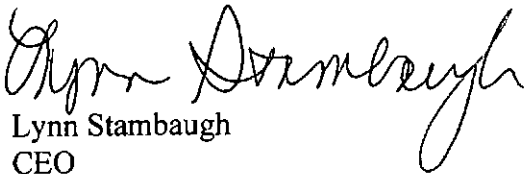
June 10, 2011

Mr. Dale W. Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Mr. Galassie:

Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital hereby certifies that Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital is the owner of the site on which the hospital is located.


Sincerely,


Lynn Stambaugh
CEO

Notarization:

Subscribed and sworn to before me this
10th day of June, 2011





Signature of Notary

I.

Organizational Relationships

This project has one application: Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital

There are no capital costs for this project.

I.

Project Costs

This attachment is not applicable because the discontinuation of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's General Long Term Care Category of Service does not have any project costs.

I.

Project Status

This attachment is not applicable because the discontinuation of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's General Long Term Care Category of Service does not have any project costs.

As a result, there will not be any project expenditures associated with this project, and the CON permit is not subject to "obligation", as defined in 77 Ill. Adm. Code 1130.140.

I.

Cost Space Requirements

The discontinuation of the General Long Term Care Category of Service at Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital will result in 8,454 gross square feet of space being vacated.

After the General Long Term Care Category of Service is discontinued, Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital intends to convert its current Long Term Care unit into administrative and clinical space. This conversion will be accomplished without any capital costs.

It should be noted that Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital has been designated as a Critical Access Hospital and, as such, it is not permitted to operate more than 25 acute care beds.

This project does not include the addition of any authorized beds to the hospital.

When this project is completed, Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital will have a total of 22 authorized beds in the Medical/Surgical Category of Service.

I.

Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
General Long Term Care (Skilled Nursing Unit)	0	8,454	0	0	0	0	8,454
Total Clinical	0	8,454	0	0	0	0	8,454
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical	0	0	0	0	0	0	0
TOTAL	0	8,454	0	0	0	0	8,454

II. Discontinuation

A. General Information Requirements

1. This project proposes to discontinue Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's General Long Term Care Category of Service, which has an authorized capacity of 29 beds.
2. The General Long Term Care Category of Service is the only clinical or non-clinical service that will be discontinued.
3. The General Long Term Care Category of Service will be discontinued upon receipt of a Certificate of Need permit.
4. It is anticipated that the rooms in the Long Term Care Unit will be used for general and administrative offices, outpatient clinic space and possibly medical/surgical beds. All beds and other furnishings and equipment on the Long Term Care Unit will be removed from the rooms and placed into storage. This furniture and equipment will be used only if they are needed to replace broken or obsolete furniture or equipment in other areas of the hospital.
5. All medical records pertaining to the General Long Term Care Category of Service will continue to be stored with the hospital's electronic and paper records.

The retention policy for medical records of patients who occupied the General Long Term Care beds is stated below:

- a. Record retention will be compliant with governmental and accreditation retention requirements.
 - b. In addition, unless the governmental and accreditation retention requirements are more stringent than those stated in this paragraph, each patient's records will be retained for a minimum of 10 years after the date of the patient's most recent care at the hospital or for longer periods of time when requested by the patient's physician, the patient or person acting legally on the patient's behalf, or appropriate legal counsel.
6. This item is not applicable because this application does not propose to discontinue an entire facility.

B. Reasons for Discontinuation

This application seeks approval for the discontinuation of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's General Long Term Care Category of Service for the reason identified in 77 Ill. Adm. Code 1110.130.b)1): "Insufficient volume or demand for the service".

Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital opened its Long Term Care Unit in 1989. In 2004, when CMH became a Critical Access Hospital, the way the hospital was reimbursed through Medicare changed and CMH saw a nearly one million dollar

increased reimbursement. This reimbursement was a huge economic boost for CMH and it helped maintain the area's health care safety net and prevented the inevitable job losses that would have occurred if CMH had closed.

The planning area in which Schuyler County Hospital District c/b/a Sarah D. Culbertson Memorial Hospital is located (Planning Area E-1 Schuyler County) has an excess of 65 General Long Term Care beds, and hospital administration and board of directors determined it would be appropriate to discontinue this Category of Service.

C. Impact on Access

1. The discontinuation of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's General Long Term Care Category of Service will not have an adverse effect upon access to care for residents of the hospital's market area for the following reasons:
 - a. Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital is located in Planning Area E-1 Schuyler County for General Long Term Care, which has an excess of 65 General Long Term Care beds as of June 16, 2011.

There is one freestanding nursing home in Rushville that provide this category of service, and they have 41 open Long Term Care Beds. In addition to Culbertson Memorial Hospital, there are 11 other facilities providing the General Long Term Care Category of Service that are located within 45 minutes of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital, some of which are located in other planning areas.

- b. Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital provides a "swing bed" program through the Federal Medicare Program, and its patients requiring General Long Term Care are able to receive skilled nursing care without having to be transferred to a distinct skilled nursing unit.

Under this program, an approved hospital, such as Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital, may use its acute care beds as needed to provide either acute or skilled nursing care for post-acute patients. As a result, Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's patients requiring a stay in a Skilled Nursing Unit following hospitalization of at least three consecutive calendar days do not need to be admitted to the hospital's Long Term Care Unit in order to receive this level of care.

The purpose of the "swing bed" program is to increase access to post-acute skilled nursing care for Medicare beneficiaries and to maximize the efficiency of hospital operations by meeting unpredictable demands for acute and long term care. (Source of information: U.S. Centers for Medicare and Medicaid Services: "Fact Sheet: Swing Bed"), April, 2009.

Since the "swing bed" program was approved by the Illinois Health Facilities Planning board in March, 2007, Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital has provided the "swing bed" care identified below:

<u>YEAR</u>	<u>No. of Patients</u>	<u>Patient Days</u>
2008	73	639
2009	64	826
2010	74	1,035

- c. Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital surveyed all facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time and received 5 responses, of which 5 were from facilities that agreed to accept any of Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital's patients that require this category of care without conditions, limitations, or discrimination.

Copies of the written requests for impact statements that were sent to each of these facilities are appended to this Attachment, followed by documentation that the requests were received at each facility.

<u>Facility and Town Planning Area</u>	<u>Travel Time*</u>
Snyder's Vaughn Haven, Inc. Rushville Planning Area E-1 Schuyler County	1 minutes
Heritage Manor Beardstown, LLC Beardstown Planning Area E-1 Cass County	16 Minutes
Astoria Gardens & Rehabilitation Center Astoria Planning Area C-4 Fulton County	20 Minutes
Heritage Manor Nursing Home Mt. Sterling Planning Area E-5 Brown County	22 Minutes
Walker Nursing Home Inc Virginia Planning Area E-1 Cass County	31 Minutes
Grand Prairie Assisted Living Macomb Planning Area C-4 McDonough County	31 Minutes
Wesley Village Health Care Center Macomb Planning Area C-4 McDonough County	32 Minutes
Elms Nursing Home Macomb Planning Area C-4 McDonough County	33 Minutes

Countryview Care Center Macomb Planning Area C-4 McDonough County	35 Minutes
Prairie View Care Center-Lewistown Lewistown Planning Area C-4 Fulton County	41 Minutes
Ems Haven of Rest Inc Havana Planning Area E-1 Mason County	42 Minutes
Havana Health Care Center Havana Planning Area E-1 Mason County	45 Minutes

*Travel Time was calculated using www.mapquest.com

- As noted above, there are four additional facilities located within 45 minutes travel time of Culbertson Memorial Hospital that provide the General Long Term Care Category of Service.

Each of these facilities was sent a written request to provide an impact statement, indicating the extent to which it will absorb Culbertson Memorial Hospital's General Long Term Care workload without conditions, limitations or discrimination.

A copy of each letter is found in this Attachment, along with proof that these letters were sent by certified mail and received.

- Impact Statements were received from the following facilities:

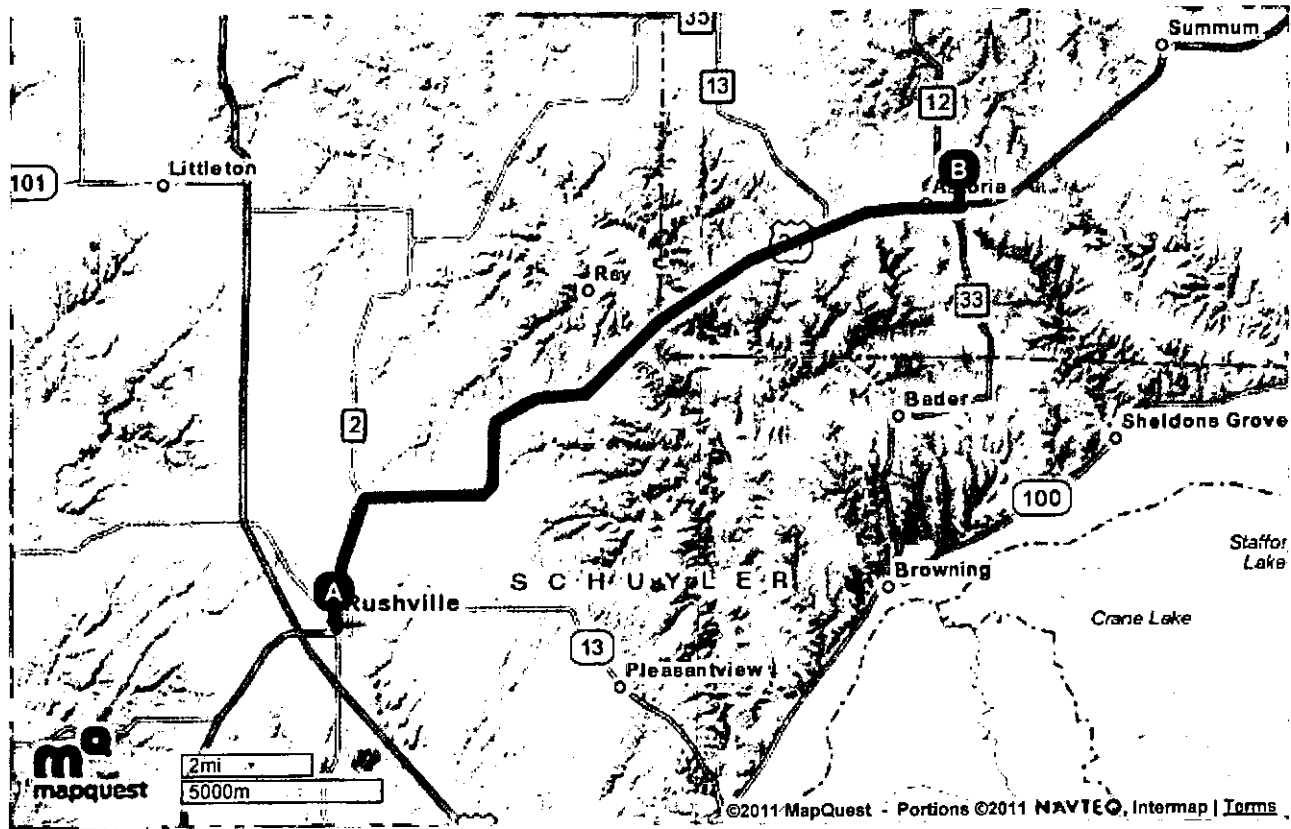
Snyder's Vaughn Haven, Inc. – Rushville, IL
Heritage Manor – Beardstown, IL
Elms Nursing Home – Macomb, IL
Grand Prairie Assisted Living – Macomb, IL
Walker Nursing Home, Inc. – Virginia, IL

The impact statements received from these facilities are found in this attachment.



Notes

Trip to:
Astoria Gardens & Rehab Center
1008 E Broadway
Astoria, IL 61501
(309) 329-1333
15.73 miles
20 minutes



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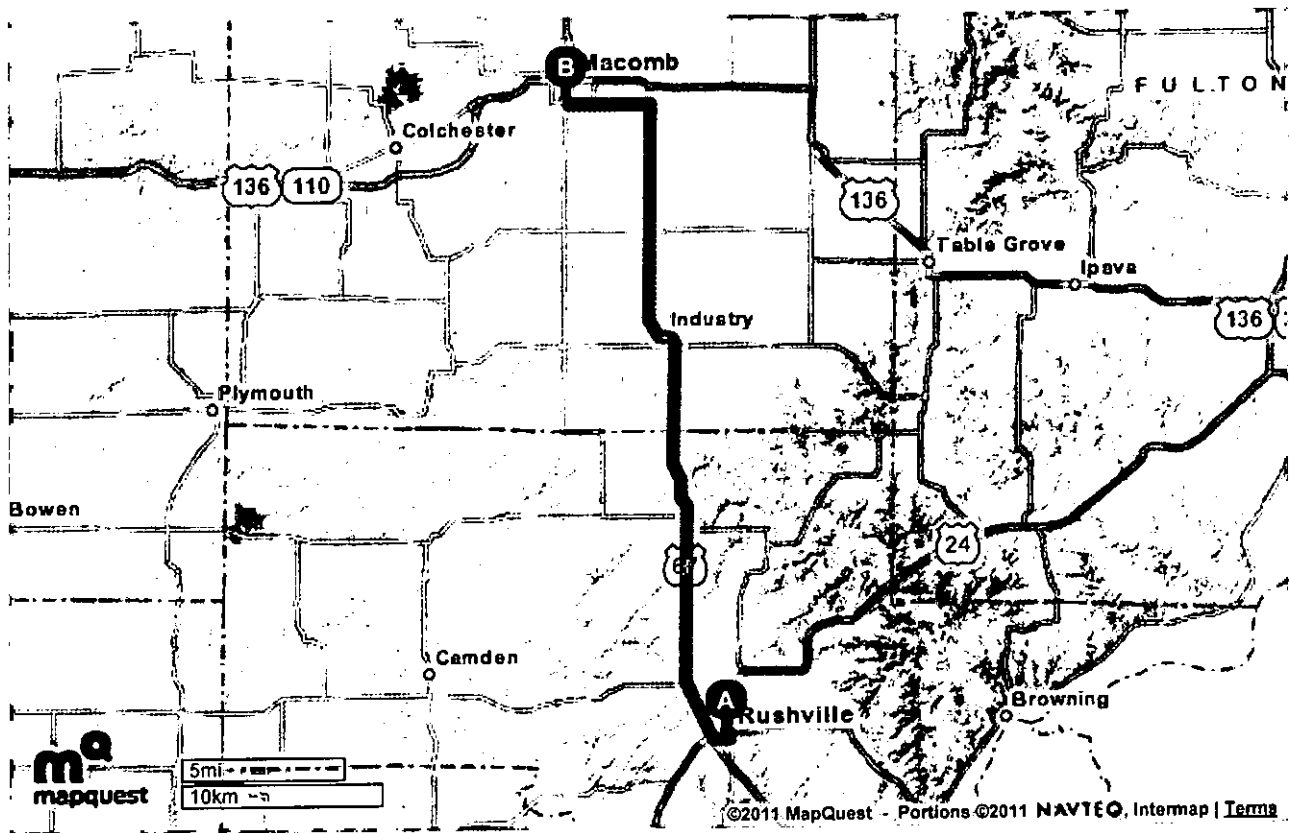
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Notes

Trip to:
Countryview Care Center
400 W Grant St
Macomb, IL 61455
(309) 837-2386
27.55 miles
35 minutes



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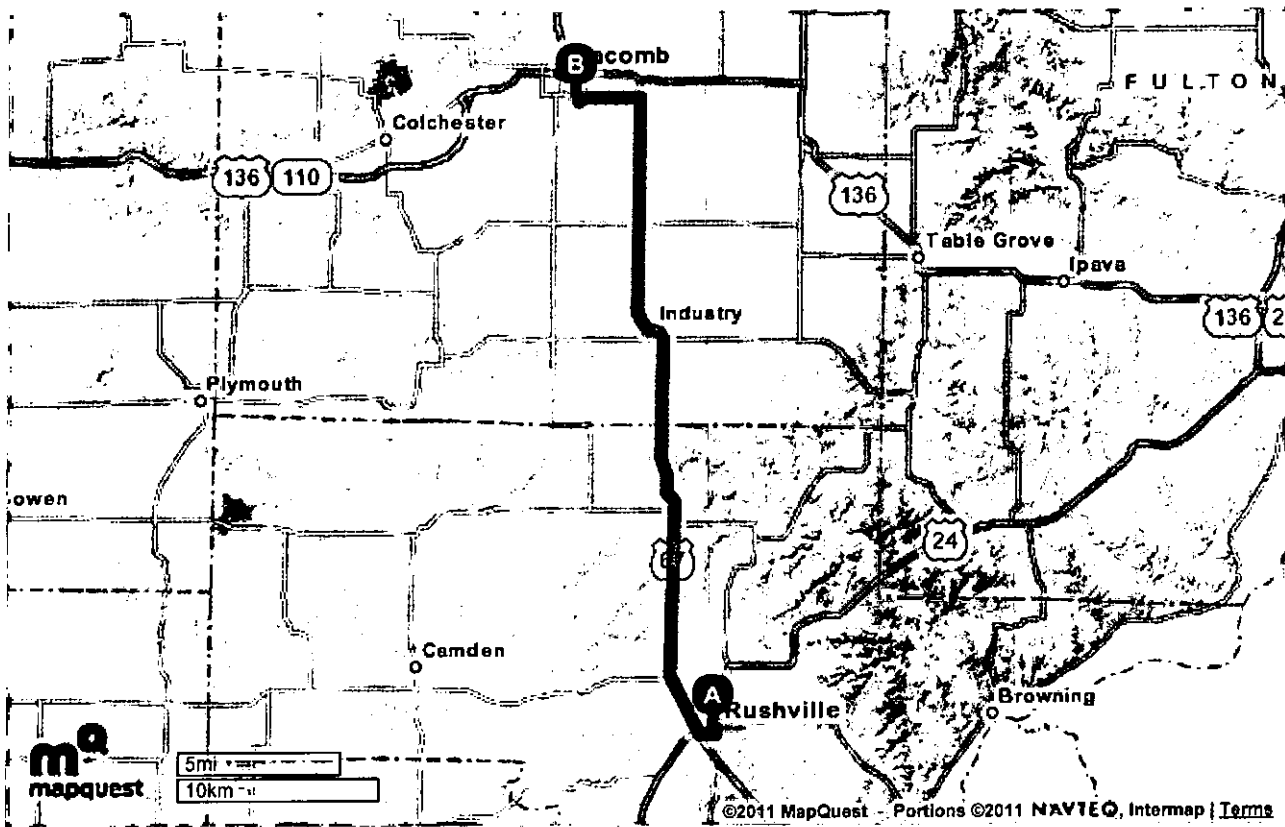
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Notes

Trip to:
Elms Nursing Home
1212 Madelyn Ave
Macomb, IL 61455
(309) 837-5482
26.94 miles
33 minutes



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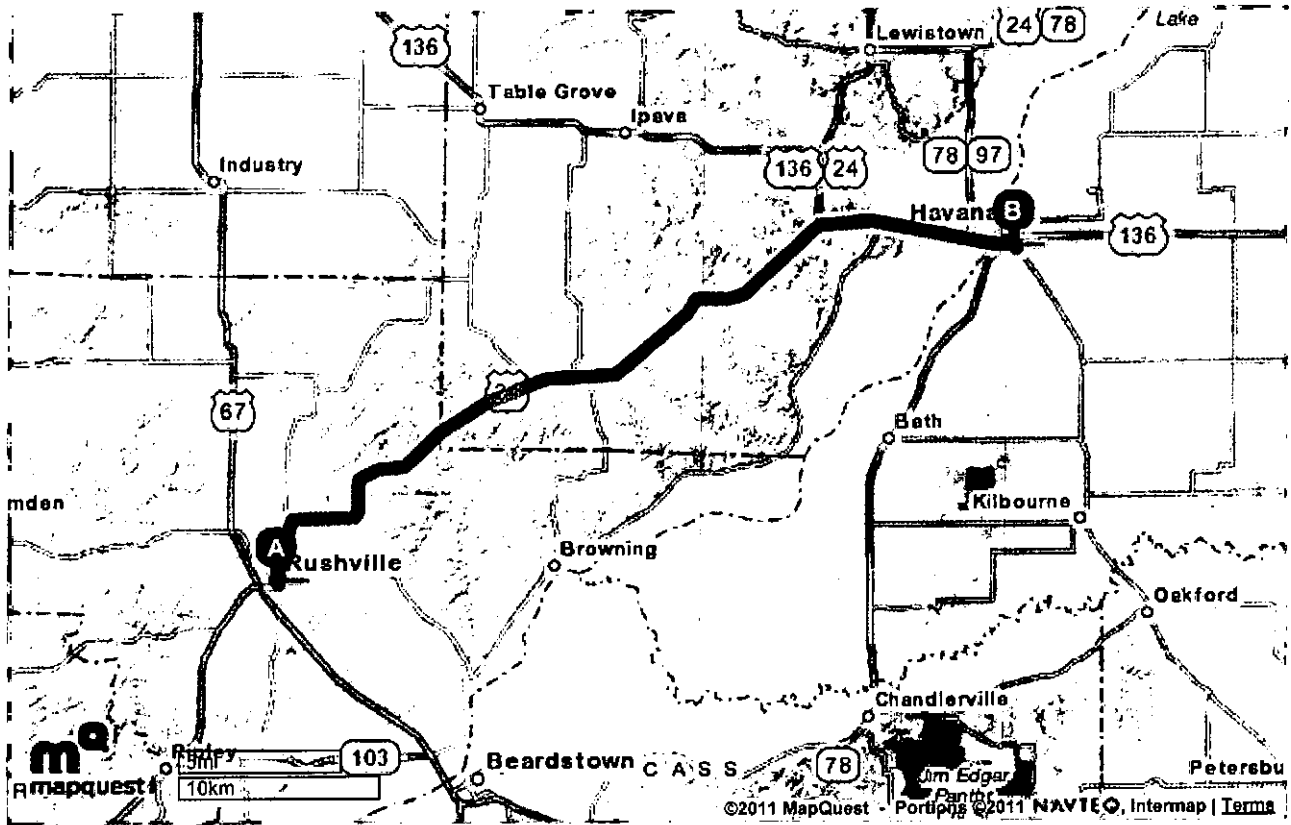
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Notes

Trip to:
Ems Haven of Rest Inc
719 S Mckinley St
Havana, IL 62644
(309) 543-3647
33.50 miles
42 minutes



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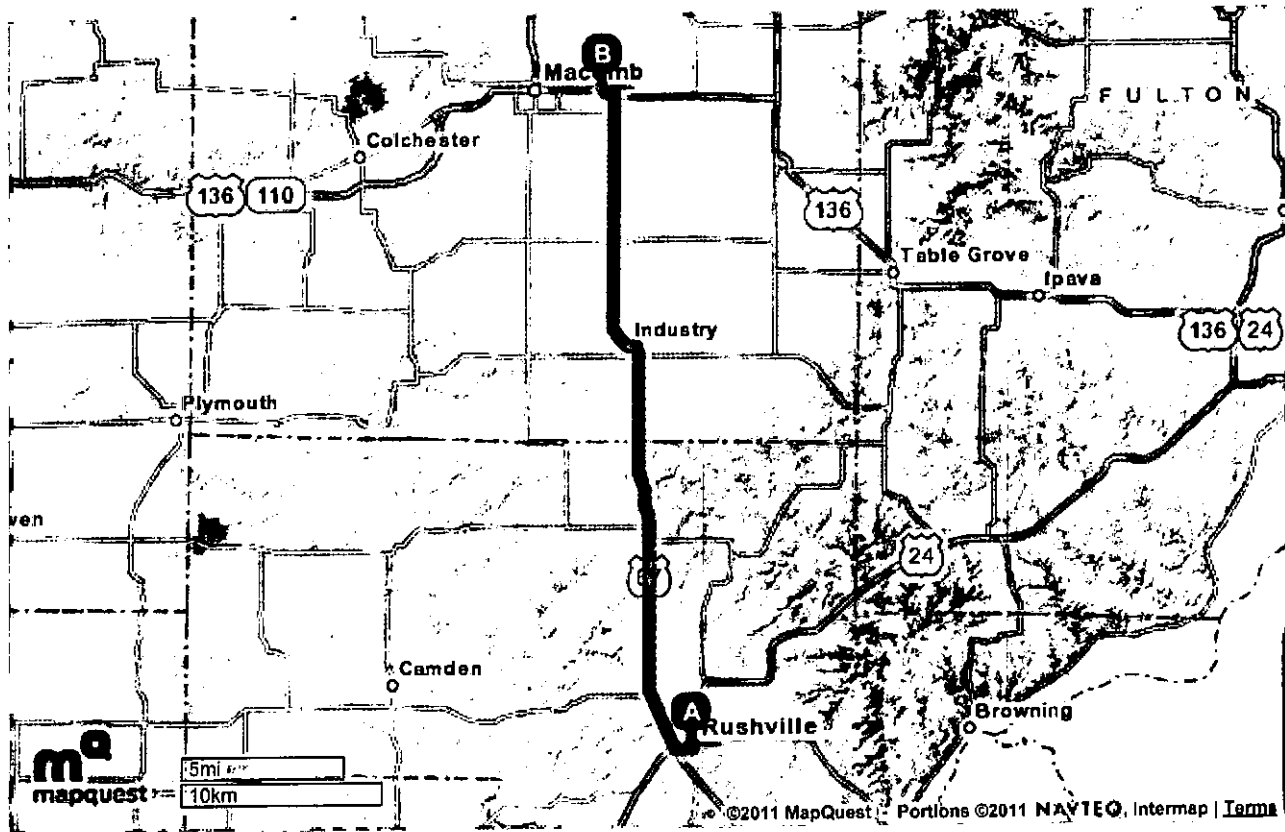
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Notes

Trip to:
Grand Prairie Assisted Living
1307 Meadowlark Ln
Macomb, IL 61455
(309) 833-5000
25.52 miles
31 minutes



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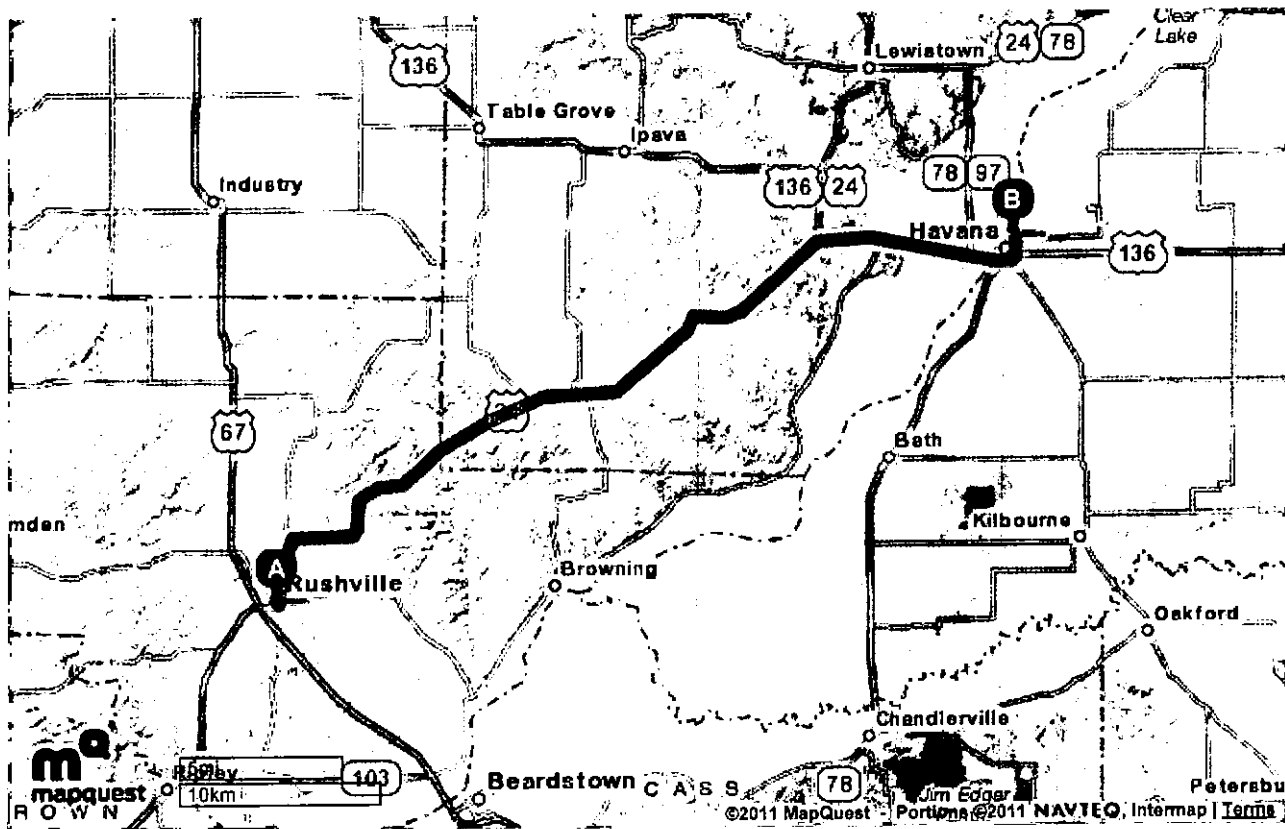
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Trip to:
Havana Health Care Center
609 N Harpham St
Havana, IL 62644
(309) 543-6121
34.24 miles
45 minutes



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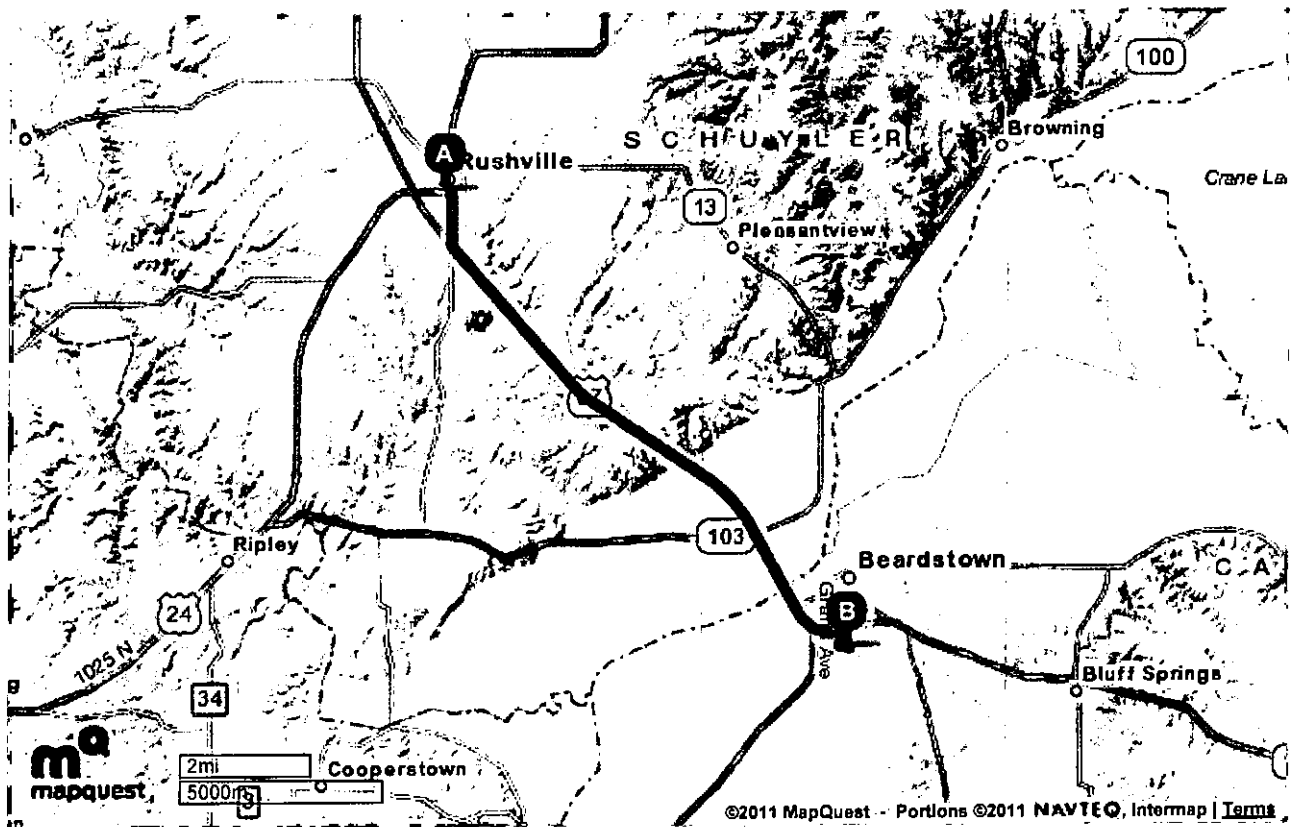
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Notes

Trip to:
Heritage Manor
8306 Saint Lukes Dr
Beardstown, IL 62618
(217) 323-4055
11.75 miles
16 minutes



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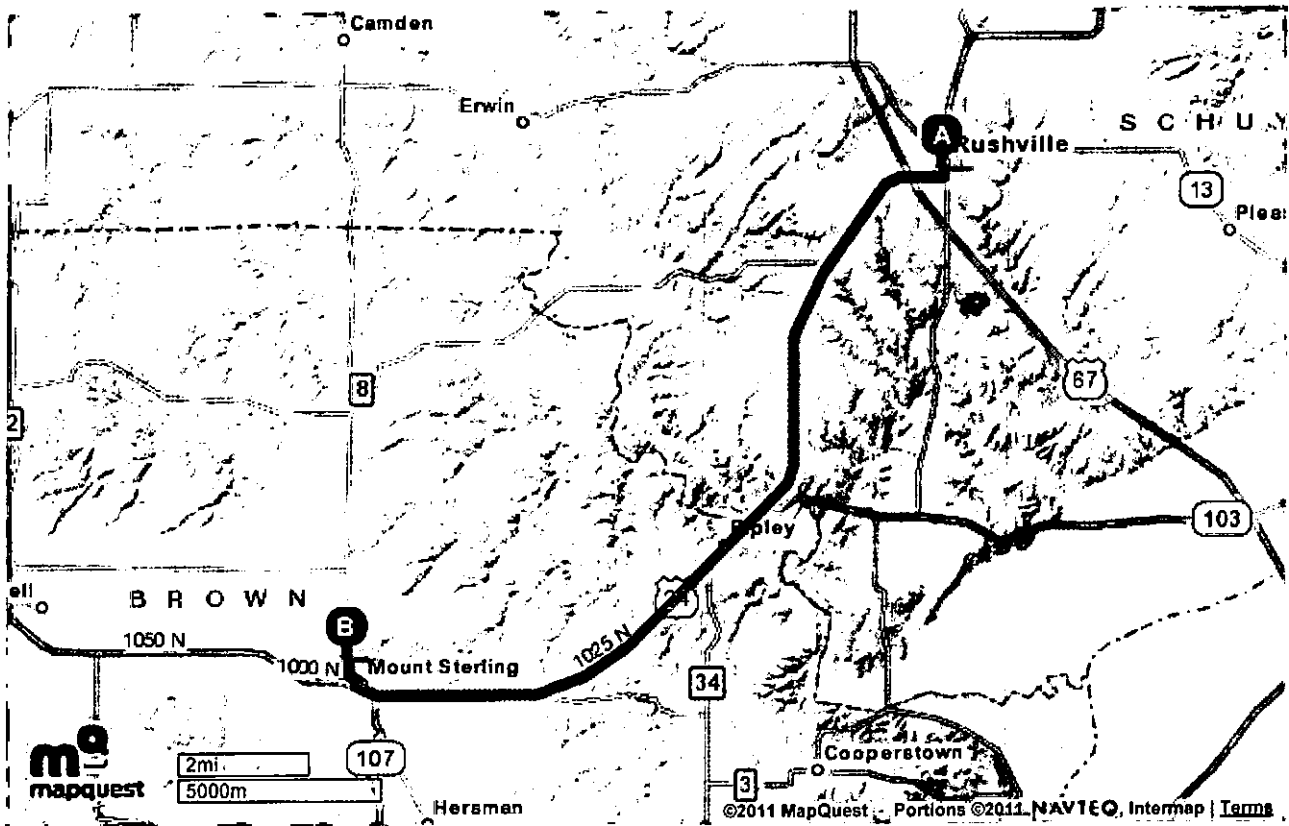
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Trip to:
Heritage Manor Nursing Home
435 Camden Rd
Mt Sterling, IL 62353
(217) 773-3377
16.97 miles
22 minutes



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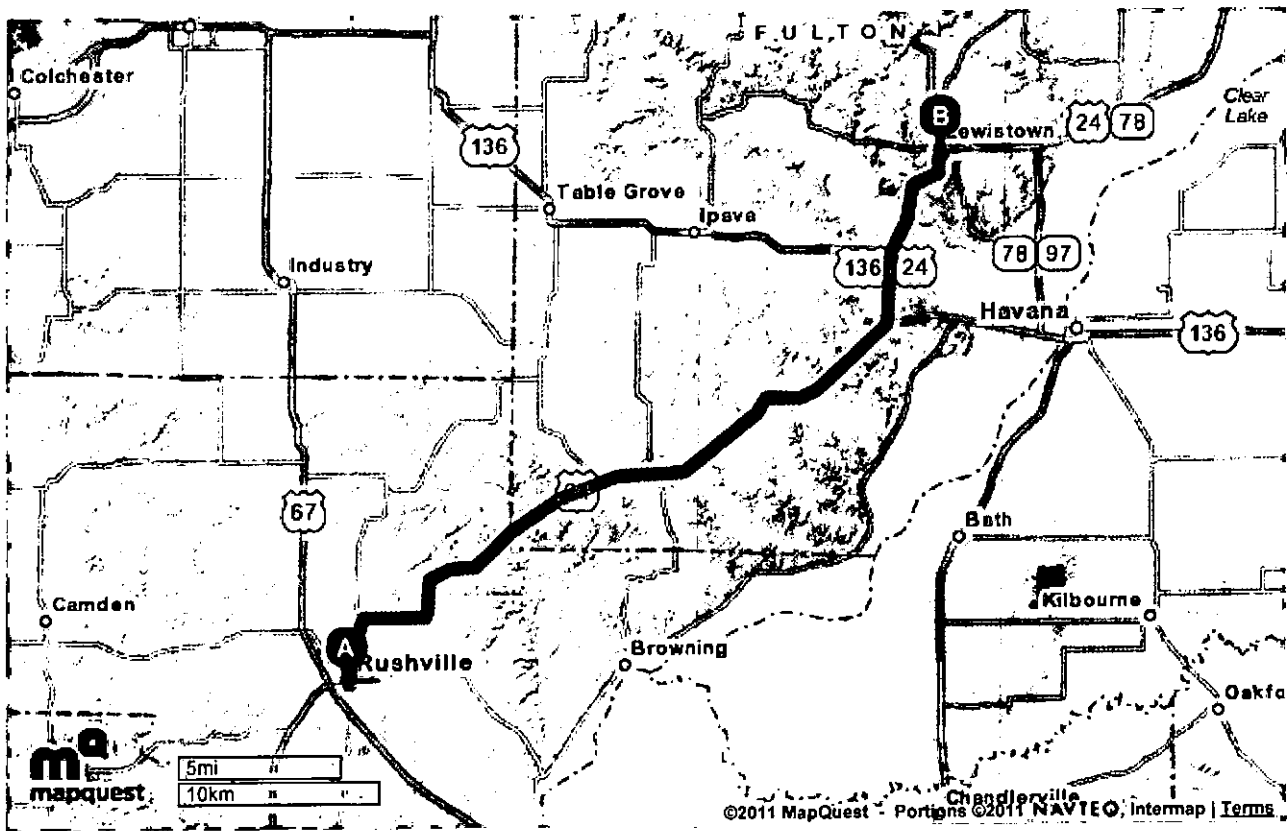
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Trip to:
Prairieview Care Ctr-Lewistown
175 E Sycamore Dr
Lewistown, IL 61542
(309) 547-2267
32.96 miles
41 minutes



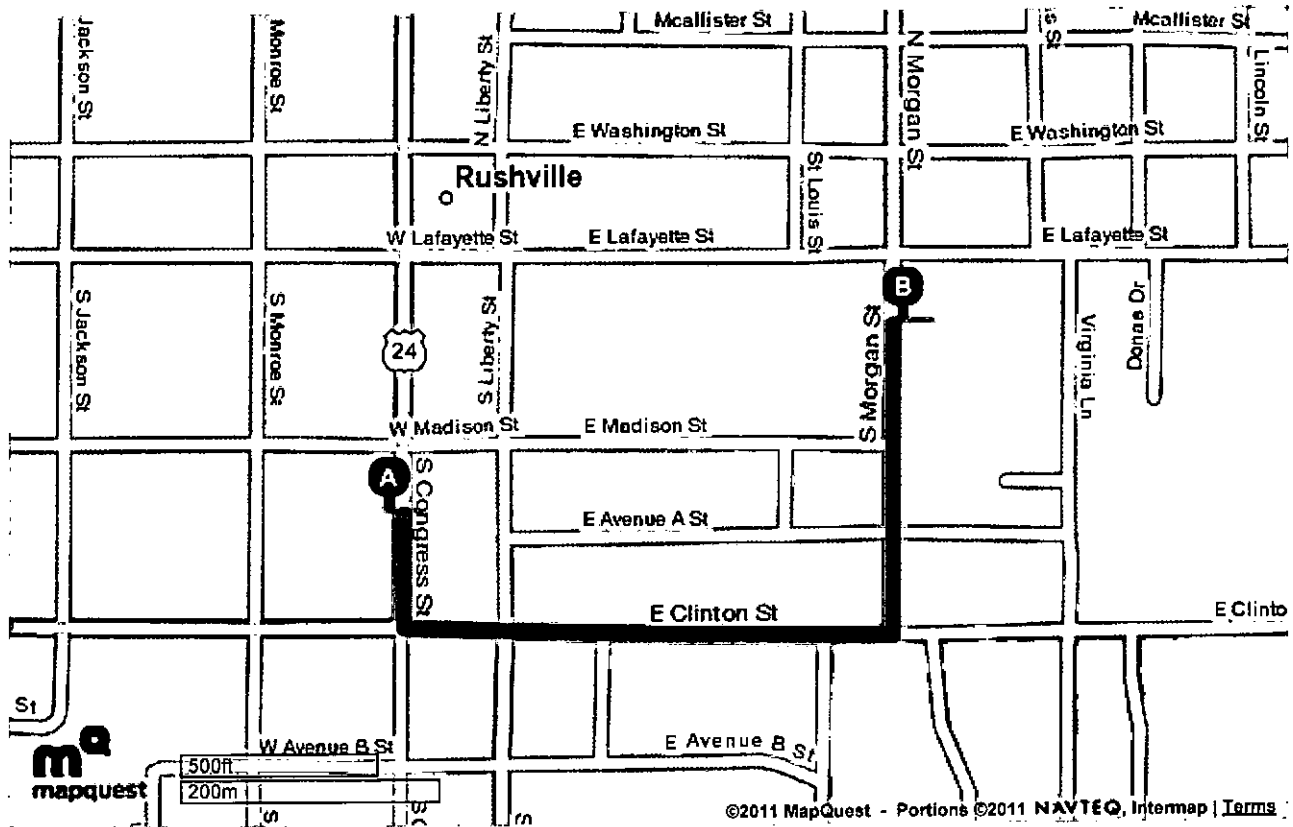
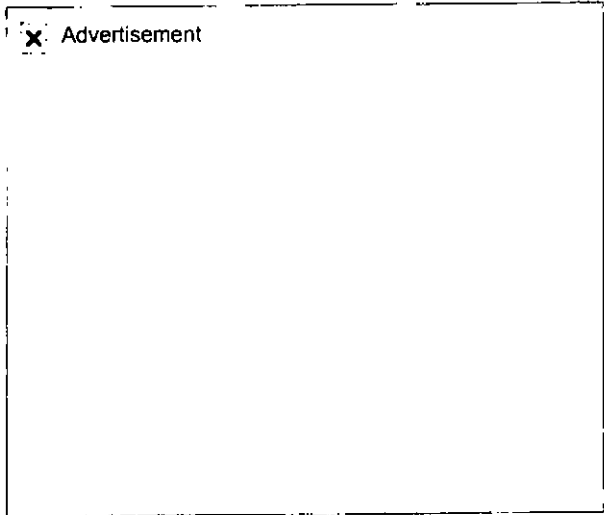
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Trip to: *Snyder's*
135 S Morgan St
Rushville, IL 62681-1617
0.52 miles
1 minute
Notes



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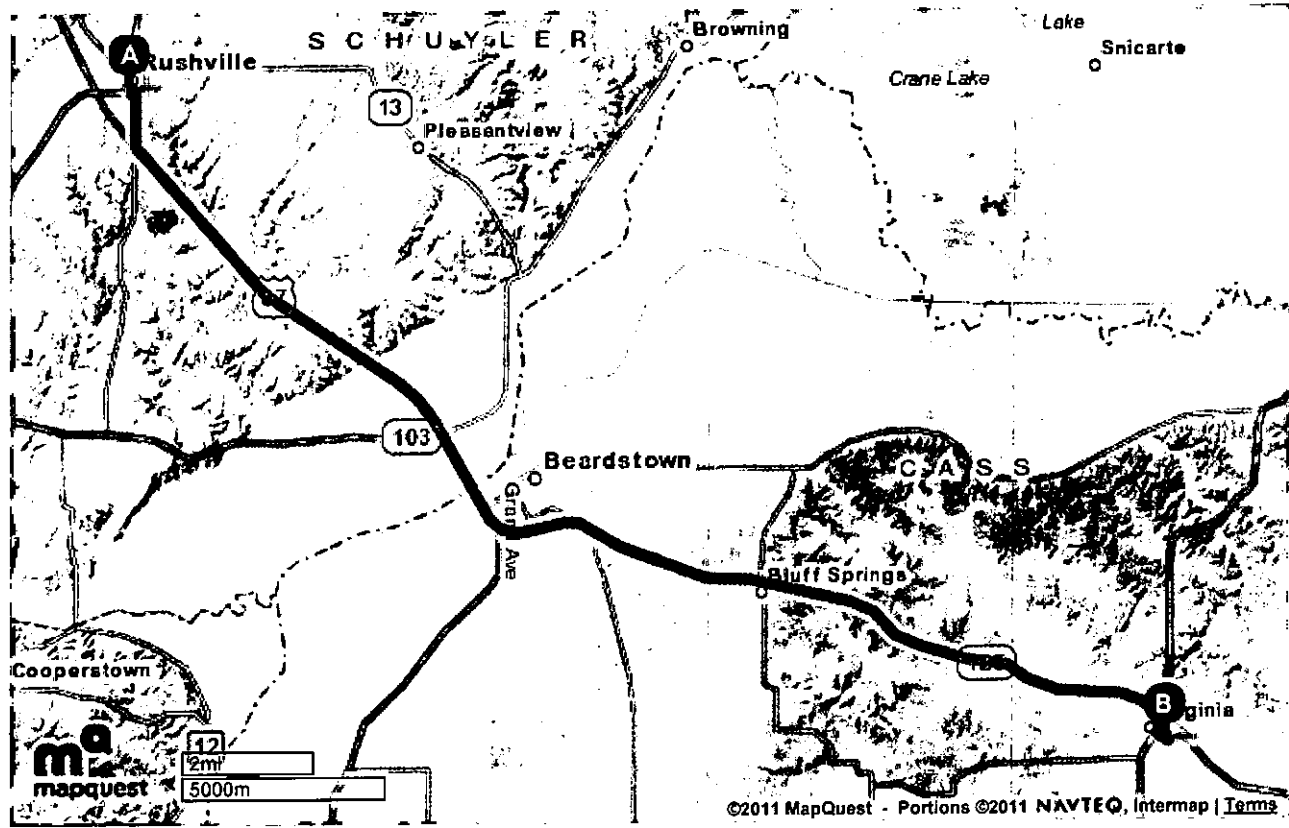
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Trip to:
Walker Nursing Home Inc
530 E Beardstown St
Virginia, IL 62691
(217) 452-3218
24.42 miles
31 minutes
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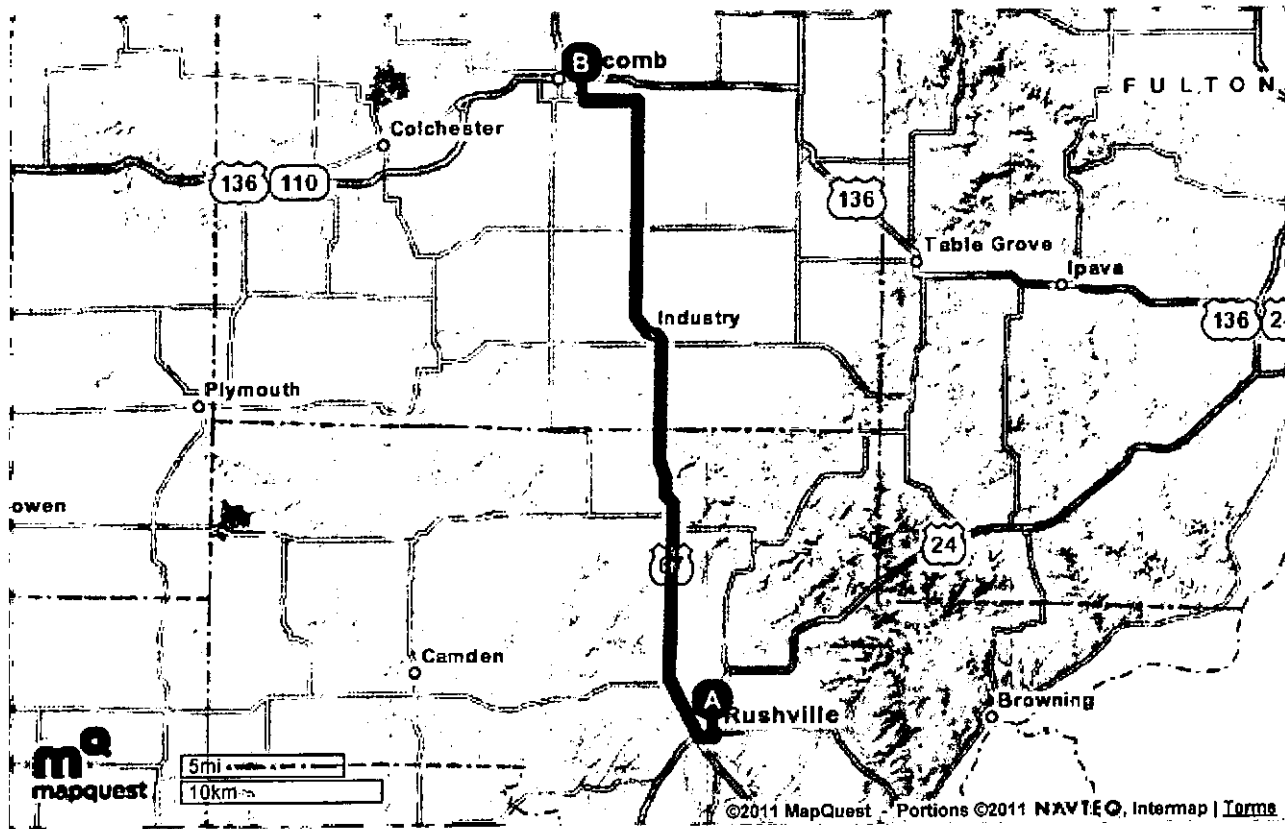
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Wesley Village Health Care Center
1200 E Grant St
Macomb, IL 61455
(309) 833-2123
26.51 miles
32 minutes



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Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 9, 2011

Ms. Paula Taylor, Assistant Administrator
Astoria Gardens & Rehabilitation Center
1008 East Broadway
Astoria, IL 61501

Dear Ms. Taylor:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn Stambaugh', is written over a white background.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
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June 20, 2011

Rachel Kehr
Countryview Care Center
400 W. Grant St.
Macomb, IL 61455

Dear Ms. Kehr:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

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Sincerely,

A handwritten signature in cursive script that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Charles Ackers
Elms Nursing Home
1212 Madelyn Ave.
Macomb, IL 61455

Dear Ms. Ackers:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

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You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Emma Smith
Ems Haven of Rest, Inc.
719 S. McKinley St.
Havana, IL 62644

Dear Ms. Smith:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

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Sincerely,

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



Telephone: (217) 322-4321

Fax 1: (217) 322-6425

Fax 2: (217) 322-4246

www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Andrea Keene
Grand Prairie Assisted Living
1307 Meadowlark Ln.
Macomb, IL 61455

Dear Ms. Keene:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

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You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in cursive script that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Angel Bollinger
Havana Health Care Center
609 N. Harpham St.
Havana, IL 62644

Dear Ms. Bollinger:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

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Sincerely,

A handwritten signature in cursive script that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 9, 2011

Mr. Dennis Toohill, Administrator
Heritage Manor Beardstown, LLC
8306 St. Luke's Drive
Beardstown, IL 62618

Dear Mr. Toohill:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn Stambaugh', written in a cursive style.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



Telephone: (217) 322-4321
Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 9, 2011

Ms. Cathleen Koch, Administrator
Heritage Manor Nursing Home
435 Camden Road
Mt. Sterling, IL 62353

Dear Ms. Koch:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn Stambaugh', is written over a horizontal line.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Brad Alter
Prairie View Care Center
175 E. Sycamore Dr.
Lewistown, IL 61542

Dear Mr. Alter:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



Telephone: (217) 322-4321
Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 9, 2011

Mr. John Snyder,
Snyder's Vaughn Haven, Inc.
135 South Morgan
Rushville, IL 62681

Dear Mr. Snyder:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynn Stambaugh", written in a cursive style.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



Telephone: (217) 322-4321
Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Mary White
Walker Nursing Home, Inc.
530 E. Beardstown St.
Virginia, IL 62691

Dear Ms. White:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement, within 15 days, following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



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Fax 1: (217) 322-6425
Fax 2: (217) 322-4246
www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 20, 2011

Shelly Ward
Wesley Village Health Care Center
1200 E. Grant St.
Macomb, IL 61455

Dear Ms. Ward:

Culbertson Memorial Hospital is moving forward with submitting a Certificate of Need (CON) application to the Illinois Health Facilities and Services Review Board to discontinue use of our 26 General Long Term Care Service beds. We will continue to provide subacute services in our Swing Beds to provide short-stay skilled-nursing services to patients who are transferred from our Acute Care beds. During our last fiscal year, our Swing Bed Program had a monthly average of 83 patient days.

We anticipate the discontinuation of the use of the long term care beds will have little impact on the healthcare facilities located within the hospital's market area. However, the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

It would be greatly appreciated if you could send me a written impact statement, to my attention, indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

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You may contact me at (217) 322-4321, ext. 291 or lstambaugh@sdcmh.org if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink that reads 'Lynn Stambaugh'.

Lynn Stambaugh, CEO
Culbertson Memorial Hospital



June 21, 2011

Lynn Stambaugh, CEO
Culbertson Memorial Hospital
238 South Congress
Rushville, IL 62681

Dear Ms. Stambaugh:

The impact of the closing of your facility will have no impact on the operations of The Elms. Currently we would be able to absorb some of your General Long Term Care caseload. As of this time the only restrictions we have are that the resident must be older than 55 and is not a convicted felon. If I can be of any assistance in your placement needs please let me know.

Sincerely,

Charles Ackers
Administrator

Molly Sorrell

From: Lynn Stambaugh [lstambaugh@sdcmh.org]
Sent: Wednesday, June 22, 2011 12:12 PM
To: 'Molly Sorrell'
Subject: FW: Long Term Care Closure

Print for our CON please. Thanks.

From: Andrea Keene [mailto:director@grandprairieassistedliving.com]
Sent: Wednesday, June 22, 2011 9:05 AM
To: lstambaugh@sdcmh.org
Subject: Long Term Care Closure

Lynn,

Per your letter, I have attached some of our services....

At Grand Prairie Supportive Assisted Living we are accepting new residents. If you need help to maintain your independence, you may qualify for the Illinois Supportive Living Program. We take private pay, Medicaid and long term care insurance. You may want to tour Grand Prairie if you would like to

- Live in your own private apartment
- Receive the personal assistance you may need from our 24-hour staff, we address anything from medication assistance, bathing, grooming, dressing, incontinence, transferring, ambulation and more.
- Benefit from three meals a day, with housekeeping & laundry service
- Enjoy the companionship of friends & neighbors and the opportunity to participate in social, recreational and educational activities

Please feel free to have any family contact me directly at 309-833-5000 or I would be happy to drive down to Rushville and offer an in-service.

Andrea Keene
Administrator



1307 Meadowlark Ln · Macomb, IL 61455
309.833.5000 · Fax - 309.833.5005

- *check us out online*
- *read our latest blog*
- *helpful links & resources*
- *be a fan on facebook*
- *watch us on youtube*
- *follow us on twitter*

Managed by BMA Management, Ltd.
@ www.bma-mgmt.com



HERITAGE MANOR

*Sharing a Heritage
of Care*

8306 St. Lukes Drive
Beardstown, Illinois 62618
217-323-4055
Fax 217-323-9454

June 15, 2011

Ms. Lynn Stambaugh, CEO
Culbertson Memorial Hospital
238 South Congress
Rushville, IL 62681

Dear Ms. Stambaugh:

Please allow this letter to serve as a response to your previous letter announcing the closure of your Long Term Care Service beds at Culbertson Memorial Hospital. Heritage Manor in Beardstown would like to inform you that we are ready and willing to help absorb the caseload that the closure will create.

Our skilled nursing facility would welcome the opportunity to provide its services to current residents at Culbertson Long Term Care without conditions, limitations or discrimination.

Sincerely,

Dennis I. Toohill, Administrator
Heritage Manor Beardstown



Snyder's Vaughn-Haven, Inc.

135 SOUTH MORGAN STREET • RUSHVILLE, ILLINOIS 62681

John R. Snyder
Tel: (217) 322-3201
Fax: (217) 322-2828
john@snydervh.com

June 14, 2011

Lynn Stambaugh, CEO
Culbertson Memorial Hospital
238 South Congress
Rushville, IL 62681

Dear Ms. Stambaugh:

In response to your June 9 letter regarding the closure of your Long Term Care beds, please know that Snyder's Vaughn-Haven is able to accommodate, immediately and without limitation, all additional long term care patients.

Snyder's Vaughn-Haven is a skilled, intermediate, Medicaid and Medicare-licensed facility and as such, is able to provide its services without any limitations or restrictions.

Sincerely,

John R. Snyder, Administrator
Snyder's Vaughn-Haven, Inc.

Walker Nursing Home
530 E. Beardstown St.
Virginia, IL 62691

June 30, 2011

To whom it may concern,

The discontinuation of the use of long term care beds at Culbertson Memorial Hospital will have little to no impact on our healthcare facility, Walker Nursing Home, since the majority of our residents are local. Culbertson Memorial Hospital is twenty five miles from Virginia.

Yours Truly,

Mary Ann White, Administrator

Mary Ann White, Administrator

Walker Nursing Home
530 E. Beardstown St
Virginia, IL 62691.

June 30, 2011

Walker Nursing Home has ten open beds. Semi-private and private beds are available.

Residents we cannot take include but may not be limited to:

- 1) Residents with a diagnosis of severe mental illness
- 2) Residents under 60 years of age
- 3) Residents with a current diagnosis of alcohol/drug addiction

MaryAnn White, Administrator

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Taylor
 Astoria Gardens
 1008 E Broadway
 Astoria, OR 97150

2. Article Number
(Transfer from service label)

7010 1870 0002 7716 3174

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Amber Bucy

Agent

Addressee

B. Received by (Printed Name)

Amber Bucy

C. Date of Delivery

6/10/11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rachel Kehr
 Countryview Care Ctr.
 400 W. Grant
 Macomb, OR 97145

2. Article Number
(Transfer from service label)

7010 1870 0002 7716 2986

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rachel Kehr

Agent

Addressee

B. Received by (Printed Name)

Rachel Kehr

C. Date of Delivery

6/21/11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emma Smith
 Emu Haven of Rest
 719 S. McKinley St.
 Astoria, OR 97103

56

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brenda Craig

Agent

Addressee

B. Received by (Printed Name)

BRENDA CRAIG

C. Date of Delivery

6/21

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>x [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Andrea Keene Grand Prairie Assn Living 1307 Meadowlark Ave. Macomb, IL 61455</i>	B. Received by (Printed Name) <i>Andrea Keene</i>	C. Date of Delivery <i>6-21-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 7716 3013	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>x [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Angel Bollinger Havana NC Ga. 659 N. Humpham St. Havana, IL 62264</i>	B. Received by (Printed Name) <i>Angel Bollinger</i>	C. Date of Delivery <i>6-21-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 7716 2955	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>x [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dennis Iookill Heritage Manor-Brook 8306 St. Luke's Dr. Beardstown, IL 62218</i>	B. Received by (Printed Name)	C. Date of Delivery <i>06-10-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 7716 57	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cathleen Koch
 Heritage Manor
 435 Camden Rd.
 Mt Sterling, SC
 29253

2. Article Number
(Transfer from service label)

7010 1870 0002 7716 3167

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Alberta Couch* Agent
 Addressee

B. Received by (Printed Name)

Alberta Couch C. Date of Delivery
 6-10-11

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brad Alter
 PrairieView Care Ctr.
 175 E. Sycamore Dr.
 Austin, TX 78742

2. Article Number
(Transfer from service label)

7010 1870 0002 7716 2979

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jennifer Jockisch* Agent
 Addressee

B. Received by (Printed Name)

Jennifer Jockisch C. Date of Delivery
 6-21-11

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Snyder
 Snyder's Varsity Haven
 1355 Maple
 Rushville, SC 29268
 58

2. Article Number

7010 1870 0002 7716 3167 Appendix 33

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *David Gutz* Agent
 Addressee

B. Received by (Printed Name)

David Gutz C. Date of Delivery
 6-10-11

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Brian White</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Brian White</i>	C. Date of Delivery <i>6/21/11</i>
1. Article Addressed to: <i>Mary White Walker Nursing Home 530 E. Glades Farm St. Virginia, VA 22691</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7010 1870 0002 7716 3020	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Mary Jane Shryack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Mary Jane Shryack</i>	C. Date of Delivery <i>6-21-11</i>
1. Article Addressed to: <i>Shelly Ward Wesley Village Hc Ctr. 1200 E. Brant Macon, VA 22645</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7010 1870 0002 7716 3006	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

Elms



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Track & Confirm

Search Results

Label/Receipt Number: **7010 1870 0002 7716 2993**

Service(s): **Certified Mail™**

Status: **Delivered**

Your item was delivered at 11:10 am on June 21, 2011 in MACOMB, IL 61455.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Detailed Results:

- **Delivered, June 21, 2011, 11:10 am, MACOMB, IL 61455**
- **Processed through Sort Facility, June 21, 2011, 1:59 am, PEORIA, IL 61601**
- **Acceptance, June 20, 2011, 3:04 pm, RUSHVILLE, IL 62681**

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XI. Safety Net Impact Statement

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.

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)

Culbertson Memorial Hospital plans to discontinue our General Long Term Care Category of Service.

The following points are relevant to this issue:

- SD Culbertson Memorial Hospital is located in Planning Area E-1 Schuyler County, which has an excess of 65 General Long Term Care beds as of June 16, 2011.
- There is 1 free-standing nursing home in Rushville that provides this category of service and currently has 41 open beds. There are also free-standing nursing homes in the neighboring communities of Astoria, Beardstown and Mt. Sterling. Local residents who are not eligible for care is SD Culbertson Memorial Hospitals Swing Bed Program are able to receive General Long Term Care services in these facilities.
- SD Culbertson Memorial Hospital provides a Swing Bed Program through the Federal Medicare Program, and its patients requiring General Long Term Care are able to receive skilled nursing care without having to be transferred to a distinct skilled nursing unit.

Under this program, an approved hospital, such as SD Culbertson Memorial Hospital may use its acute care beds, as needed, to provide either acute or skilled nursing care for post-acute patients. As a result, SD Culbertson Memorial Hospital patients requiring a stay in a Skilled Nursing Unit following hospitalization of at least three consecutive calendar days do not need to be admitted to the hospital's Skilled Nursing Unit in order to receive this level of care.

The purpose of the Swing Bed Program is to increase access to post-acute skilled nursing care for Medicare beneficiaries and to maximize efficiency of hospital operations by meeting unpredictable demands for acute and long term care. (Source of information: U.S. Centers for Medicare and Medicaid Services: "Fact Sheet: Swing Bed") April, 2009.

- SD Culbertson Memorial Hospital surveyed 11 other facilities providing the General Long Term Care Category of Service who are located within a 45 minute travel time. The hospital received 5 responses, of which 5 were from facilities who agreed to accept any of SD Culbertson Memorial Hospital's patients whom require this category of care without conditions, limitations, or discrimination.

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 have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community.

There are no other hospitals in Rushville. SD Culbertson Memorial Hospital is a Critical Access hospital.

There is one nursing home in Rushville who provides the General Long Term Care Category of Service. We sent Snyder's Vaughn Haven Nursing home a letter asking them to assess the impact of the proposed discontinuation upon their facility. Snyder's Vaughn Haven, Inc. responded to the request that the discontinuance of our Long Term Care unit will have no impact.

Safety Net Impact Statements shall also include 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.

A notarized certification describing the amount of charity care provided by SD Culbertson Memorial Hospital for 2009 through 2011 is found on page 3 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 "Inpatient and Outpatients Served by Payer Source" and "Inpatient and Outpatient Net Revenue by Payer Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A notarized certification describing the amount of care provided to Medicaid patients by SD Culbertson Memorial Hospital for 2009 through 2011 is found on page 4 of this attachment.

3. Any other information the applicant believes is directly relevant to safety net services:

As a Critical Access Hospital, SD Culbertson Memorial Hospital provides needed and important health care services to the community it serves.

SD Culbertson Memorial Hospital provides community outreach services for healthy living. These services include Community Health Fairs, Disease Screening, and wellness and healthy living programs.

SD Culbertson Memorial Hospital and its colleagues routinely reach out to our area communities.

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

This table will be found on page 5 of this attachment.



Telephone: (217) 322-4321

Fax 1 : (217) 322-6425

Fax 2 : (217) 322-4246

Website: www.cmhospital.com

238 South Congress • Rushville, IL 62681

June 10, 2011

Mr. Dale W. Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Mr. Galassie:

Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital hereby certifies that it provided the amount of charity care at cost that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

Table with 4 columns: Charity Care, 2009, 2010, 2011. Rows include Inpatient, Outpatient, and Total with corresponding dollar amounts.

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

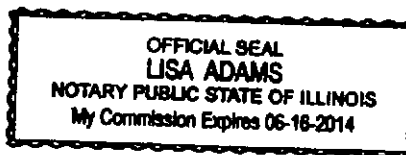
Sincerely,

Handwritten signature of Lynn Stambaugh
Lynn Stambaugh
CEO

Notarization:

Subscribed and sworn to before me this
10th day of June, 2011

Handwritten signature of Lisa Adams
Signature of Notary





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June 10, 2011

Mr. Dale W. Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Mr. Galassie:

Schuyler County Hospital District d/b/a Sarah D. Culbertson Memorial Hospital hereby certifies that it provided the amount of Medicaid that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

Table with 4 columns: Medicaid Net Revenue, 2009, 2010, 2011. Rows include Inpatient, Outpatient, and Total.

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 Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health facilities Planning Act and published in the Annual Hospital Profile.

Sincerely,

Handwritten signature of Lynn Stambaugh
Lynn Stambaugh
CEO

Notarization:
Subscribed and sworn to before me this
10th day of June, 2011



Handwritten signature of Lisa Adams
Signature of Notary

XI. Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2009	Year 2010	Year 2011
Inpatient	8	3	11
Outpatient	69	68	117
Total	77	71	128
Charity (cost In dollars)			
Inpatient	\$16,463	\$2,391	\$22,713
Outpatient	\$32,220	\$60,514	\$97,456
Total	\$48,683	\$62,905	\$120,169
MEDICAID			
Medicaid (# of patients)	Year 2009	Year 2010	Year 2011
Inpatient	35	20	21
Outpatient	3,602	3,446	4,326
Total	3,637	3,466	4,347
Medicaid (revenue)			
Inpatient	\$66,823	\$28,142	\$20,449
Outpatient	\$887,790	\$534,699	\$490,783
Total	\$954,613	\$562,841	\$511,232

XII. Charity Care Information

CHARITY CARE			
	Year 2009	Year 2010	Year 2011
Net Patient Revenue	\$16,947,107	\$17,481,661	\$19,778,405
Amount of Charity Care (charges)	\$91,854	\$120,278	\$229,769
Cost of Charity Care	\$48,683	\$62,905	\$120,169

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	13
2	Site Ownership	14
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	15, 16
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	17
5	Flood Plain Requirements	n/a
6	Historic Preservation Act Requirements	n/a
7	Project and Sources of Funds Itemization	8, 18, 19
8	Obligation Document if required	n/a
9	Cost Space Requirements	20, 21
10	Discontinuation	22 – 60
11	Background of the Applicant	n/a
12	Purpose of the Project	n/a
13	Alternatives to the Project	n/a
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
18	Master Design Project	n/a
19	Mergers, Consolidations and Acquisitions	n/a
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
21	Comprehensive Physical Rehabilitation	n/a
22	Acute Mental Illness	n/a
23	Neonatal Intensive Care	n/a
24	Open Heart Surgery	n/a
25	Cardiac Catheterization	n/a
26	In-Center Hemodialysis	n/a
27	Non-Hospital Based Ambulatory Surgery	n/a
28	General Long Term Care	n/a
29	Specialized Long Term Care	n/a
30	Selected Organ Transplantation	n/a
31	Kidney Transplantation	n/a
32	Subacute Care Hospital Model	n/a
33	Post Surgical Recovery Care Center	n/a
34	Children's Community-Based Health Care Center	n/a
35	Community-Based Residential Rehabilitation Center	n/a
36	Long Term Acute Care Hospital	n/a
37	Clinical Service Areas Other than Categories of Service	n/a
38	Freestanding Emergency Center Medical Services	n/a
	Financial and Economic Feasibility:	
39	Availability of Funds	n/a
40	Financial Waiver	n/a
41	Financial Viability	n/a
42	Economic Feasibility	n/a
43	Safety Net Impact Statement	61 – 65
44	Charity Care Information	44