

**RECEIVED**

**Constantino, Mike**

DEC 14 2011

**From:** Andrea R. Rozran [arozran@diversifiedhealth.net]  
**Sent:** Tuesday, December 13, 2011 5:17 PM  
**To:** Constantino, Mike  
**Cc:** Roate, George; Peggy Sebastian; Dennis I. Hutchison  
**Subject:** RE: St Joseph Highland  
**Attachments:** 12-7-11 CMS Certification for relocation of St. Joseph's Hospital Highland.pdf

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

I've attached the letter.

Andrea R. Rozran  
Principal, Diversified Health Resources, Inc.  
Chicago Telephone: 312-266-0466  
e-mail: [arozran@diversifiedhealth.net](mailto:arozran@diversifiedhealth.net)

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**From:** Constantino, Mike [mailto:Mike.Constantino@illinois.gov]  
**Sent:** Tuesday, December 13, 2011 3:02 PM  
**To:** 'arozran@diversifiedhealth.net'  
**Cc:** Roate, George  
**Subject:** St Joseph Highland

Andrea:

When you get a chance can you send me the preliminary CMS approval for the move of the hospital. thank you.

Mike Constantino  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois 62761  
Fax:(217) 785-4111  
Phone:(217) 785-1557

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CMS Certification Number (CCN): 14-1336

December 7, 2011

Peggy A. Sebastian,  
President & Chief Executive Officer  
St. Joseph Hospital  
1515 Main Street  
Highland, IL 62249

Dear Ms. Sebastian:

We have received your September 26, 2011 letter of attestation and the supporting documentation regarding your plan to relocate your Critical Access Hospital (CAH) in 2013. Your letter of attestation addresses all of the necessary requirements prior to the planned relocation.

We have reviewed the July 15, 2011 letter from the Illinois Office of Rural Health. This letter is assuring that the proposed location for the replacement hospital will continue to meet the same criterion that was originally used by the State for its designation of your facility as a necessary provider.

Based on our preliminary evaluation of the documentation you submitted and the letter from the Illinois Office of Rural Health, the Regional Office of the Centers for Medicare & Medicaid Services (CMS-RO) has determined that you have met the requirements to begin the process to relocate your facility. Final determination will not occur until you have completed your relocation. The CAH must continue to meet any appropriate State requirements including licensure.

Once the relocation is complete, you must attest that the CAH remains essentially the same provider serving the same community in its new location and whether the information provided with your earlier attestation remains the same. At that time, you must address any changes in your previous attestation letter and you must provide documentation to demonstrate that the CAH is essentially the same provider and that the CAH meets all the requirements at 42 CFR §485.610(d) at its new location.

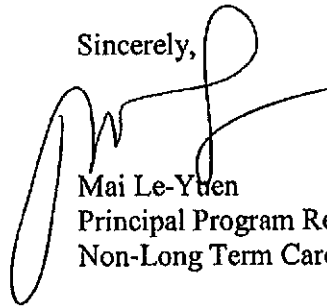
Additionally, you must provide another letter from the Illinois Office of Rural Health dated after the relocation is complete, advising CMS as to whether or not your relocated CAH continues to meet the original criteria for its designation as a necessary provider.

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Peggy A. Sebastian

The documentation from the provider and the letter from the Illinois Office of Rural Health will be reviewed to determine if the CAH is functioning as the same provider to the same community in the new location.

If you have any additional questions or need further assistance, you may contact Stephanie Ysrael, either by phone at (312) 353-2908 or by email at [stephanie.ysrael@cms.hhs.gov](mailto:stephanie.ysrael@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Mai Le-Yuen', with a large, stylized flourish extending to the left.

Mai Le-Yuen  
Principal Program Representative  
Non-Long Term Care Certification & Enforcement Branch

Cc: Illinois Department of Public Health  
National Government Services