ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

Original

14-046

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

SEP 05 2014

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Decatur Memorial Hospital		
Street Address:2300 N. Edwards St.		
City and Zip Code: Decatur, Illinois 62526		
County: Macon	Health Service Area IV	Health Planning Area:04

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

Exact Legal Name :Decatur Memorial Hospital
Address: 2300 N. Edwards St.
Name of Registered Agent: Kenneth L. Smithmier
Name of Chief Executive Officer: Timothy D. Stone
CEO Address: 2300 N. Edwards St., Decatur, Illinois 62526
Telephone Number: 217-876 2187

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name: Linda Fahey
Title: VicePresident and Chief Nursing Officer
Company Name Decatur Memorial Hospital
Address: 2300 N. Edwards St., Decatur, Illinois 62526
Telephone Number: 217-876-2113
E-mail Address: : lindaf@dmhhs.org
Fax Number:

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

Name: Michael I Copelin
Title: President
Company Name: Copelin Healthcare Consulting Inc,
Address: 42 Birch Lake Drive, Sherman Illinois 62684
Telephone Number:217-496-3712
E-mail Address:Micbball@aol.com
Fax Number:217-496- 3097

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: Linda Fahey
Title: Vice President and Chief Nursing Officer
Company Name: Decatur Memorial Hospital
Address: 2300 N. Edwards St., Decatur, Illinois 62526
Telephone Number: 217-876-2113
E-mail Address: lindaf@dmhhs.org
Fax Number: 217-876-2125

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Decatur Memorial Hospital
Address of Site Owner: : 2300 N. Edwards St., Decatur, Illinois 62526
Street Address or Legal Description of Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: : Decatur Memorial Hospital
Address: : 2300 N. Edwards St., Decatur, Illinois 62526
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. 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

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

- ◉ Substantive
- ☐ Non-substantive

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 proposed project calls for the establishment of a 20-bed AMI unit for Geriatric patients, these patients in most cases will also have other Medical Problems which will also be treated in this unit.. This unit will be housed on the sixth floor of the existing hospital in space currently occupied by Medical Surgical beds. The total Gross Square Footage for the proposed unit is 12,315 GSF.

The project will also result in the discontinuation of 20 Medical Surgical beds, which will reduce the total number of Medical Surgical beds to 204 beds.

The total project cost is estimated to be $1,597,691.50

This a substantive project because it results in the establishment of a new category of service.

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	$20,000		
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$1,278,748		
Contingencies	$143,420		
Architectural/Engineering Fees	$153,450		
Consulting and Other Fees	$2,000		
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$1,597,618		
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$1,597,618**		
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$1,597,618**		
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

The project involves the establishment of a new facility or a new category of service

■ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is $ 1,455,737.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

■ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2016

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

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

■ Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

■ Cancer Registry

■ APORS

■ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

■ All reports regarding outstanding permits

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

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Decatur Memorial Hospital		**CITY: Decatur**			
REPORTING PERIOD DATES:		**From: 10/01/2012**		**to: 9/30/2013**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	224	8,048	31,453	-20	204
Obstetrics	26	1,100	2,801	0	26
Pediatrics	18	517	1,166	0	18
Intensive Care	32	1,289	5,585	0	32
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness				20	20
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	300	10,954	41,005		300

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
Kenneth L. Smithmier	Timothy D.Stone, Jr.
PRINTED NAME	PRINTED NAME
President & CEO	Executive VP & Administrator
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 3 day of September, 2014	Notarization: Subscribed and sworn to before me this 3 day of September, 2014
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL JENNIFER WALLACE NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 06/21/17	Seal: OFFICIAL SEAL JENNIFER WALLACE NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 06/21/17

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

$1,597,618	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$1,597,618		**TOTAL FUNDS AVAILABLE**

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage	**Not applicable see Attachment #37**			
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

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

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

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

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

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

Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	NA
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	21-22
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6	Historic Preservation Act Requirements	24-29
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18	Master Design Project	NA
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	Service Specific:	NA
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21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	43-111
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24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	Selected Organ Transplantation	NA
29	Kidney Transplantation	NA
30	Subacute Care Hospital Model	NA
31	Children's Community-Based Health Care Center	NA
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34	Clinical Service Areas Other than Categories of Service	NA
35	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
36	Availability of Funds	112-117
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File Number 0871-246-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DECATUR MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 09, 1902, 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* 11TH *day of* AUGUST *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1422301556

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

Attachment # 1

MACON COUNTY

2013

2013 REAL ESTATE TAX BILL
EDWARD D. YODER, TAX COLLECTOR
MACON COUNTY OFFICE BUILDING
141 S MAIN ST ROOM 302
DECATUR, IL 62523
PHONE (217) 424-1426

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS BILL REGARDINC YOUR TAXES.
The County Collector only collects your taxes and is not responsible for the amount o your assessment or the amount of your tax bill. We will be happy to assist you o direct you to the proper authority regarding questions about your tax bill.

ASSESSED TO: DECATUR MEMORIAL HOSPITAL
BILL NUMBER: 35213

DECATUR MEMORIAL HOSPITAL
2300 N EDWARD
DECATUR, IL 62526

RECEIPT PORTION - KEEP FOR YOUR RECORDS

PAY TO: MACON COUNTY COLLECTOR

PROPERTY DESCRIPTION	PERMANENT INDEX NUMBER
2300 N EDWARD ST DMH 2ND ADDITION LOT 1 ST DOC# 91-58-125 IRREG 03BK3315/458 Main hospital bldg ST DOC 10-58-23	04-12-03-401-015
	ACRES 24.370 / TAXABLE VALUE 302,412
	CLASS CODE 0060 / TAX CODE 04055
LOCATION OF PROPERTY: sect/lot 03 / twp 16 / range 2E / acres 24.370	TOWNSHIP DECATUR

FORMULA FOR TAX CALCULATION - 2013		
~~Land Lot~~	+	~~4,494~~
Farm Land	+	0
Buildings	+	297,918
Farm Bldg	+	0
b. of r. equalized	=	302,412
state eq. factors *	x	1.00000
state eq. value	=	302,412
IMPROVEMENT	-	0
OWNER OCC EX	-	0
SENIOR EX	-	0
VETERAN EX	-	0
SEN FREEZE	-	0
Taxable Value	=	302,412
Tax Rate	x	9.40132
Real Estate Tax	=	$28,430.72
Drainage Tax	=	$0.00

Taxing Body	Prior Rate	Prior Amount	Current Rate	Current Amount
COUNTY TAX	0.70969	2,212.56	0.72494	2,192.31
- IMRF	0.20380	635.38	0.22238	672.50
CO HEALTH & MENTAL HE	0.25260	787.52	0.25348	766.55
CONSERVATN DIST	0.09385	292.59	0.09782	295.82
- IMRF	0.01328	41.40	0.01243	37.59
DECATUR TOWNSHIP	0.31372	978.07	0.32432	980.79
- IMRF	0.02653	82.71	0.02797	84.58
DECATUR SANITARY	0.27965	871.85	0.28611	865.23
- IMRF	0.03455	107.72	0.04512	136.45
DECATUR PARK DIS	0.98383	3,067.23	1.00294	3,033.01
- PARK IMRF	0.11333	353.33	0.11422	345.42
MACON MOSQ ABATE	0.03033	94.55	0.03193	96.55
- IMRF	0.00285	8.89	0.00351	10.62
DECATUR SCH #61	3.94617	12,302.78	3.89392	11,775.68
- IMRF	0.44498	1,387.29	0.43867	1,326.59
CITY OF DECATUR	0.15805	492.74	0.16216	490.39
- CITY LIBRARY	0.34729	1,082.73	0.33111	1,001.32
- IMRF	0.85510	2,665.91	0.91280	2,760.41
RICHLAND CC 537	0.47678	1,486.43	0.48461	1,465.52
- MEDICARE	0.00608	18.96	0.00621	18.78
MAHOMET AQUIFER W A	0.00000	0.00	0.00000	0.00
COOPERATIVE EXTENSION	0.02446	76.26	0.02467	74.61
Totals	9.31692	29,046.90	9.40132	28,430.72

* Not to be used for farm land and farm buildings
Township Multiplier: 0.97000

INTEREST 1 1/2% PER MONTH	TOTAL TAX DUE
	$28,430.72
1977 EQUALIZED VALUE: 100	FAIR MARKET VALUE: 907,236

FIRST INSTALLMENT DUE DATE: 06/06/2014 AMOUNT $14,215.36
SECOND INSTALLMENT DUE DATE 09/05/2014 AMOUNT $14,215.36

1

BILL NUMBER	FORFEITED TAXES OR YEARS
35213	$0.00
PERMANENT INDEX NUMBER: 04-12-03-401-015	CURRENT TAX DUE: $14,215.36
DUE DATE: 06/06/2014	TAX PAYMENT - 1ST INST.
PAID BY OTHER	INTEREST / COSTS
TOTAL TAX: $28,430.72	TOTAL PAID

04-12-03-401-015
DECATUR MEMORIAL HOSPITAL
2300 N EDWARD
DECATUR, IL 62526

RETURN THIS STUB WITH YOUR 1ST INSTALLMENT
FIRST INSTALLMENT - 2013 ☐ CHECK ☐ CASH ☐ BANK ☐ OTHER

DETACH HERE

2

BILL NUMBER	FORFEITED TAXES OR YEARS
35213	$0.00
PERMANENT INDEX NUMBER: 04-12-03-401-015	CURRENT TAX DUE: $14,215.36
DUE DATE: 09/05/2014	TAX PAYMENT - 2ND INST.
PAID BY OTHER	INTEREST / COSTS
TOTAL TAX: $28,430.72	TOTAL PAID

04-12-03-401-015
DECATUR MEMORIAL HOSPITAL
2300 N EDWARD
DECATUR, IL 62526

RETURN THIS STUB WITH YOUR 2ND INSTALLMENT
SECOND INSTALLMENT - 2013 ☐ CHECK ☐ CASH ☐ BANK ☐ OTHER

20

ATTACHMENT #2

File Number 0871-246-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DECATUR MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 09, 1902, 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* 11TH *day of* AUGUST *A.D.* 2014 .

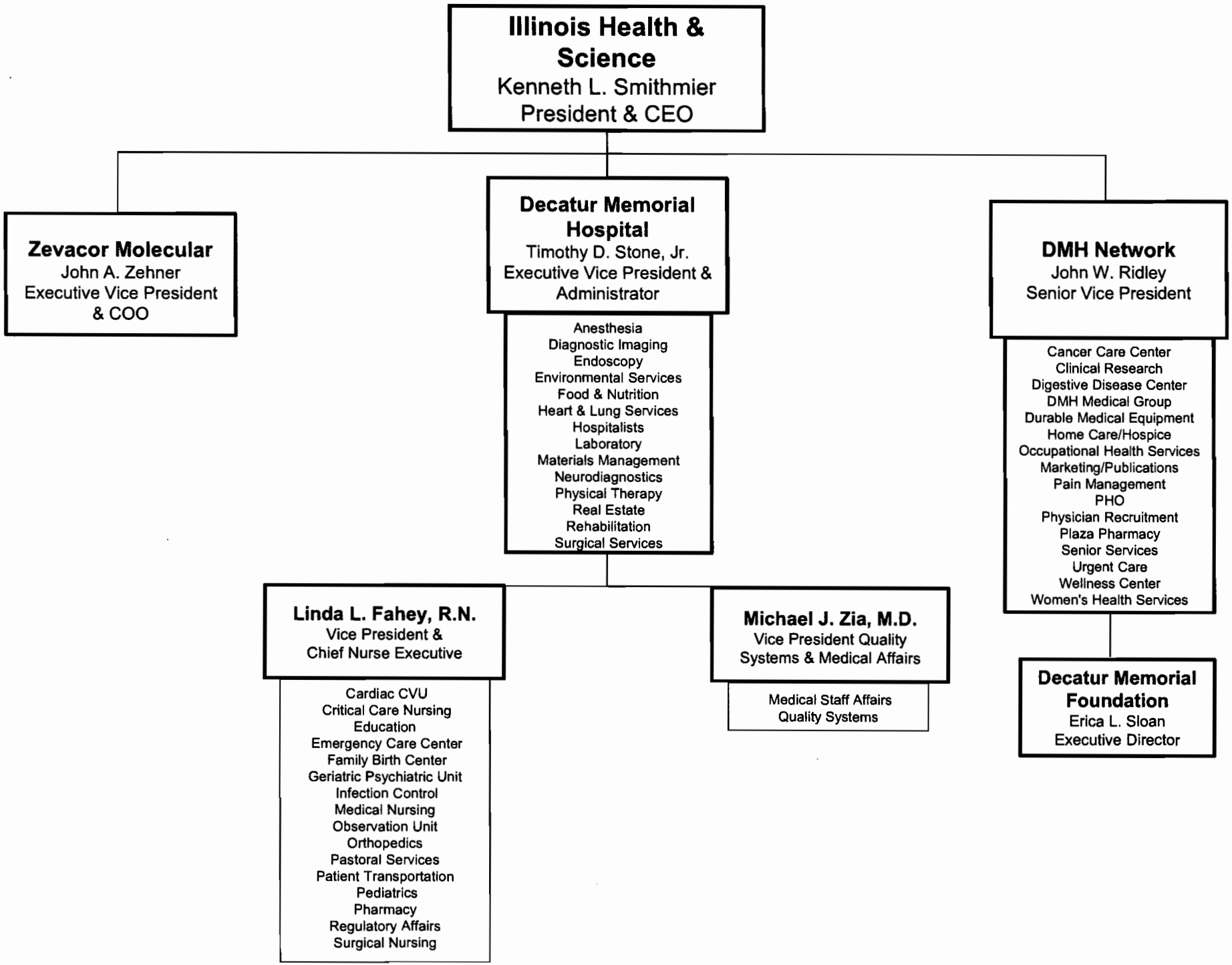
Jesse White

SECRETARY OF STATE

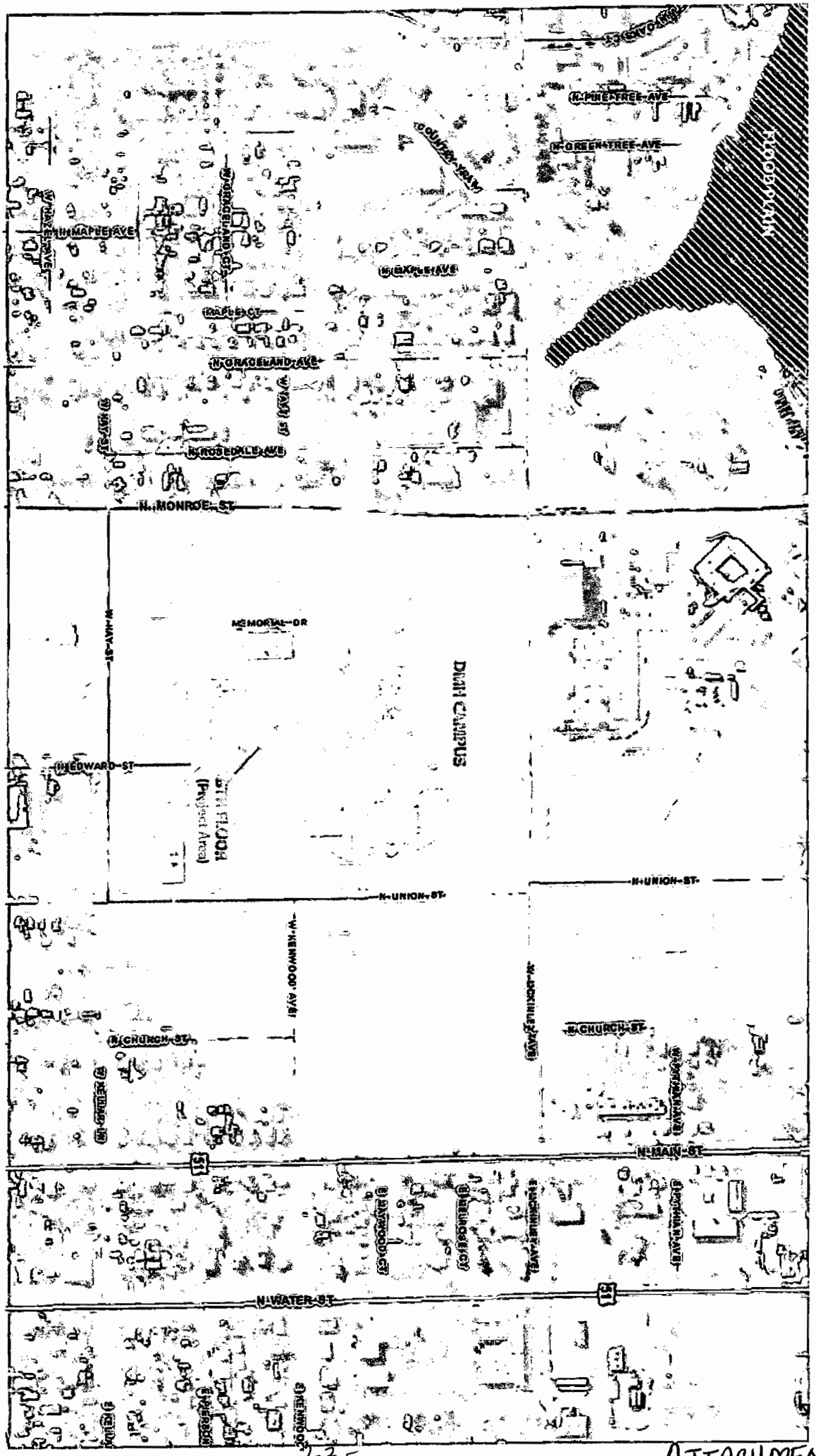
Authentication #: 1422301556

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

Attachment #3



Attachment # 4



ATTACHMENT #5

Copelin Healthcare Consulting
42 Birch Lake Drive
Sherman, Illinois 62684

Cell: 217-725-4558
Phone: 217-496-3712
Fax: 217-496-3097

August 18, 2014

Anne Haaker
Deputy State Preservation Officer
Illinois Historic Preservation Agency
1 Old State Capital Plaza
Springfield, Illinois 62701-1607

Re: Clearance Letter for Certificate of Need Application

Dear Ms. Haaker:

I am writing to request a review of our proposed site by your agency pursuant to the Illinois Stat Agency Historic Resources Preservation Act (20 ILCS 3420) in order for our project to be considered by the Illinois Health Facilities and Services Review Board for a Certificate of Need.

We are proposing to remodel an existing floor of Decatur Memorial Hospital at 2300 N Edward St, Decatur, Illinois, 62650. There will be no changes to the exterior of the building.

We have attached two photos of the exterior of Decatur Memorial Hospital and its immediate surroundings, a floodplain map of the area, and a site plan of the facility.

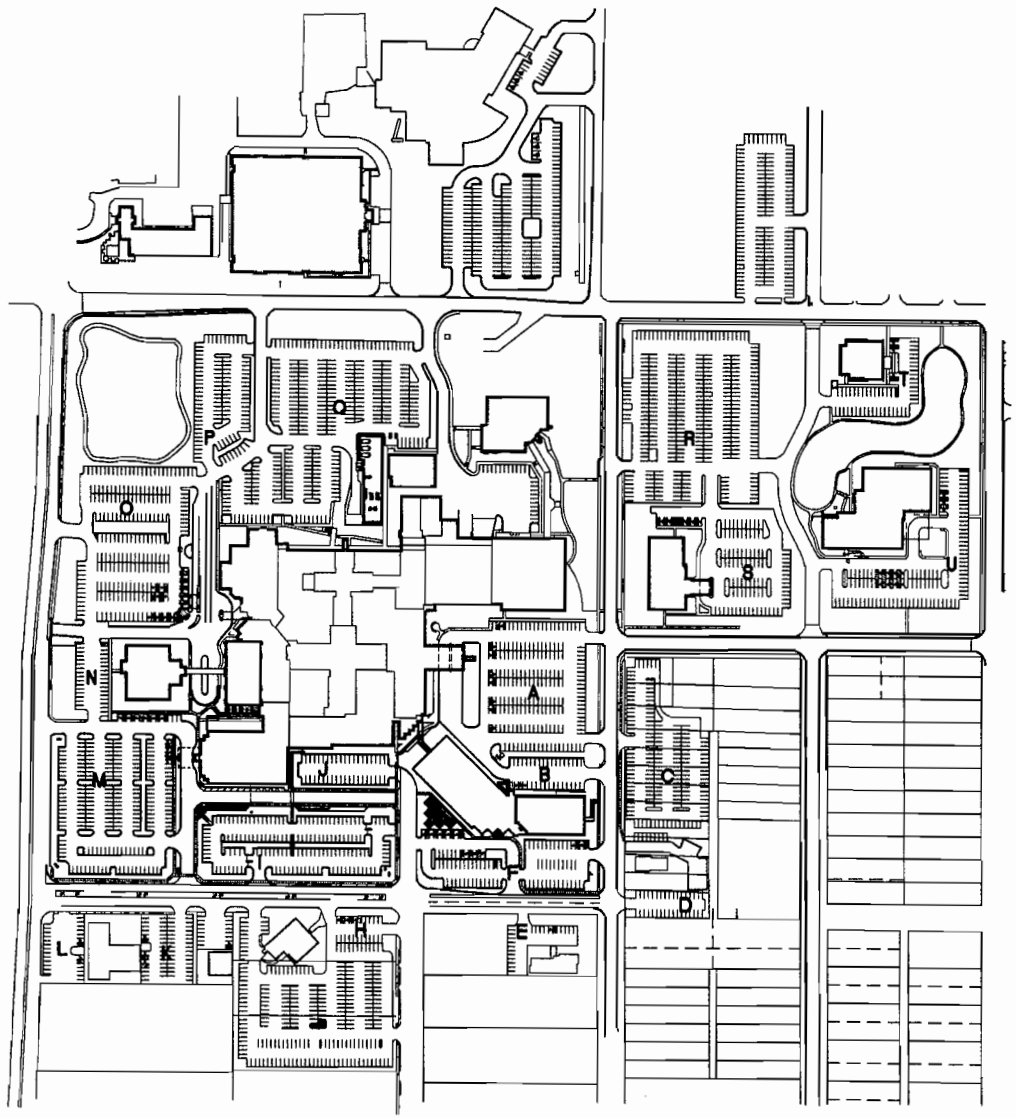
If you have any questions regarding this submission, please call me at 217-725-4558. Also if possible, I would appreciate it if you could e-mail your response to this letter to me at Micbball@aol.com.,

Sincerely,

Michael I. Copelin

Photos enclosed

ATTACHMENT # 6



DMH MASTER PARKING PLAN

SCALE: 1" = 120'

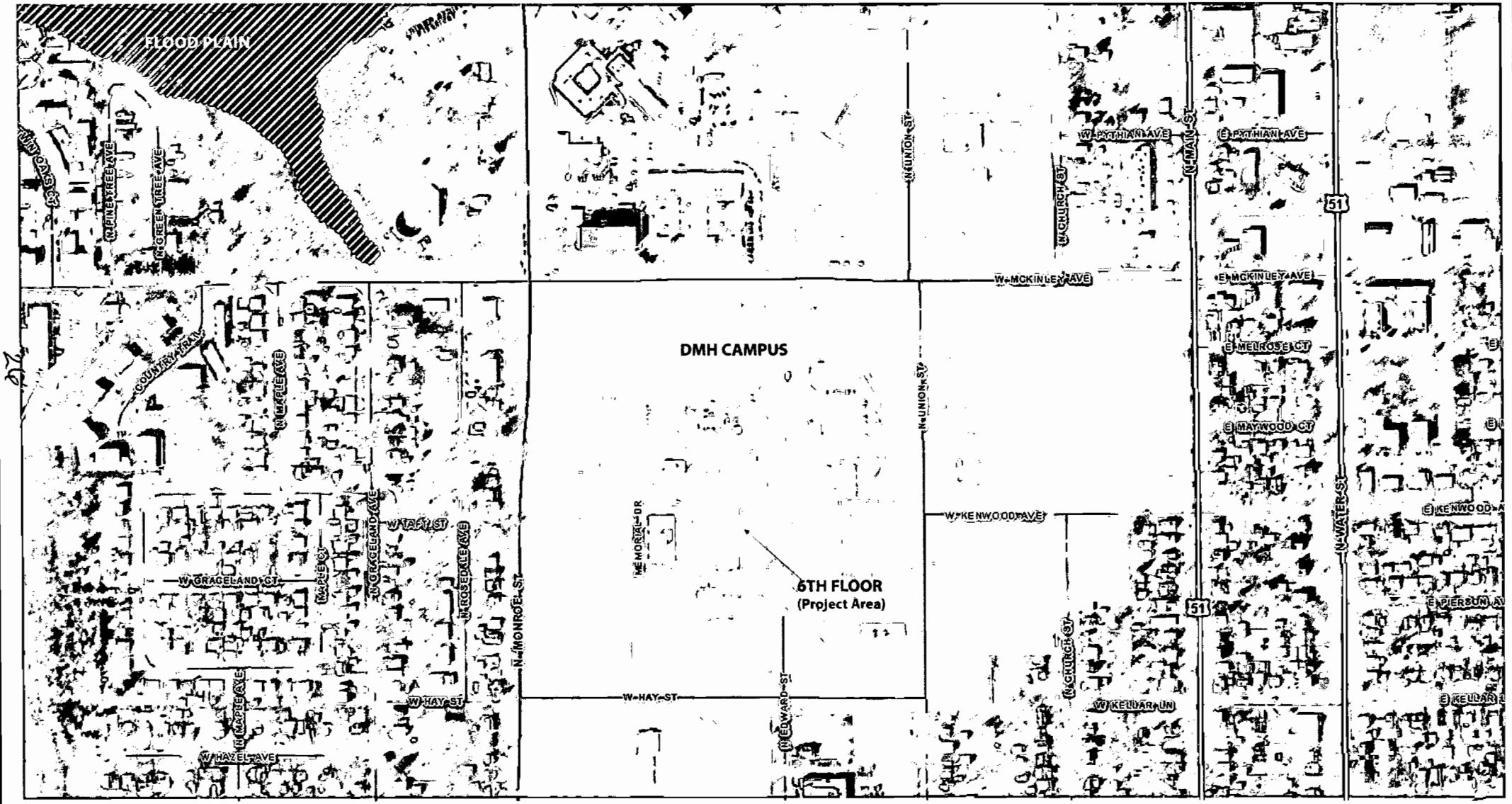
DMH MASTER PARKING PLAN			
LOT ID (OLD LABEL)	CURRENT COUNT (OLD LABEL)	CURRENT COUNT (NEW LABEL)	LOT ID (NEW LABEL)
1	160	160	A
2	55	55	B
3	40	40	J
4	247	209	M
		38	N
5	206	206	P
6	212	212	Q
7	286	286	R
8	144	209	S
10	15	15	F
668		25	
13	207	207	O
14	149	149	I
15	--	--	--
16	166	166	G
17	52	52	D
KENWOOD MED	108	108	U
SIU	96	46	S
441 HAY	55	50	H
MCKINLEY	55	55	T
515 HAY STREET	15	15	--
2220 MONROE	65	39	K
		24	L
301 HAY STREET	22	22	E
		TOTAL	
		2,459	

LAST MODIFIED 10-10-08

0 60' 120' 240'

SCALE: 1" = 120'

I:\Other\DMH\Dwf\Master Parking Plan_13_12-09.dwg JAN 24, 2014 - 12:37:27


FLOOD PLAIN
DMH CAMPUS
6TH FLOOR
(Project Area)
W MCKINLEY AVE
E MCKINLEY AVE
W PYTHIAN AVE
E PYTHIAN AVE
W KENWOOD AVE
E KENWOOD
W HAY ST
W KELLAR LN
E KELLAR
E MELROSE CT
E MAYWOOD CT
E PIERSON
N PINE TREE AVE
N GREEN TREE AVE
COUNTRY TRAIL
N MAPLE AVE
W GRACELAND CT
N GRACELAND AVE
W TAFT ST
N ROSEDALE AVE
W HAZEL AVE
N MONROE ST
MEMORIAL DR
N EDWARD ST
N UNION ST
N CHURCH ST
N MAIN ST
N WATER ST
51

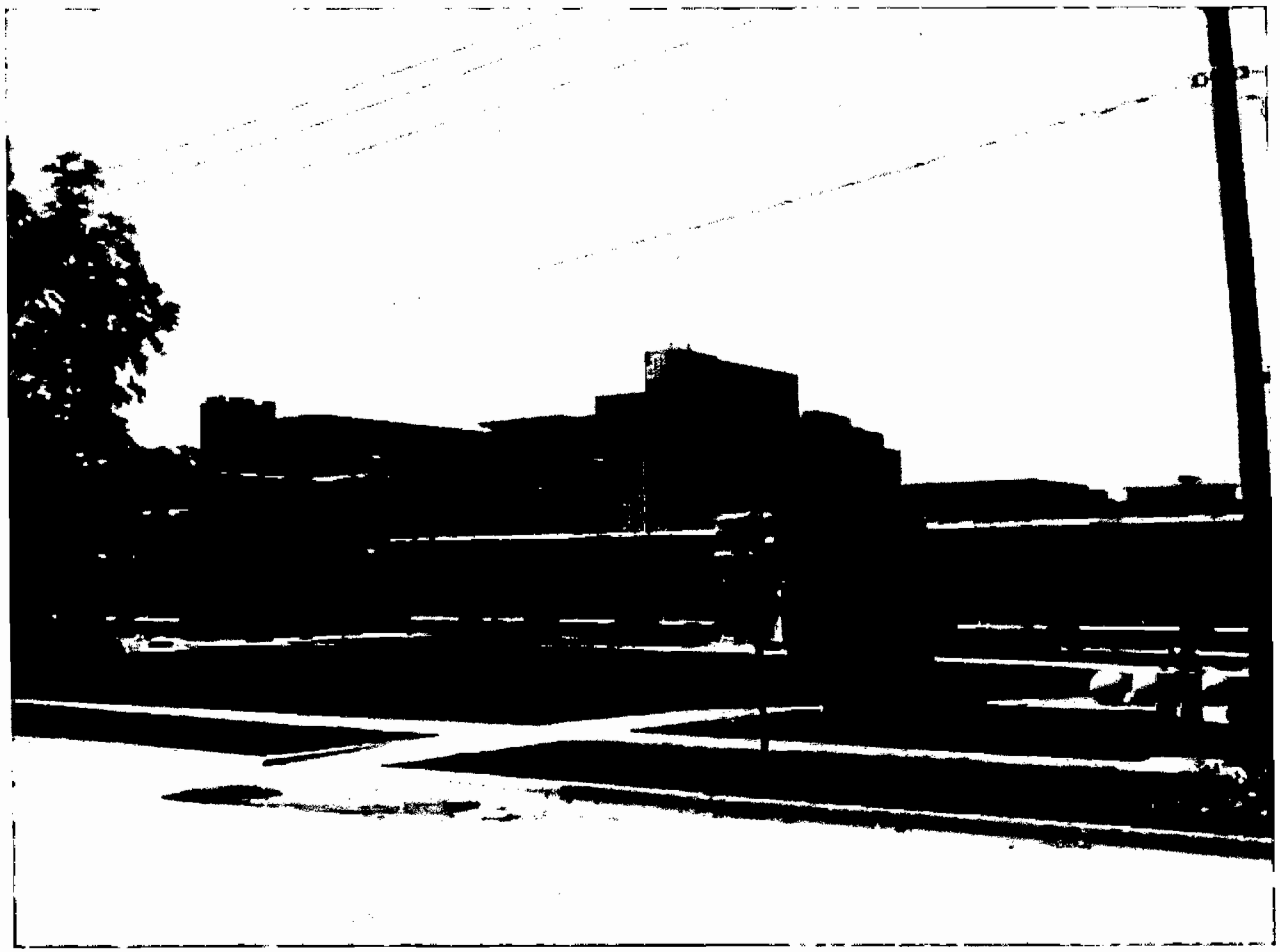
5137 - 6400 Study Geriatric Behavioral Health Unit

Existing Conditions: IMG_6463

14_06-23 Exterior

Edit Properties | Edit Picture | Delete | Check Out | Version History | Discuss | Alert Me | Go Back to Picture Library

Preview:



Name: IMG_6463
File Type: jpg
Picture Size: 2816 x 2112

27

5137 - 6400 Study Geriatric Behavioral Health Unit

Existing Conditions: IMG_6466

14_06-23 Exterior

Preview:

Name:	IMG_6466
File Type:	jpg
Picture Size:	2816 x 2112

28

5137 - 6400 Study Geriatric Behavioral Health Unit

Existing Conditions: IMG_6469

14_06-23 Exterior

Preview:

Name: IMG_6469
File Type: jpg
Picture Size: 2816 x 2112

29

Project Costs and Sources of Funds

Preplanning Costs - $20,000 are the fees associated with AEX (Architectural Expressions, LLP)preliminary design work, budget estimates and general project development

Consulting Fees - $2,000 are reimbursable costs associated with the construction cost printing

Architectural Fees - $153,450 are thee fees for the design and development costs for the modernization of the unit which will house the proposed 20-bed "Geri-Psych" unit.

ATTACHMENT-7

Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Acute Mental Illness Unit	$1,597,618	0	12,315	0	12,315		

ATTACHMENT-9,

Criterion 1110.230.a Background of Applicant

The only licensed health care facility operated by the applicant id Decatur Memorial Hospital which is licensed by the State of Illinois and is Joint Commission Accredited.

Copies of the licensure and accreditation are appended to this attachment. Also appended to this attachment is a letter from the hospital administrator indicating that no adverse action has been taken against Decatur Memorial Hospital during the last three years, and granting the Board access to any required licensure or accreditation files,

ATTACHMENT-11

Decatur Memorial Hospital
M E D I C I N E

May 28, 2014

To Whom It May Concern:

This letter is to certify that no adverse action has been taken against any facility owned or operated by Decatur Memorial Hospital during the last three years.

I give authorization for the State Agency to have access to any information the State Agency finds pertinent to this application.

Sincerely,

Timothy D. Stone, Jr.
COO & Administrator

Decatur Memorial Hospital

Decatur, IL

has been Accredited by

The Joint Commission

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

Hospital Accreditation Program

February 9, 2013

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD.
Chair, Board of Commissioners

Organization ID #: 4632
Print/Reprint Date: 05/15/13

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

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

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

HF104527

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LaMar Hasbrouck, MD, MPH
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D NUMBER
12/31/2014		0000471

General Hospital

Effective: 01/01/14

Decatur Memorial Hospital

2300 N. Edward Street

Decatur, IL 62526

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2014

Lic Number 0000471

Date Printed 11/25/2013

Decatur Memorial Hospital

2300 N. Edward Street

Decatur, IL 62526

FEE RECEIPT NO.

Criterion 1110.230.b., PURPOSE OF PROJECT

A map of the proposed planning area is appended to this attachment. This map was developed utilizing the zipcodes which make up the hospital's existing service area based upon the hospital discharge data for the period July 1 2013 to June 30, 2014. The zipcode data is show as Attachment 22A to this application. The population figures for the area is shown as Attachment 22b to this application. The total population of the area is shown on the following table

Age Group	2014 Estimated Population	Percent of Total Population	2019 Projected Population	Percent of Total Population	Percentage Change 2014-2019
Under 18	38,130	22.8%	37,035	22.4%	-2.98%
18 to 52	75,510	45.1%	72,090	43.5%	-4.5%
55 to 64	26,585	14.1%	23,180	14%	-1.7%
Over 65	30,200	18.0%	33,295	20.1%	+10.2%
Total	167,425	100%	165,600	100%	-1.1%

The key point in the census information is that, while the total population of the area is projected to decline by 1.1% in the next 5 years, the population age 65 and older is projected to increase by10.2% over those same 5 years.

The applicant is proposing to develop a 20-bed AMI unit which will be dedicated to serving the population age 55 and older in the above described planning area.

Need estimates are based on the prevalence rate of individuals with an acute mental illness requiring intervention in order to allow the individual to perform normal activities of daily living. The annual prevalence rate is based on studies performed for the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) published in 1999. (US Department of Health and Human Services, Mental Health: A report of the Surgeon General, National Institute of Mental Health, 199 and as updated, pages 46 through 48). These rates are applied to the hospital's primary and regional market populations to provide an estimate of the baseline population at-risk of needing treatment services. In general, approximately 13% of the child and adolescent population (persons under 18 years of age), and 14% of the general adult population (persons 18-54 years of age), and 14.7 % of the older adult population (persons 55 to 64 years of age) and 19.8% of the geriatric population (persons 65 years or older) have an acute mental illness appropriate for intervention.

Using the prevalence rates discussed above and the population shown on Attachment #22b and an average length of stay of 8.8 days (the standard of practice for the facilities in the region) while adjusting for inpatient and outpatient utilization, the number of beds need to support the population Age 55 and over totals 55 beds.in 2012 and 58 beds in 2017. Only one facility within 30 minutes travel time of the proposed project offers any kind of dedicated service to the geriatric population of the planning area, St. Mary's Hospital, which is located in Decatur and has 56 beds to serve all age levels for AMI services. St. Mary's Hospital has designated 14 of the 56 beds to treat the geriatric population.

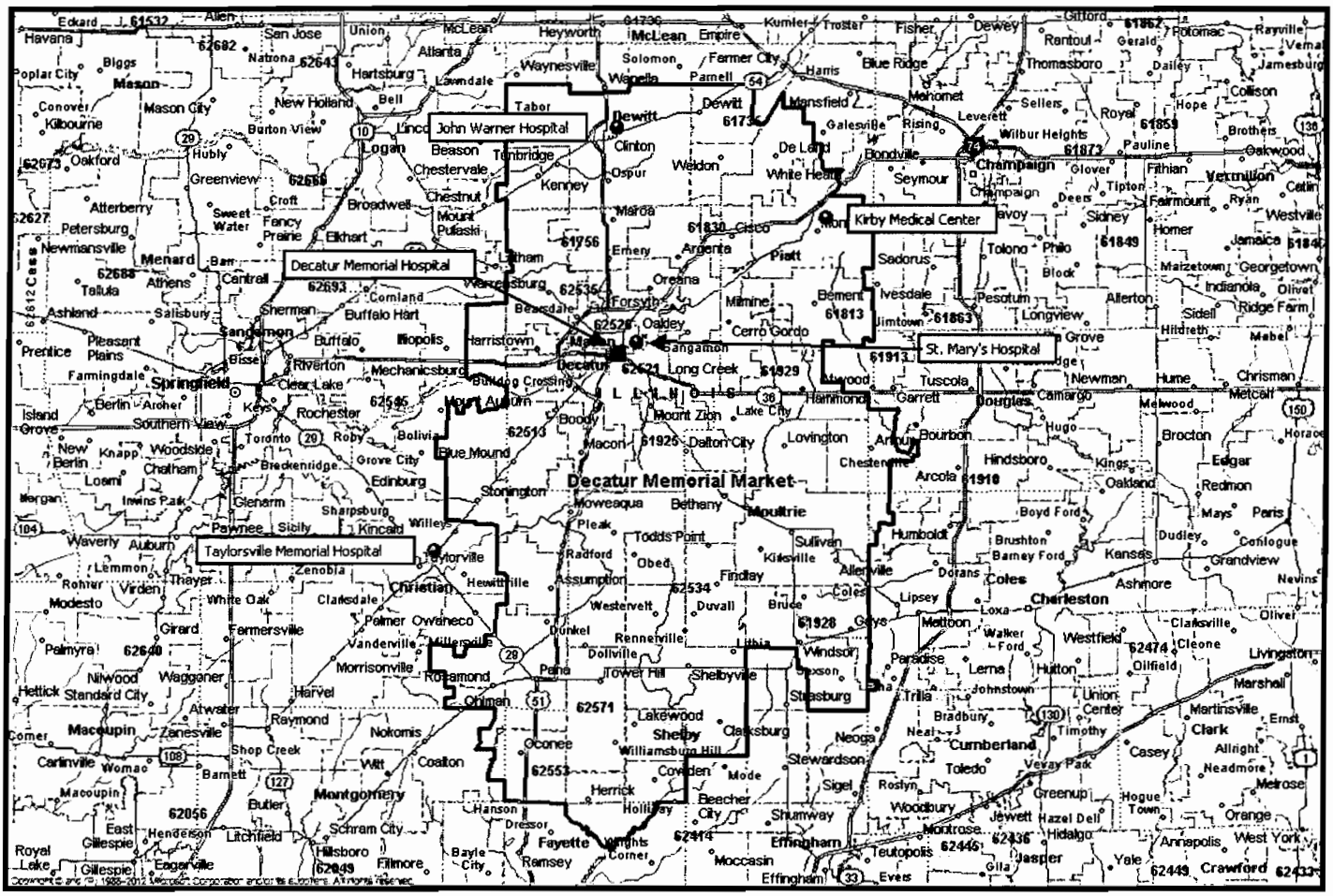
Again, utilizing the same data as discussed above for the total adult population, but not utilizing and children or adolescent population data and not calculating any need for those younger patients the need for adult patients 18 and over totals 116 beds in 2012 and 116 beds in 2017. Even if the applicant's proposed 20 beds are added to St. Mary's existing 56 beds, the proposed service area would still have an additional need for 40 beds. When the child and adolescent need is added to that figure, even more additional beds would be needed. It is important to note here than St. Mary's hospital has specifically designated 14 of the hospital's 56 beds for older adult and geriatric patients. The total number of beds designated for service to that population in the service area would be only 34 beds which is substantially less than the 55-58 beds projected to be needed to serve this population group.

During 2013, 2,774 patients were treated at Decatur Memorial Hospital, age 60 and older, who had secondary psychiatric diagnoses and may have benefited from additional treatment in a separate geriatric psychiatric unit equipped to treat both their psychiatric problems and simultaneously continue treatment of their medical problems Based upon an average length of stay of 8.8 days and an 85% occupancy rate if only 705 of these patients were treated in the proposed unit (25.4%) the unit would have fully met the State Board's utilization standard (85%).

The lack of beds which are specifically dedicated to the treatment of Geriatric Psychiatric patients with medical problems which also require care, is a major problem as evidenced by the support from area nursing homes which indicate difficulty in placing residents in appropriate care units in the planning area

In summary, the purpose of this project is to meet the needs of an underserved portion of the planning areas population as it related to the psychiatric care needs of the older adults in the planning area. The development of this 20-bed unit with its attendant outpatient services will greatly enhance access to care for the elderly in the area and will provide a much needed service closer to the patients' homes.

Map of HSA 4 Market with Existing Inpatient Psychiatric Programs



ALTERNATIVES

There were three alternatives considered for this project: Do Nothing, Construct an Addition to the Hospital, or Convert Existing Space.

The first alternative did nothing to increase the services to the elderly population of the planning area, and would continue a situation where the patients in need of the "Geri-Psych" services would not have the sufficient services available within a reasonable travel time from their homes to meet their needs. This meant that many of these patients would have gone without care, or would have been placed in a nursing home rather than be allowed to remain in their homes as a part of the community. This alternative was rejected because of the need for the proposed service.

The second alternative was rejected for two reasons. First the cost of constructing a new addition to the hospital would have been nearly triple what the cost of utilizing existing space is, and second because it was unnecessary as the applicant has existing excess medical/surgical bed space available, in the hospital, which could be remodeled to meet the needs of the "Geri-Psych" program without adversely impacting the hospital's ability to meet the inpatient medical needs of the area.

The third alternative was the alternative chosen do to its relatively low cost and the availability of space which could be more efficiently utilized to provide this service.

In summary the alternative chosen was the least costly alternative available to meet the planning area's need for the proposed service in the most efficient manner possible.

SIZE OF PROJECT:

The proposed project calls for the conversion of 12,315 Gross Square Feet (GSF) of existing medical/surgical bed space on the 6th floor of the hospital to use as a 20-bed AMI unit.

The Table below shows the projects conformance with the State Standards.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Acute mental Illness	**12,315**	**8,800 to 11,200 GSF**	**1,113GSFf**	**No**

The utilization of existing space makes it impossible to meet the State Board standards for this unit. The applicant is proposing to convert 12 semi-private rooms into private rooms, and to maintain the unit's configuration for most of the other support services. The proposed unit will also have group therapy space, a patient dining room, a patient laundry, and a seclusion room located on the floor. The existing layout of the floors and the bay spacing present problems to the development of the space in the most efficient manner and cause the spaces to be somewhat larger than required.

The 12 rooms which are being concerted to private rooms have on average 217 GSF which is about 90 square feet larger than required for a private room, which in turn makes the circulation approximately 10-20 square feet larger than necessary. These two factors alone account for 1,200 to 1,320 GSF which is more than the difference between the State Standard and the applicant's proposal.

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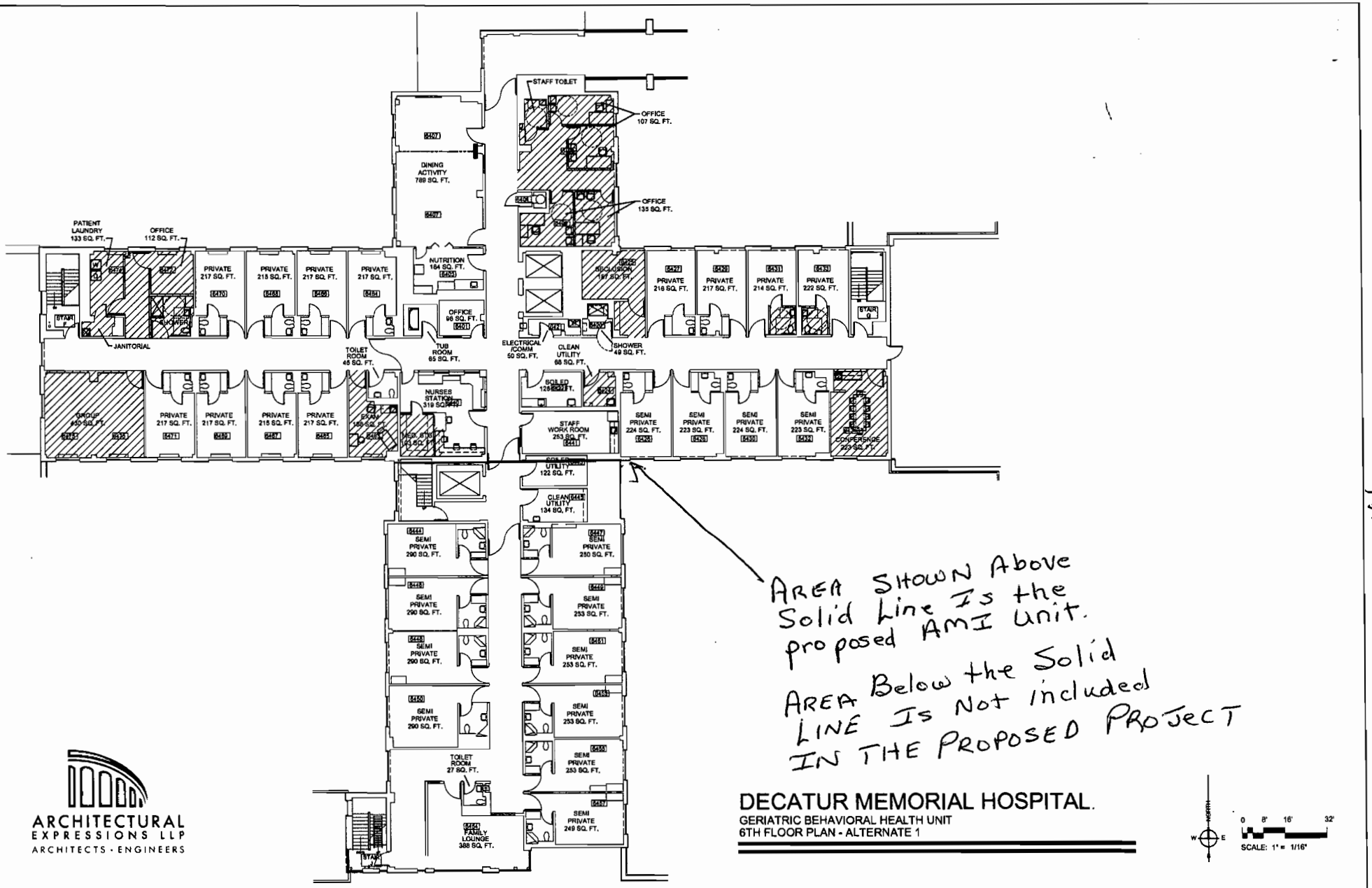
PRINTED SCALE IS ACCURATE ONLY IF SHEET SIZE IS 22X34
8/26/2014 11:17 AM T:\51X\X051370\mwfmgn\51370_Proposal.dwg NEW



AREA SHOWN ABOVE SOLID LINE IS THE PROPOSED AMI UNIT.

AREA BELOW THE SOLID LINE IS NOT INCLUDED IN THE PROPOSED PROJECT

ARCHITECTURAL EXPRESSIONS LLP
ARCHITECTS · ENGINEERS

DECATUR MEMORIAL HOSPITAL.

GERIATRIC BEHAVIORAL HEALTH UNIT
6TH FLOOR PLAN - ALTERNATE 1

NORTH
0 8' 16' 32'
SCALE: 1" = 1/16"

PROJECT SERVICES UTILIZATION

Need estimates are based on the prevalence rate of individuals with an acute mental illness requiring intervention in order to allow the individual to perform normal activities of daily living. The annual prevalence rate is based on studies performed for the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) published in 1999. (US Department of health and Human Services, Mental Health: A report of the Surgeon General, National Institute of Mental Health, 199 and as updated, pages 46 through 48). These rates are applied to the hospital's primary and regional market populations to provide an estimate of the baseline population at-risk of needing treatment services.

The hospital's experience regarding patients with either a primary or secondary psychiatric diagnosis treated at the hospital. During 2013, 2,774 patients were treated at Decatur Memorial Hospital, age 60 and older, had secondary psychiatric diagnoses and may have benefited from additional treatment in a separate geriatric psychiatric unit equipped to treat both their psychiatric problems and simultaneously continue treatment of their medical problems Based upon an average length of stay of 8.8 days and an 85% occupancy rate if only 705 of these patients were treated in the proposed unit (25.4%) the unit would have fully met the State Board's utilization standards.

The table below shows the projected utilization for the first two years of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	AMI	0	3,577 (49%)	85%	No
YEAR 2	AMI	0	6,205 (85%)	85%	Yes

Criterion 1110.730 - Acute Mental Illness

A. Criterion1110.730.(b)(10 7930., background of applicant

The response to this criterion is shown on Attachment #11 to this application.

B. Criterion 1110.730(c)(1) - Planning Area Need

The latest update to the Inventory of Health Care Facilities shows that an excess of 78 beds exists in Planning Area 4.

C. Criterion 1110.730.(c)(2), Service to the Planning Area residents

The proposed service area was determined by looking at the hospital's historical discharge data by zipcode (see Attachment 22a). The population of the service area was then calculated based upon zipcode data from the US 2010 Census. (See Attachment 22b). The key point in the census information is that, while the total population of the area is projected to decline by 1.1% in the next 5 years, the population age 65 and older is projected to increase by10.2% over those same 5 years.

The hospital is located in Planning Area 4 and as the patient origin data referenced above clearly shows, more than 50 % of the hospital's historical workload comes from zipcodes within Planning Area 4.

D. Criterion 1110.730.(c)(3) Service Demand – Establishment of AMI and/or CMI

The applicant does not currently have psychiatrists on the staff, therefore, historical referral numbers from the facility's physicians to other facilities are not available. Letters of support for the project have been provided and they are appended to this attachment.

The proposed project's need is based upon the number of patients presently treated at the hospital which have either a primary or secondary psychiatric diagnosis and the demographics of the planning area population.

Need estimates are based on the prevalence rate of individuals with an acute mental illness requiring intervention in order to allow the individual to perform normal activities of daily living. The annual prevalence rate is based on studies performed for the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) published in 1999. (US Department of Health and Human Services, Mental Health: A report of the Surgeon General, National Institute of Mental Health, 199 and as updated, pages 46 through 48). These rates are applied to the hospital's primary and regional market populations to provide an estimate of the baseline population at-risk of needing treatment services. In general, approximately 13% of the child and adolescent population (persons under 18 years of age), and 14% of the general adult population (persons 18-54 years of age), and 14.7 % of the older adult population (persons 55 to 64 years of age) and 19.8% of the geriatric population (persons 65 years or older) have an acute mental illness appropriate for intervention. The child and adolescent population is not considered in developing the need for beds in this application because the unit proposed with be dedicated for service to patients 55 years and older.

Using the prevalence rates discussed above and the population shown on Attachment #22b and an average length of stay of 8.8 days (the standard of practice for the facilities in the region) while adjusting for inpatient and outpatient utilization, the number of beds needed to support the

population Age 55 and over, totals 55 beds.in 2012 and 58 beds in 2017. Only one facility within 30 minutes travel time of the proposed project offers any kind of dedicated service to the geriatric population of the planning area, St. Mary's Hospital, which is located in Decatur and has 56 beds to serve all age levels for AMI services. St. Mary's Hospital has designated 14 of the 56 beds to treat the geriatric population

Again, utilizing the same data as discussed above for the total adult population, but not utilizing and children or adolescent population data and not calculating any need for those younger patients the need for adult patients 18 and over totals 116 beds in 2012 and 116 beds in 2017. Even if the applicant's proposed 20 beds are added to St. Mary's existing 56 beds, the proposed service are would still have an additional need for 40 beds. When the child and adolescent need is added to that figure even more additional beds would be needed. It is important to note here than St. Mary's hospital has specifically designated 14 of the hospitals 56 beds for older adult and geriatric patients. When the applicant's proposed 20 beds are added to St. Mary's unit the total number of beds designated for service to the 55 and older population in the service area would be only 34 beds which is substantially less than the 55-58 beds projected to be needed to serve this population group.

The following table shows the calculation for the number of beds needed by adult population group

Age Group	2012 Population	Percent Needing Inpatient Services	Estimated Inpatients	ALOS	Estimated Patient Days	Estimated Bed Need *
18-54	75,510	2.83%	2,135	8.8	18,788	61
55-64	23,585	2.97%	700	8.8	6,160	20
65 and older	30,200	4.0%	1,210	8.8	10,648	35
Total	129,295		4,045	8.8	35,536	116
	2017 Population					
18-54	72,090	2.83%	2,035	8.8	17,908	58
55-64	23,180	2.97%	690	8.8	6,072	20
65 and older	33,295	4.0%	1,330	8.8	11,704	38
Total	128,565		4,055	8.8	35,684	116

- Based upon an 85% occupancy target rate

The above figures appear to be consistent with the hospital's experience regarding patients with either a primary or secondary psychiatric diagnosis treated at the hospital. During 2013, 2,774 patients were treated at Decatur Memorial Hospital, who were age 60 and older, and had secondary psychiatric diagnoses and may have benefited from additional treatment in a separate geriatric psychiatric unit equipped to treat both their psychiatric problems and simultaneously continue treatment of their medical problems Based upon an average length of stay of 8.8 days

and an 85% occupancy rate if only 705 of these patients were treated in the proposed unit (25.4% of the total) the unit would have fully met the State Board's utilization standards.

E. **Criterion 1110.730.(c)(5)., Service Accessibility**

There are currently 4 facilities within 45 minutes travel time of the proposed project according to MapQuest. (Copies of the MapQuest travel time maps are appended to this attachment (See Attachment 22 D. Three of the four facilities which are within 45 minutes are located in adjacent Planning Area 3, in Springfield and are on the outer edges of the 45 minute travel time (Memorial Medical Center 45 minutes, St. John's Hospital 43 minutes and Lincoln Prairie Behavioral Health Center 44 minutes). None of these three facilities currently operate geriatric psychiatric units and in fact Lincoln Prairie Behavioral Health Center serves adolescent patients only.

The only other facility which is within 45 minutes travel time of the applicant facility is St. Mary's Hospital which is located in Decatur, Illinois. St. Mary's Hospital which has 56 beds but only 14 beds designated for treatment of geriatric psychiatric patients. The utilization of these programs are shown in the following table.

Facility	Number of beds	Number of beds set-up	Patient days	ADC	ALOS Days	Occ%
St. Mary's Hospital	56	56	14,495	39.7	8.9	70.9
St. John's Hospital	40	36	9423	25.8	9.3	64.5
Memorial Medical Center	44	37	11,365	31.1	9.1	70.8
Lincoln Prarie Behavioral Health Center	88	88	21,005	57.5	14.4	65.4

The other Planning Area 4 facilities are: Sarah Bush Lincoln Health Center located in Mattoon which is 1 hour and 9 minutes from the applicant; Advocate Bromenn Medical Center located in Normal, which is 57 minutes from the applicant; The Pavilion Foundation Hospital located in Champaign which is 49 minutes from the applicant facility; and Presence Covenant Medical Center which is located in Urbana which is 52 minutes from the applicant. None of these facilities offer dedicated geriatric psychiatric units. (The Map Quest travel time maps are also appended to this attachment.)

The lack of beds which are specifically dedicated to the treatment of Geriatric Psychiatric patients with medical problems which also require care, is a major problem as evidenced by the support from area nursing homes which indicate difficulty in placing residents in appropriate care units in the planning area

F. Criterion 1110.730(d) - Unnecessary Duplication / Maldistribution of Services

The zipcodes utilized for the development of the applicant's proposed planning area are show at Attachment 22b, and while these zipcodes cover slightly more than 30 minutes in some directions, they are based upon the hospital's historical service area. The only other provider of AMI services within this area is St. Mary's Hospital in Decatur. The volume of patients needing care in a dedicated Geriatric Psychiatric unit is sufficient to fill both St. Mary's 14 bed unit and the proposed 20 bed unit proposed in this application. Impact letters have been sent to all area providers within 45 minutes travel time from the proposed unit, with the exception of the Springfield facility which treats only adolescent patients. To date none of those hospitals have indicated that the project would have a negative impact on their workload, and one facility, Memorial Medical Center located in Springfield, has sent a letter of support for the project.

There will be no unnecessary duplication of services as a result of this project. It is the applicant's belief that there are more than enough patients in need of the proposed service to fill all of the "Geri-psych" beds in the area.

The development of this unit and the recruitment of new Psychiatrist to the area will enhance the service utilization across the board, and result in better Mental Health Care to the residents of the planning area. Younger adults, adolescents and children will continue to be referred to other more appropriate facilities when needed.

G. Criterion 1110.730(f). - Staffing Availability

The applicant is currently recruiting additional qualified personnel including a psychiatrist. A Clinical Psychologist is already on staff. In addition the applicant is establishing a contractual arrangement with Diamond Healthcare Corporation to manage the unit and to assist in the recruitment, training and staffing of the proposed unit. Diamond Healthcare is a nationwide provider of psychiatric services and has vast experience in the operation of a "geri-psych" unit, and in the recruitment and training of staff to meet all licensure and accreditation requirements.

With the close proximity to several educational institutions which provide degrees to nurses and other care givers, the hospital will be able to meet all of the staffing requirements for the proposed unit.

The staffing plan and the qualifications of the staff are appended to this attachment

H. Criterion 1110.730(g). - Performance Requirements

The proposed project calls for the establishment of a 20-bed AMI unit, which is the minimum size unit allowed for a new AMI unit within an SMSA

I. Criterion 1110.730(h). - Assurances

A copy of the required assurance letter is appended to this attachment.

Decatur Memorial Hospital
Inpatient Discharges by County, by Zip Code
July 1, 2013 - June 30, 2014

Pat Home County Name	Pat Home Zip 5 Digit Base	Encounters
	46807 Total	1
ALLEN Total		1
	33312 Total	1
BROWARD Total		1
	62353 Total	1
BROWN Total		1
	62053 Total	1
CALHOUN Total		1
	37643 Total	1
CARTER Total		1
	61802 Total	1
	61820 Total	1
	61821 Total	1
	61822 Total	2
	61866 Total	1
	61874 Total	2
	61877 Total	1
CHAMPAIGN Total		9
	23320 Total	1
CHESAPEAKE CITY Total		1
	62510 Total	49
	62531 Total	2
	62540 Total	2
	62546 Total	4
	62547 Total	12
	62550 Total	116
	62555 Total	2
	62557 Total	151
	62567 Total	10
	62568 Total	53
CHRISTIAN Total		401
	62839 Total	2
	62858 Total	1
	62899 Total	1
CLAY Total		4
	62250 Total	1
CLINTON Total		1
	38614 Total	2
COAHOMA Total		2

ATTACHMENT 22A

	61912 Total	1
	61920 Total	4
	61931 Total	3
	61938 Total	15
COLES Total		23
	34116 Total	1
	34145 Total	1
COLLIER Total		2
	60077 Total	1
	60463 Total	1
	60534 Total	1
	60649 Total	1
COOK Total		4
	62447 Total	2
CUMBERLAND Total		2
	47501 Total	1
DAVIESS Total		1
	61727 Total	222
	61735 Total	5
	61749 Total	15
	61750 Total	2
	61777 Total	7
	61778 Total	1
	61842 Total	2
	61882 Total	13
DEWITT Total		267
	61910 Total	14
	61911 Total	67
	61913 Total	25
	61942 Total	1
	61953 Total	7
	65608 Total	1
DOUGLAS Total		115
	61933 Total	2
	61944 Total	1
EDGAR Total		3
	62401 Total	5
	62414 Total	6
	62424 Total	1
	62426 Total	1
	62443 Total	1
EFFINGHAM Total		14
	79936 Total	1
EL PASO Total		1
	62080 Total	8
	62471 Total	2
FAYETTE Total		10

	60957 Total	2
FORD Total		2
	30076 Total	1
FULTON Total		1
	62044 Total	1
	62092 Total	1
GREENE Total		2
	62859 Total	1
HAMILTON Total		1
	77449 Total	1
HARRIS Total		1
	61469 Total	1
HENDERSON Total		1
	61413 Total	1
HENRY Total		1
	78596 Total	1
HIDALGO Total		1
	62901 Total	1
	62907 Total	1
JACKSON Total		2
	62480 Total	1
JASPER Total		1
	40216 Total	1
	80227 Total	1
JEFFERSON Total		2
	46143 Total	1
JOHNSON Total		1
	60543 Total	1
KENDALL Total		1
	37917 Total	1
KNOX Total		1
	60921 Total	1
LIVINGSTON Total		1
	62512 Total	3
	62518 Total	2
	62543 Total	19
	62548 Total	21
	62656 Total	27
LOGAN Total		72
	91745 Total	1
LOS ANGELES Total		1
	39701 Total	1
LOWNDES Total		1
	61756 Total	131
	62501 Total	149
	62513 Total	60
	62514 Total	9

	62521 Total	1841
	62522 Total	895
	62523 Total	54
	62524 Total	37
	62525 Total	36
	62526 Total	2706
	62532 Total	6
	62535 Total	274
	62537 Total	12
	62544 Total	65
	62549 Total	246
	62551 Total	42
	62554 Total	88
	62573 Total	59
MACON Total		6710
	62033 Total	3
	62640 Total	1
	62667 Total	1
	62690 Total	1
MACOUPIN Total		6
	39046 Total	1
	46001 Total	1
	62234 Total	1
MADISON Total		3
	85259 Total	1
	85297 Total	1
	85326 Total	1
MARICOPA Total		3
	46254 Total	1
	62801 Total	1
MARION Total		2
	62644 Total	1
MASON Total		1
	60098 Total	1
MCHENRY Total		1
	61701 Total	1
	61704 Total	1
	61745 Total	2
	61761 Total	1
MCLEAN Total		5
	62613 Total	1
MENARD Total		1
	79565 Total	1
MITCHELL Total		1
	62032 Total	1
	62075 Total	8
	62094 Total	5

MONTGOMERY Total		14
	62650 Total	5
MORGAN Total		5
	61914 Total	68
	61925 Total	33
	61928 Total	2
	61937 Total	78
	61951 Total	182
MOULTRIE Total		363
	33414 Total	1
	33417 Total	1
PALM BEACH Total		2
	34667 Total	1
PASCO Total		1
	61615 Total	1
PEORIA Total		1
	61813 Total	27
	61818 Total	57
	61830 Total	14
	61839 Total	5
	61855 Total	2
	61856 Total	40
	61884 Total	2
	61929 Total	20
	61936 Total	11
PIATT Total		178
	85712 Total	1
PIMA Total		1
	85138 Total	1
PINAL Total		1
	63565 Total	1
PUTNAM Total		1
	65270 Total	1
RANDOLPH Total		1
	58027 Total	1
RANSOM Total		1
	62421 Total	1
	62450 Total	2
RICHLAND Total		3
	62204 Total	1
SAINT CLAIR Total		1
	63116 Total	1
SAINT LOUIS CIT Total		1
	94127 Total	1
SAN FRANCISCO Total		1
	907 Total	1
SAN JUAN Total		1

	62520 Total	1
	62539 Total	28
	62545 Total	2
	62561 Total	3
	62615 Total	1
	62701 Total	1
	62702 Total	5
	62703 Total	2
	62704 Total	4
SANGAMON Total		47
	62621 Total	1
SCOTT Total		1
	32701 Total	1
SEMINOLE Total		1
	61957 Total	15
	62422 Total	11
	62431 Total	18
	62438 Total	3
	62444 Total	5
	62462 Total	1
	62463 Total	3
	62465 Total	3
	62534 Total	35
	62553 Total	6
	62565 Total	215
	62571 Total	40
SHELBY Total		355
	65656 Total	1
STONE Total		1
	76039 Total	1
TARRANT Total		1
	61554 Total	2
	61759 Total	1
TAZEWELL Total		3
	61817 Total	1
	61832 Total	2
	61858 Total	2
	61883 Total	2
VERMILION Total		7
	47802 Total	1
VIGO Total		1
	42103 Total	1
WARREN Total		1
	62886 Total	1
WAYNE Total		1
	61250 Total	1
WHITESIDE Total		1

	60417 Total	1
	60451 Total	1
	60544 Total	1
WILL Total		3
	62921 Total	1
	62951 Total	1
WILLIAMSON Total		2
	61530 Total	1
WOODFORD Total		1
Grand Total		8693

2014 Population by Zip Code, Sorted by County
Revised Decatur Memorial Hospital Market

Zip Code	City, ST (Claritus)	County	State	0-9	10-17	18-24
62083	Rosamond, Illinois	Christian County	Illinois	22	23	21
62510	Assumption, Illinois	Christian County	Illinois	179	174	139
62513	Blue Mound, Illinois	Christian County	Illinois	34	30	21
62550	Moweaqua, Illinois	Christian County	Illinois	45	44	35
62557	Pana, Illinois	Christian County	Illinois	826	709	564
62567	Stonington, Illinois	Christian County	Illinois	166	125	89
61911	Arthur, Illinois	Coles County	Illinois	8	6	4
61928	Gays, Illinois	Coles County	Illinois	18	17	18
61951	Sullivan, Illinois	Coles County	Illinois	4	3	2
61735	DeWitt, Illinois	De Witt County	Illinois	56	48	41
61749	Kenney, Illinois	De Witt County	Illinois	48	58	45
61756	Maroa, Illinois	De Witt County	Illinois	18	16	12
61882	Weldon, Illinois	De Witt County	Illinois	58	58	40
61911	Arthur, Illinois	Douglas County	Illinois	507	356	262
62422	Cowden, Illinois	Fayette County	Illinois	23	19	14
62431	Herrick, Illinois	Fayette County	Illinois	20	29	20
61749	Kenney, Illinois	Logan County	Illinois	2	3	2
61749	Kenney, Illinois	Macon County	Illinois	2	2	2
61756	Maroa, Illinois	Macon County	Illinois	275	246	183
61818	Cerro Gordo, Illinois	Macon County	Illinois	9	9	6
61830	Cisco, Illinois	Macon County	Illinois	5	5	3
61882	Weldon, Illinois	Macon County	Illinois	2	1	1
61925	Dalton City, Illinois	Macon County	Illinois	37	38	28
61937	Lovington, Illinois	Macon County	Illinois	7	5	4
62501	Argenta, Illinois	Macon County	Illinois	257	281	214
62513	Blue Mound, Illinois	Macon County	Illinois	215	194	137
62514	Boody, Illinois	Macon County	Illinois	-	-	-
62521	Decatur, Illinois	Macon County	Illinois	4,266	3,532	2,859
62522	Decatur, Illinois	Macon County	Illinois	2,025	1,617	2,832
62523	Decatur, Illinois	Macon County	Illinois	99	72	137
62526	Decatur, Illinois	Macon County	Illinois	4,516	3,190	2,666
62532	Macon County, Illinois	Macon County	Illinois	-	-	-
62535	Forsyth, Illinois	Macon County	Illinois	375	438	274
62537	Macon County, Illinois	Macon County	Illinois	-	-	-
62544	Macon, Illinois	Macon County	Illinois	186	166	152
62549	Mt Zion, Illinois	Macon County	Illinois	884	801	557
62550	Moweaqua, Illinois	Macon County	Illinois	5	5	4
62551	Niantic, Illinois	Macon County	Illinois	100	95	74
62554	Oreana, Illinois	Macon County	Illinois	182	162	113
62573	Warrensburg, Illinois	Macon County	Illinois	178	185	137
62083	Rosamond, Illinois	Montgomery County	Illinois	4	4	4
62553	Oconee, Illinois	Montgomery County	Illinois	8	8	6

ATTACHMENT 22b

62557	Pana, Illinois	Montgomery County	Illinois	7	6	5
61911	Arthur, Illinois	Moultrie County	Illinois	313	220	162
61914	Bethany, Illinois	Moultrie County	Illinois	192	203	154
61925	Dalton City, Illinois	Moultrie County	Illinois	71	72	54
61928	Gays, Illinois	Moultrie County	Illinois	57	54	56
61937	Lovington, Illinois	Moultrie County	Illinois	322	250	175
61951	Sullivan, Illinois	Moultrie County	Illinois	977	862	636
61957	Windsor, Illinois	Moultrie County	Illinois	9	7	6
62534	Findlay, Illinois	Moultrie County	Illinois	2	2	1
61813	Bement, Illinois	Piatt County	Illinois	220	220	154
61818	Cerro Gordo, Illinois	Piatt County	Illinois	226	225	151
61830	Cisco, Illinois	Piatt County	Illinois	50	49	28
61839	De Land, Illinois	Piatt County	Illinois	68	62	55
61855	Milmine, Illinois	Piatt County	Illinois	10	10	8
61856	Monticello, Illinois	Piatt County	Illinois	809	819	603
61929	Hammond, Illinois	Piatt County	Illinois	76	73	58
61914	Bethany, Illinois	Shelby County	Illinois	6	6	4
61928	Gays, Illinois	Shelby County	Illinois	13	12	13
62422	Cowden, Illinois	Shelby County	Illinois	175	148	112
62431	Herrick, Illinois	Shelby County	Illinois	36	54	36
62438	Lakewood, Illinois	Shelby County	Illinois	48	42	42
62510	Assumption, Illinois	Shelby County	Illinois	29	28	22
62550	Moweaqua, Illinois	Shelby County	Illinois	277	266	211
62557	Pana, Illinois	Shelby County	Illinois	78	67	53
62565	Shelbyville, Illinois	Shelby County	Illinois	823	680	549
62571	Tower Hill, Illinois	Shelby County	Illinois	178	175	145
Totals				**20,743**	**17,385**	**15,215**
2019 Total Population Projection by Age Group				**20,310**	**16,725**	**15,660**
Percentage Change: 2014 to 2019				**-2.1%**	**-3.8%**	**2.9%**

25-54	55-64	65+	Total
102	39	52	258
522	214	271	1,499
92	32	34	244
146	60	79	409
2,288	825	1,347	6,559
393	128	182	1,083
16	5	7	45
65	28	31	178
11	4	6	30
185	84	94	508
217	122	124	614
51	19	20	137
213	82	92	542
980	300	441	2,845
62	24	30	173
82	31	47	229
10	5	6	28
9	5	5	25
762	289	303	2,057
25	8	10	66
14	6	7	41
5	2	2	14
128	53	47	330
16	6	7	44
933	430	450	2,565
586	205	218	1,554
-	-	-	-
12,702	5,474	6,727	35,560
5,582	2,075	2,159	16,290
459	118	83	968
12,547	4,636	6,652	34,207
-	-	-	-
1,185	458	605	3,335
-	-	-	-
651	320	327	1,802
2,421	900	1,030	6,593
17	7	9	46
302	102	99	772
542	247	254	1,500
594	220	220	1,534
18	7	9	47
24	12	16	75

19	7	11	55
605	185	272	1,757
651	274	344	1,818
248	101	91	638
203	86	97	552
773	271	317	2,109
2,847	1,071	1,597	7,990
26	11	13	72
6	3	4	18
732	253	320	1,899
657	216	267	1,743
138	58	68	390
238	104	103	630
43	21	21	113
2,655	1,085	1,400	7,371
254	101	129	691
19	8	10	53
47	20	22	127
484	185	236	1,339
150	57	86	419
172	68	81	453
84	35	44	242
892	369	479	2,492
216	78	127	620
2,550	1,058	1,649	7,309
630	278	306	1,712
60,295	**23,584**	**30,196**	**167,418**
56,430	**23,180**	**33,295**	**165,600**
-6.4%	**-1.7%**	**10.3%**	**-1.1%**

July 30, 2014

Dear Illinois Health Facilities and Services Planning Board:

I am physician specializing in Internal Medicine and currently am the Medical Director of Decatur Memorial Hospital hospitalist program. Our group manages the care of almost 50% of all patients admitted to the hospital. In FY 2013, 10,954 patients were admitted to DMH, 6170 over the age of 60. Forty-four percent of the over-60 patient population had a secondary diagnosis that indicates they may have benefitted from additional focused psychiatric care.

A geriatric inpatient psychiatric unit at Decatur Memorial Hospital will provide a clinical setting where many of these patients can continue to receive the medical care from our hospitalist group as they participate in a focused in-patient psychiatric program. This type of coordinated care can help our senior population continue to function at the highest levels possible as they enjoy their later years in life.

I strongly support the requested change in bed licensure at Decatur Memorial Hospital to facilitate the development of this important program and urge you to proceed with approval of this important project.

Sincerely,

MD

Stephen Goetter, MD
Director, Hospital Services
Decatur Memorial Hospital

August 4, 2014

Dear Illinois Health Facilities and Services Planning Board:

I am a physician in Decatur, Illinois with a practice focused in geriatric medicine. I currently serve 1241 patients who are 60 or older and of those patients, 723 have either a primary or secondary psychiatric diagnosis. I am also the medical director for a number of large skilled nursing facilities in our community and routinely care for patients who may benefit from focused inpatient psychiatric care.

Our goal for our senior population is high-functioning, independent living throughout their life span. While this is not always possible, any program that facilitates this possibility is important in our community. When I have referred patients to other programs in the community, there are often delays in admission due to lack of available beds. In addition, most of my patients receive all of their care at Decatur Memorial Hospital and have multiple medical problems. A unit where both psychiatric and medical issues can be addressed simultaneously with physicians who routinely communicate with me s will facilitate seamless, high quality care for our well-deserving seniors.

I strongly support the transition of 20 medical-surgical beds to inpatient psychiatric beds for the development of a geriatric psychiatric program at Decatur Memorial Hospital and urge you to support this requested change.

Sincerely,

Anthony T. McCormack, M.D.

Anthony T. McCormack, M.D.

2300 North Edward Street · Decatur, Illinois 62526 · 217-876-8121
www.dmhcares.com

Decatur Memorial Hospital

August 29, 2014

Dear Illinois Facilities and Services Board:

I have reviewed all of the data surrounding our plans for the geriatric psychiatric inpatient unit. Based on that data, I anticipate that Decatur Memorial Hospital will achieve and maintain an 85% occupancy rate by the second year of operation.

The data supports the need for this unit at our facility and we request your approval to move forward on this important project.

Sincerely,

Timothy D. Stone, Jr.
Executive VP & Administrator

August 4, 2014

Dear Illinois Health Facilities and Services Planning Board:

I am a physician in Decatur, Illinois with a practice focused in geriatric medicine. I currently serve 1241 patients who are 60 or older and of those patients, 723 have either a primary or secondary psychiatric diagnosis. I am also the medical director for a number of large skilled nursing facilities in our community and routinely care for patients who may benefit from focused inpatient psychiatric care.

Our goal for our senior population is high-functioning, independent living throughout their life span. While this is not always possible, any program that facilitates this possibility is important in our community. When I have referred patients to other programs in the community, there are often delays in admission due to lack of available beds. In addition, most of my patients receive all of their care at Decatur Memorial Hospital and have multiple medical problems. A unit where both psychiatric and medical issues can be addressed simultaneously with physicians who routinely communicate with me s will facilitate seamless, high quality care for our well-deserving seniors.

I strongly support the transition of 20 medical-surgical beds to inpatient psychiatric beds for the development of a geriatric psychiatric program at Decatur Memorial Hospital and urge you to support this requested change.

Sincerely,

Anthony T. McCormack, M.D.

2300 North Edward Street · Decatur, Illinois 62526 · 217-876-8121
www.dmhcares.com

SYMPHONY OF LINCOLN

July 27, 2014

Illinois Health Facilities and Services,
Review Board

Subject: Gero- Psych Unit

To Whom It May Concern;

Symphony of Lincoln Post-Acute network would like to express our full support for the development of a Gero- Psych Unit at Decatur Memorial Hospital.

The Lincoln area is in great need of a unit that will provide our geriatric population with these important services. There have been many instances when our facility has been in a position that our patients have been in need of these services with nowhere to turn. Our facility medical staff has had no options to choose from. As a result, we were unable to transfer our patients to a controlled environment to address their specific acute conditions. Due to the lack of availability of an available unit.

This type of a unit would provide us with the missing link that our population requires. The development of such unit would enhance our healthcare model, which is designed to achieve the best continuity of care that we as healthcare providers are continuously striving to achieve.

We are pleased as Healthcare Providers to provide our support or any additional information that is required to ensure the development of a much needed unit in our local area.

Sincerely,

Stephanie Williams

Stephanie Williams, LPN/AIT
Symphony Healthcare Post Acute Network

McKINLEY Court

July 28, 2014

Illinois Health Facilities and Services,
Review Board

Subject: Gero- Psych Unit

To Whom It May Concern;

Our company is in full support for the development of a Gero- Psych Unit at Decatur Memorial Hospital.

Our local area is in great need of a Gero-Psych unit to provide proper care for the patients in need of these services. On several occasions we have been in a position that our patients have been in need of these services. Our facility medical staff has had no options to choose from. As a result, we could not deliver the patient into an environment that they required to address their acute medical change. Due to the lack of availability of services many of these patients did not receive the comprehensive care that they deserved.

We are pleased as Healthcare Providers to provide our support or any additional information that is required to ensure the development of a much needed unit in our local area.

Sincerely,

Kim Jordan

Kim Jordan, Administrator
Symphony Healthcare Post Acute Network

SYMPHONY OF DECATUR

July 24, 2014

Illinois Health Facilities and Services,
Review Board

Subject: Gero- Psych Unit

Dear Sir:

We would like to take the opportunity to extend our full support for the development of a Gero- Psych Unit at Decatur Memorial Hospital.

In our local area there is great need for a Geri- Psych unit due to a consistent unavailability of access to such unit in the Decatur area. This has caused a great hardship on the local healthcare facilities as well as the patients in need of these services. Many of these patients have urgent medical condition changes that need to be addressed such as, medication adjustments, behavioral programming, and testing that require a controlled setting. Due to the lack of availability many of these patients do not receive the optimum care that they deserve.

We are very excited as Healthcare Providers to assist with any information that is needed to ensure the seamless development of such a needed unit in our local area.

Sincerely,

Lisa Trudeau, R.N., ILNHA
Regional Director of Operations
Symphony Healthcare Post Acute Network

SYMPHONY OF DECATUR

July 28, 2014

Illinois Health Facilities and Services,
Review Board
Subject- Gero- Psych Unit

Dear Sir:

I would like to take the time to extend my support for the development of a Gero – Psych unit at Decatur Memorial Hospital.

In our local and surrounding area I have noticed a lack of services geared towards our geriatric population, especially those dealing with psychiatric concerns. It pleases me to know that a Gero- Psych Unit is being considered at Decatur Memorial Hospital. As a Social worker, working directly with the residents in our community, there is a great need of another unit; there are not enough beds to meet the needs of this often overlooked population. Not to mention how it will help considerably when patients need urgent medical care to deal with acute behavior changes, medication adjustments, and testing for further diagnosis.

This development is very exciting news and much needed in this area. Not only as a health care provider but as a member of this community, I look forward to the future and am willing to assist if needed.

Sincerely,

Michelle Kates BSW

Michelle Kates BSW
Director of Psych Services
Symphony Post Acute Network

Memorial HEALTH SYSTEM

701 North First Street • Springfield, Illinois 62781-0001
www.memorialmedical.com • **Phone (217) 788-3000**

August 27, 2014

Timothy D. Stone
Executive Vice President
and Administrator
Decatur Memorial Hospital
2300 North Edward Street
Decatur, IL 62526

RE: Request for Impact Determination
Establishment of Inpatient Geriatric Psychiatric Unit
Decatur Memorial Hospital

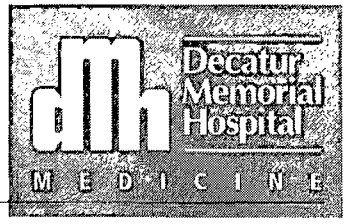
Dear Mr. Stone—

I received your letter regarding converting 20 Medical-Surgical beds to 20 Acute Mental Illness beds to be used to provide a dedicated acute geriatric psychiatric unit at Decatur Memorial Hospital.

We do not anticipate that your project will have any impact on Memorial Medical Center.

Sincerely,

Edgar J. Curtis
President and
Chief Executive Officer



August 26, 2014

Dan Perryman
President & CEO
St. Mary's Hospital
1600 E. Lakeshore Dr.
Decatur, IL 62521

RE: Request for Impact Determination
Establishment of Inpatient Geriatric Psychiatric Unit
Decatur Memorial Hospital

Dear Mr. Perryman,

Decatur Memorial Hospital is preparing a Certificate of Need application to convert 20 Medical-Surgical beds to 20 Acute Mental Illness beds. These 20 AMI beds will be used to provide a dedicated acute geriatric psychiatric unit. The hospital is located at 2300 North Edwards Street in Decatur, Illinois. The service is scheduled to open following Illinois Health Facilities and Services Review Board approval.

Consistent with the requirements of Section 1110.730, we request that you identify any impact the proposed geriatric psychiatric unit will have on your operations, within 15 days of receiving this letter. We believe that this unit will help us more effectively care for patients who are being treated at our hospital for medical surgical issues who have a secondary or in some cases a primary psychiatric diagnosis, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Timothy D. Stone
Executive Vice President and Administrator

Sent via USPS Certified Mail - Tracking # 7009 2250 0003 2946 7321

August 26, 2014

Ed Curtis
President & CEO
Memorial Health System
701 N. First St.
Springfield, IL 62781

RE: Request for Impact Determination
Establishment of Inpatient Geriatric Psychiatric Unit
Decatur Memorial Hospital

Dear Mr. Curtis,

Decatur Memorial Hospital is preparing a Certificate of Need application to convert 20 Medical-Surgical beds to 20 Acute Mental Illness beds. These 20 AMI beds will be used to provide a dedicated acute geriatric psychiatric unit. The hospital is located at 2300 North Edwards Street in Decatur, Illinois. The service is scheduled to open following Illinois Health Facilities and Services Review Board approval.

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Thank you for your attention to this request.

Sincerely,

Timothy D. Stone
Executive Vice President and Administrator

Sent via USPS Certified Mail - Tracking # 7009 2250 0003 2946 7338

August 26, 2014

Charles Lucore, M.D.
President & CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

RE: Request for Impact Determination
Establishment of Inpatient Geriatric Psychiatric Unit
Decatur Memorial Hospital

Dear Dr. Lucore,

Decatur Memorial Hospital is preparing a Certificate of Need application to convert 20 Medical-Surgical beds to 20 Acute Mental Illness beds. These 20 AMI beds will be used to provide a dedicated acute geriatric psychiatric unit. The hospital is located at 2300 North Edwards Street in Decatur, Illinois. The service is scheduled to open following Illinois Health Facilities and Services Review Board approval.

Consistent with the requirements of Section 1110.730, we request that you identify any impact the proposed geriatric psychiatric unit will have on your operations, within 15 days of receiving this letter. We believe that this unit will help us more effectively care for patients who are being treated at our hospital for medical surgical issues who have a secondary or in some cases a primary psychiatric diagnosis, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Timothy D. Stone
Executive Vice President and Administrator

Sent via USPS Certified Mail - Tracking # 7009 2250 0003 2946 7314

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:

Ed Curtis
President & CEO
Memorial Health System
701 N. First St.
Springfield, IL 62781

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Russell Reduck ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery AUG 26 2014

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

2. Article Number
(Transfer from service label) 7009 2250 0003 2946 7338

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:

Charles Lucore M.D.
President & CEO
St. John's Hospital
800 E. Carpenter
Springfield, IL 62769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery AUG 26 2014

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

2. Article Number *(Transfer from service label)* 7009 2250 0003 2946 7314

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:

Dan Perryman
President & CEO
St. Mary's Hospital
1600 E Lakeshore Dr.
Decatur, IL 62521

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) Jeremy Atherton

C. Date of Delivery 8/20/04

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 Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7009 2250 0003 2946 7321

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

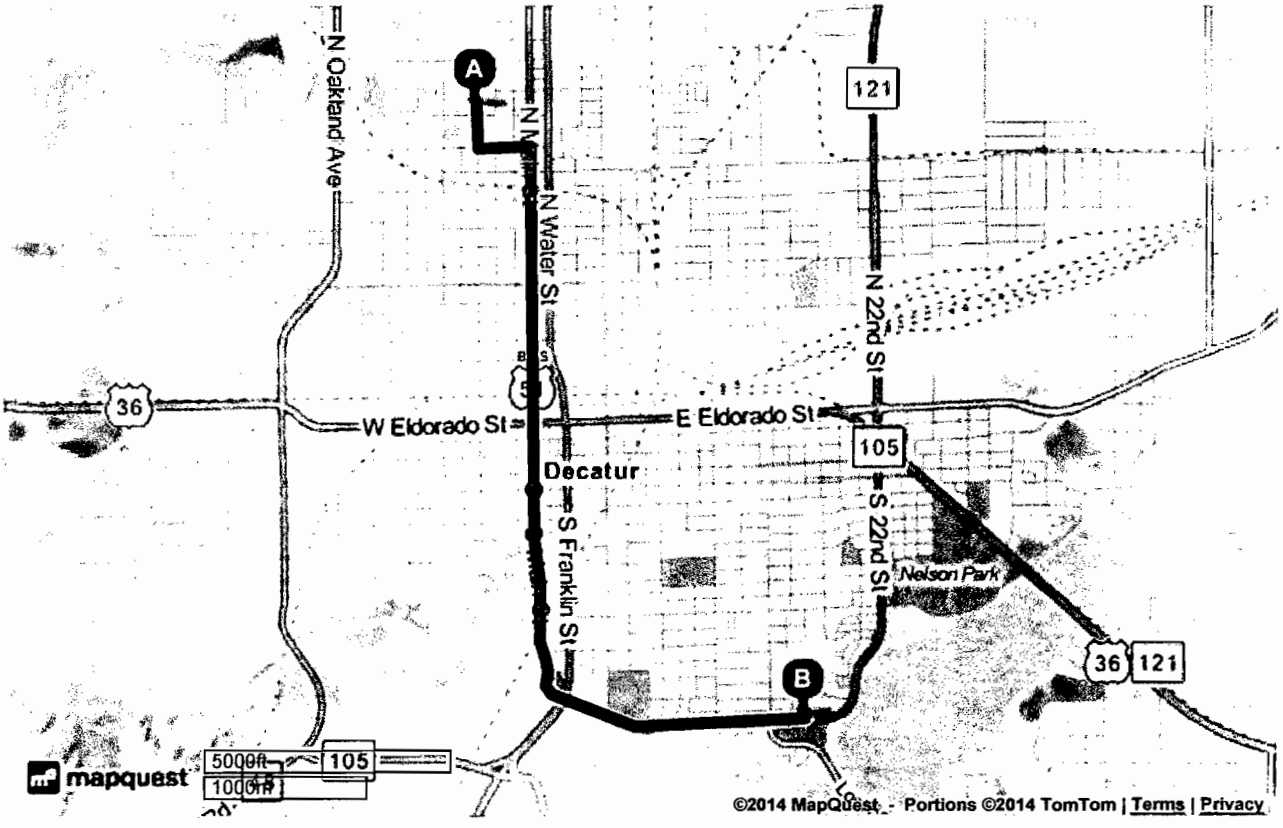
mapquest

Trip to:

St Mary's Hospital
1900 E Lake Shore Dr
Decatur, IL 62521
(217) 464-2900
4.12 miles / 9 minutes

Notes

St. Mary's Hospital



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ATTACHMENT 22D

mapquest

Notes

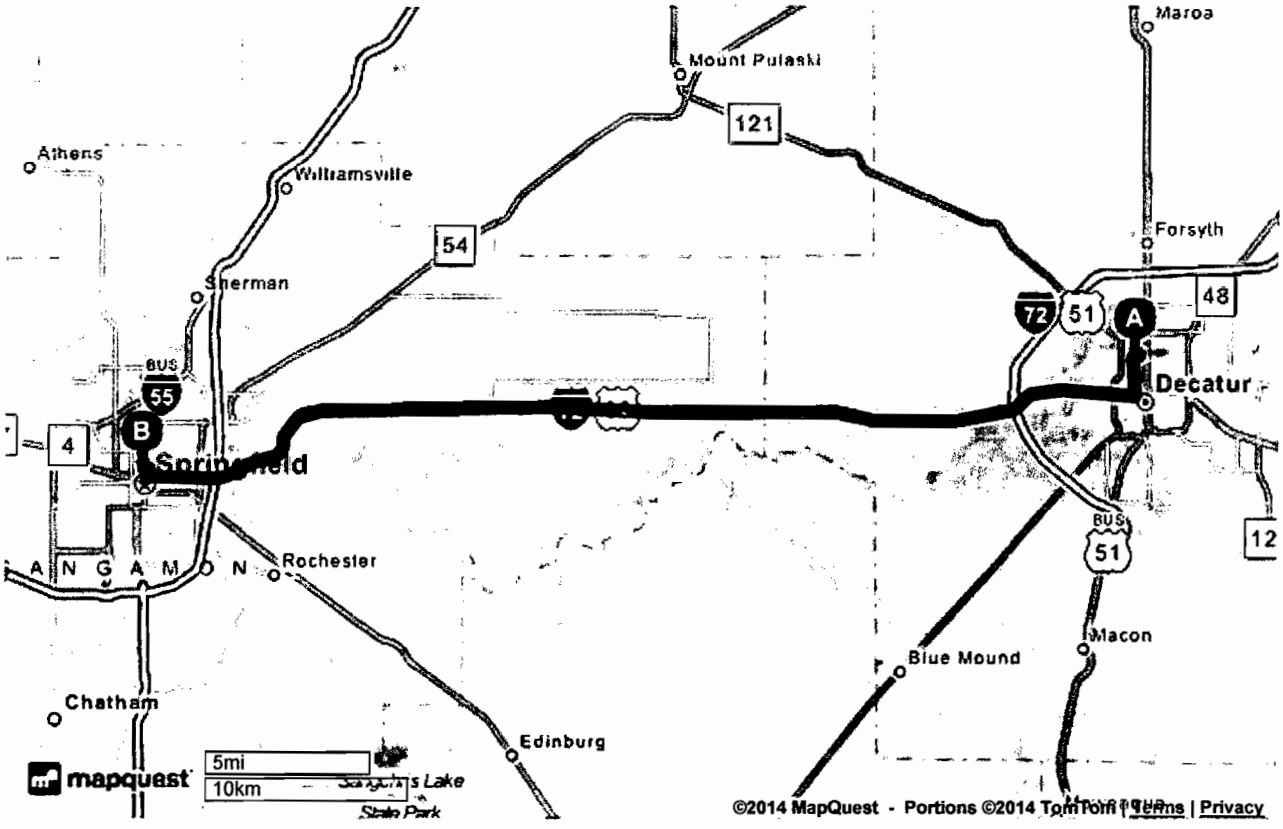
St. John's Hospital Springfield, IL

Trip to:

800 E Carpenter St

Springfield, IL 62702-5324

39.73 miles / 43 minutes



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Trip to:

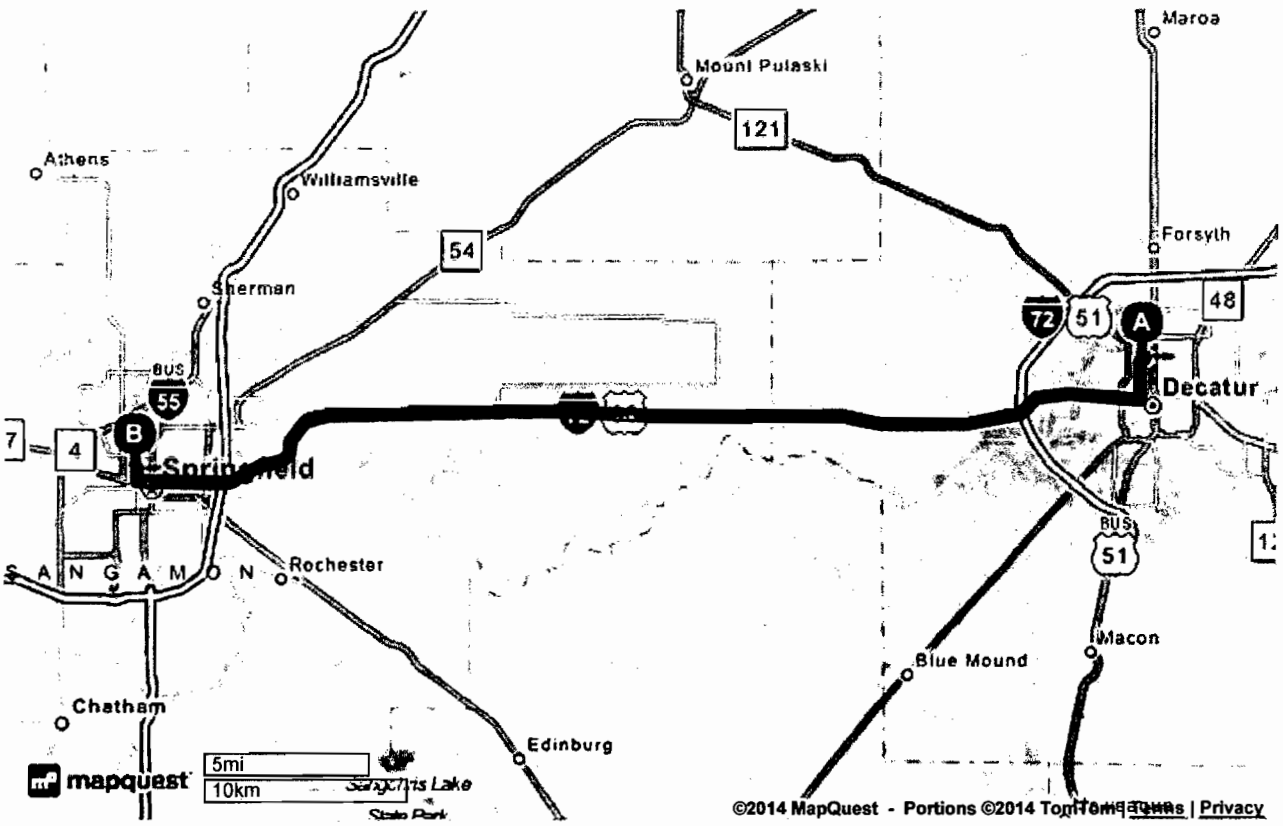
701 N 1st St

Springfield, IL 62702-3757

40.33 miles / 45 minutes

Notes

Memorial Medical Center



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Trip to:

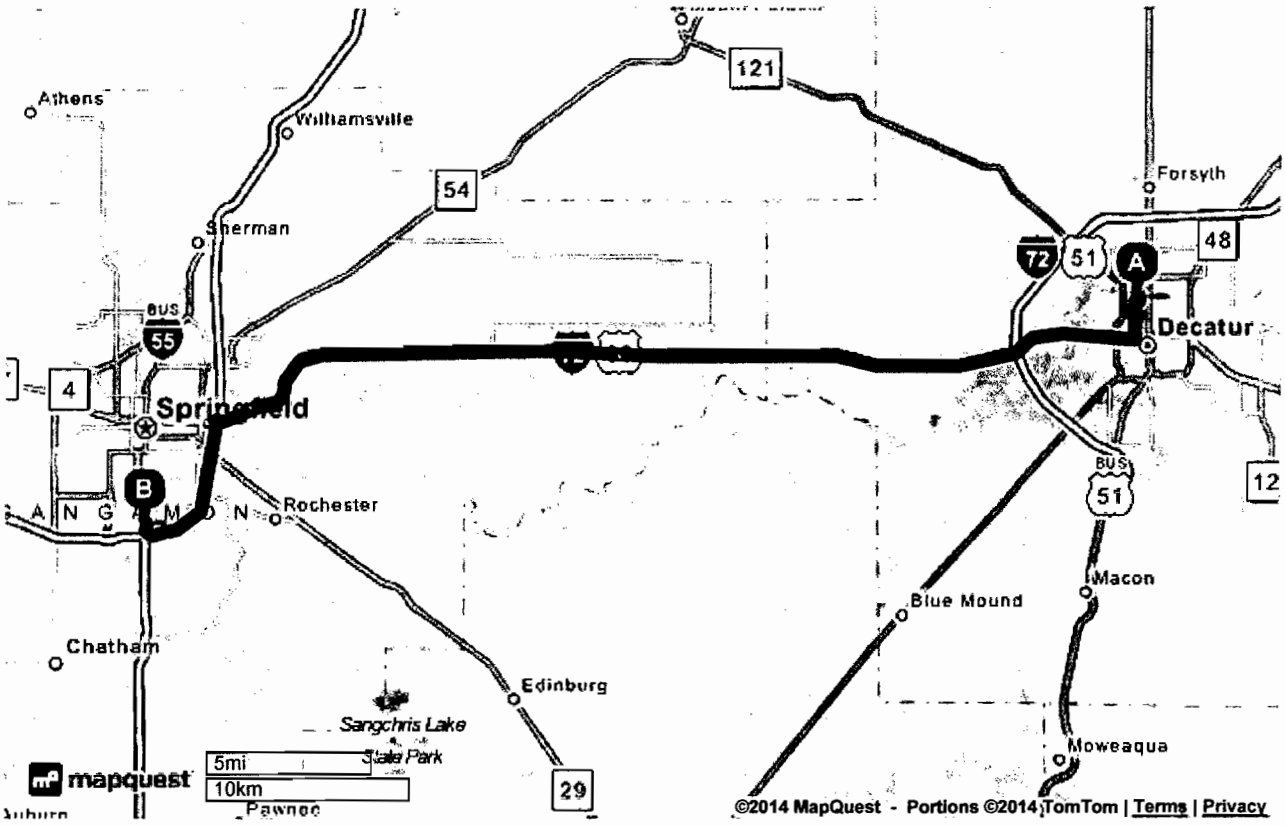
[3700 - 3776] S 6th St

Springfield, IL 62703

42.81 miles / 44 minutes

Notes

Lincoln Prairie Behavioral Health Center



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Notes

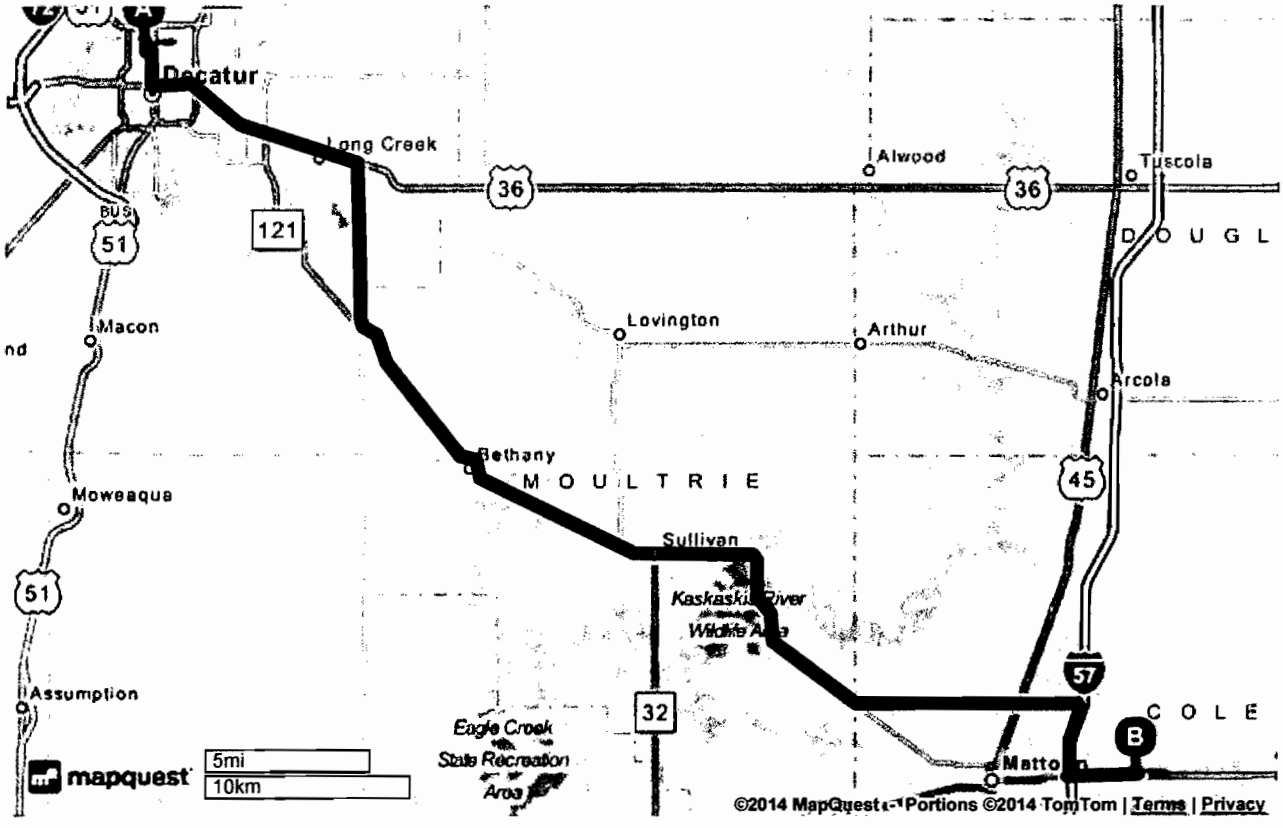
Sarah Bush Lincoln Health Center

Trip to:

1000 Health Center Dr

Mattoon, IL 61938-9253

54.82 miles / 1 hour 9 minutes



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Trip to:

Normal, IL

52.99 miles / 57 minutes

Notes

Advocate Bromenn Medical Center

advertisement

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If you have a $1,000,000 portfolio, you should download the latest report by *Forbes* columnist Ken Fisher. In it he tells you where he thinks the stock market is headed, and why. This must-read report includes his latest stock market prediction, plus research and analysis you can use in your portfolio right now. Don't miss it!

Click Here to Download Your Report!

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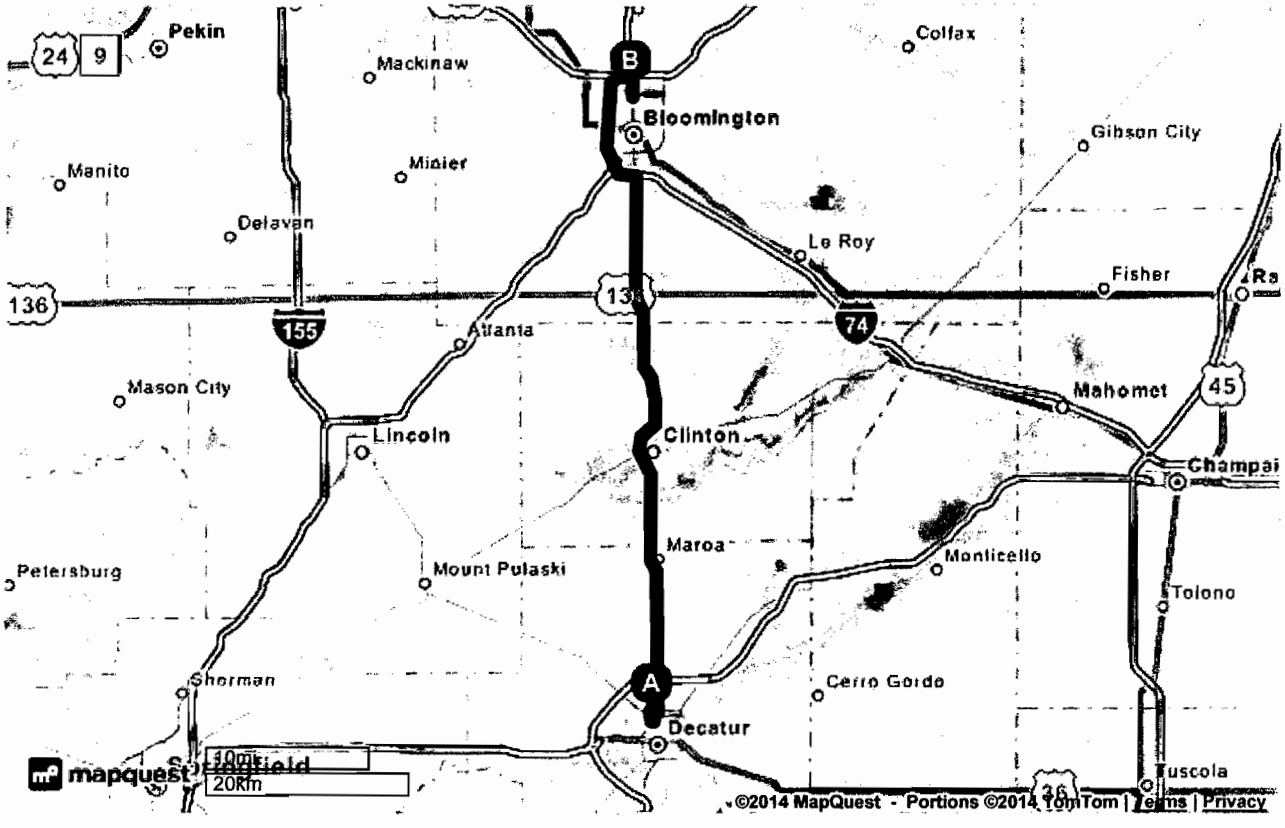

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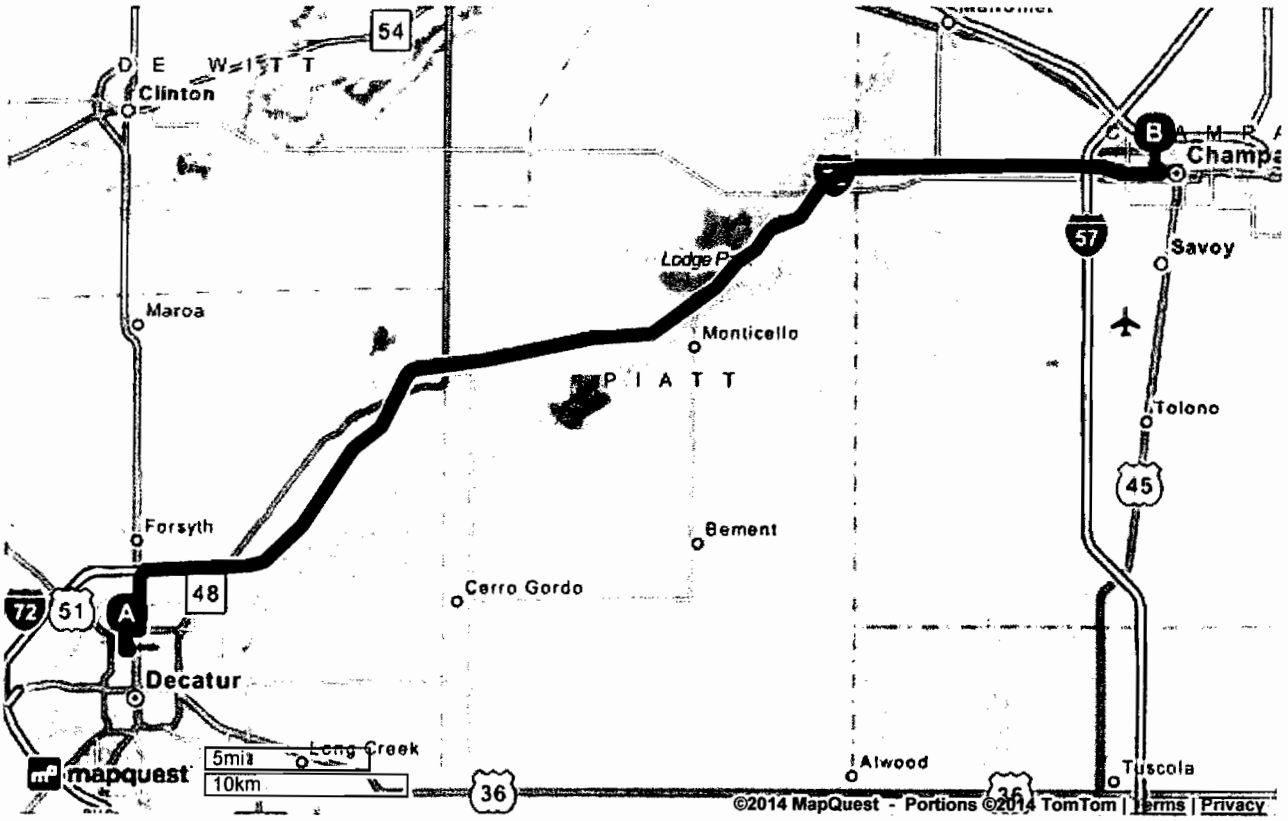
Notes
The Pavilion Foundation Hospital

Trip to:
809 W Church St
Champaign, IL 61820-3320
47.17 miles / 49 minutes



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Notes

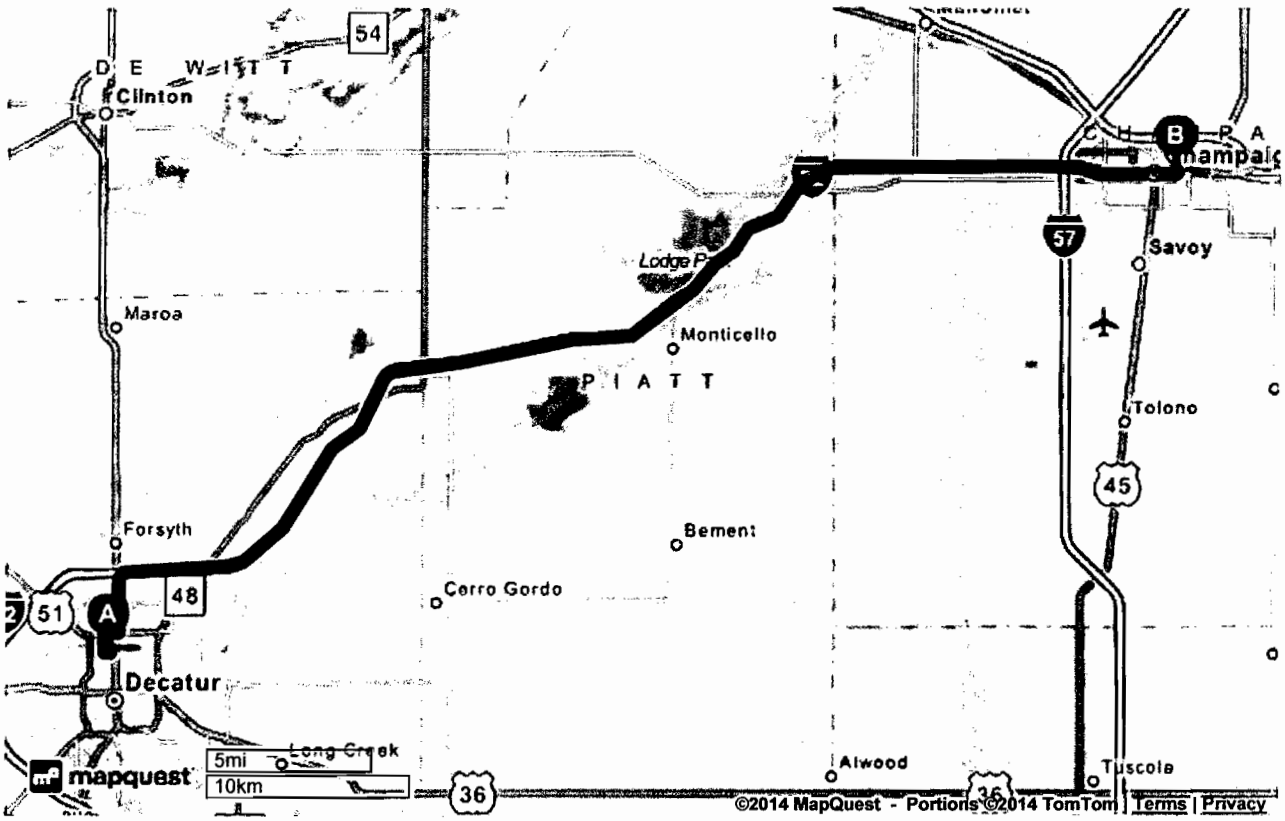
Presence Covenant Medical Center

Trip to:

1400 W Park St

Urbana, IL 61801

48.36 miles / 52 minutes



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2012 Profiles of Planning Area 4 AMI Facilities

Ownership, Management and General Information

ADMINISTRATOR NAME:	Colleen Kannaday
ADMINSTRATOR PHONE	309-268-5180
OWNERSHIP:	Advocate Health & Hospitals Corporation
OPERATOR:	Advocate Health & Hospitals Corporation
MANAGEMENT:	Church-Related
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	1304 Franklin Avenue **CITY:** Normal **COUNTY:** McLean County

Patients by Race

White	89.6%
Black	7.6%
American Indian	0.1%
Asian	2.1%
Hawaiian/ Pacific	0.0%
Unknown	0.6%

Patients by Ethnicity

Hispanic or Latino:	1.8%
Not Hispanic or Latino:	97.6%
Unknown:	0.6%

IDPH Number:	5645
HPA	D-02
HSA	4

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	134	122	94	6,475	23,108	952	3.7	65.9	49.2	54.0
0-14 Years				*0*	*0*					
15-44 Years				*1,070*	*3,495*					
45-64 Years				*2,141*	*7,216*					
65-74 Years				*1,196*	*4,352*					
75 Years +				*2,068*	*8,045*					
Pediatric	11	10	7	206	452	97	2.7	1.5	13.7	15.0
Intensive Care	12	12	12	613	1,678	12	2.8	4.6	38.6	38.6
Direct Admission				*109*	*386*					
Transfers				*504*	*1,292*					
Obstetric/Gynecology	30	28	24	1,503	3,692	70	2.5	10.3	34.4	36.8
Maternity				*1,365*	*3,433*					
Clean Gynecology				*138*	*259*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	19	17	15	526	3,675	0	7.0	10.1	53.0	59.2
Rehabilitation	15	15	12	253	2,666	0	10.5	7.3	48.7	48.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**221**			**9,072**	**35,271**	**1,131**	**4.0**	**99.7**	**45.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**38.2%**	**12.2%**	**0.0%**	**44.9%**	**0.0%**	**4.7%**	
	3468	1105	0	4073	0	426	**9,072**
Outpatients	**21.7%**	**14.8%**	**0.0%**	**46.8%**	**13.0%**	**3.8%**	
	30569	20811	0	65940	18333	5314	**140,967**

Financial Year Reported: 1/1/2012 *to* 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**42.8%**	**9.9%**	**0.0%**	**47.2%**	**0.2%**	**100.0%**	
	36,035,152	8,296,595	0	39,752,696	128,295	84,212,738	1,977,000
Outpatient Revenue ($)	**18.0%**	**9.5%**	**0.0%**	**72.4%**	**0.1%**	**100.0%**	
	13,559,202	7,154,900	0	54,564,543	54,912	75,333,557	2,417,000

Total Charity Care Expense
4,394,000

Total Charity Care as % of Net Revenue
2.8%

Birthing Data

Number of Total Births:	1,442
Number of Live Births:	1,435
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	18
C-Section Rooms:	2
CSections Performed:	524

Newborn Nursery Utilization

Level 1 Patient Days	2,775
Level 2 Patient Days	811
Level 2+ Patient Day	32
Total Nursery Patientdays	**3,618**

Laboratory Studies

Inpatient Studies	235,740
Outpatient Studies	250,196
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Joseph Sheehy
ADMINSTRATOR PHONE	217-373-1701
OWNERSHIP:	Universal Health Services
OPERATOR:	The Pavilion Foundation Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	Psychiatric Hospital
ADDRESS	809 West Church Street **CITY:** Champaign **COUNTY:** Champaign County

Patients by Race

White	81.4%
Black	13.8%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.0%
Unknown	4.3%

Patients by Ethnicity

Hispanic or Latino:	1.8%
Not Hispanic or Latino:	94.0%
Unknown:	4.3%

IDPH Number:	4689
HPA	D-01
HSA	4

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				*0*	*0*					
15-44 Years				*0*	*0*					
45-64 Years				*0*	*0*					
65-74 Years				*0*	*0*					
75 Years +				*0*	*0*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				*0*	*0*					
Transfers				*0*	*0*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	69	47	47	1,598	15,429	0	9.7	42.3	61.3	89.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**69**			**1,598**	**15,429**	**0**	**9.7**	**42.3**	**61.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**13.6%**	**46.6%**	**0.0%**	**38.4%**	**0.3%**	**1.1%**	
	218	745	0	613	5	17	**1,598**
Outpatients	**10.8%**	**31.9%**	**0.0%**	**51.7%**	**4.7%**	**0.9%**	
	60	177	0	287	26	5	**555**

Financial Year Reported: 1/1/2012 *to* 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**17.2%**	**53.0%**	**0.0%**	**29.5%**	**0.3%**	**100.0%**	
	2,170,542	6,706,596	0	3,735,207	40,000	12,652,345	121,637
Outpatient Revenue ($)	**11.8%**	**7.5%**	**0.0%**	**69.3%**	**11.3%**	**100.0%**	
	211,149	134,717	0	1,240,080	202,500	1,788,446	182,698

Total Charity Care Expense
304,335

Total Charity Care as % of Net Revenue
2.1%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

Level 1 Patient Days	0
Level 2 Patient Days	0
Level 2+ Patient Day	0
Total Nursery Patientdays	**0**

Laboratory Studies

Inpatient Studies	2,260
Outpatient Studies	0
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Michael L. Brown
ADMINSTRATOR PHONE	217-443-5201
OWNERSHIP:	Presence Health PRV
OPERATOR:	Presence Health PRV
MANAGEMENT:	Church-Related
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	1400 West Park Avenue **CITY:** Urbana **COUNTY:** Champaign County

Patients by Race

White	80.6%
Black	15.2%
American Indian	0.3%
Asian	0.8%
Hawaiian/ Pacific	0.0%
Unknown	3.2%

Patients by Ethnicity

Hispanic or Latino:	1.1%
Not Hispanic or Latino:	96.9%
Unknown:	2.1%

IDPH Number:	4861
HPA	D-01
HSA	4

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	110	95	75	4,788	17,119	2,089	4.0	52.6	47.8	55.4
0-14 Years				*0*	*0*					
15-44 Years				*706*	*2,019*					
45-64 Years				*1,499*	*5,257*					
65-74 Years				*973*	*3,749*					
75 Years +				*1,610*	*6,094*					
Pediatric	6	4	2	148	321	61	2.6	1.0	17.4	26.2
Intensive Care	15	14	14	1,196	2,937	27	2.5	8.1	54.1	58.0
Direct Admission				*725*	*1,780*					
Transfers				*471*	*1,157*					
Obstetric/Gynecology	24	22	13	1,032	2,231	78	2.2	6.3	26.4	28.8
Maternity				*895*	*2,022*					
Clean Gynecology				*137*	*209*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	30	25	20	1,023	4,341	0	4.2	11.9	39.6	47.6
Rehabilitation	25	21	21	455	4,997	0	11.0	13.7	54.8	65.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**210**			**8,171**	**31,946**	**2,255**	**4.2**	**93.7**	**44.6**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**49.4%**	**14.0%**	**1.9%**	**28.3%**	**3.1%**	**3.3%**	
	4036	1146	153	2314	256	266	**8,171**
Outpatients	**31.9%**	**19.9%**	**1.1%**	**34.8%**	**10.8%**	**1.5%**	
	61588	38552	2176	67244	20805	2924	**193,289**

Financial Year Reported: 1/1/2012 *to* 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**50.8%**	**8.7%**	**2.0%**	**33.7%**	**4.8%**	**100.0%**	
	37,478,496	6,404,279	1,462,099	24,835,910	3,548,059	73,728,843	1,698,770
Outpatient Revenue ($)	**19.2%**	**7.7%**	**1.2%**	**62.9%**	**9.0%**	**100.0%**	
	14,287,969	5,699,577	918,808	46,751,019	6,670,777	74,328,150	2,095,543

Total Charity Care Expense **3,794,313**

Total Charity Care as % of Net Revenue **2.6%**

Birthing Data

Number of Total Births:	838
Number of Live Births:	830
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	6
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	250

Newborn Nursery Utilization

Level 1 Patient Days	1,352
Level 2 Patient Days	0
Level 2+ Patient Day	438
Total Nursery Patientdays	**1,790**

Laboratory Studies

Inpatient Studies	187,106
Outpatient Studies	175,802
Studies Performed Under Contract	43,729

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Craig Sheagren
ADMINSTRATOR PHONE	217-258-2513
OWNERSHIP:	SARAH BUSH LINCOLN HEALTH CENTER
OPERATOR:	SARAH BUSH LINCOLN HEALTH CENTER
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	1000 Health Center Drive **CITY:** Mattoon **COUNTY:** Coles County

Patients by Race

White	97.1%
Black	2.1%
American Indian	0.0%
Asian	0.3%
Hawaiian/ Pacific	0.0%
Unknown	0.5%

Patients by Ethnicity

Hispanic or Latino:	1.1%
Not Hispanic or Latino:	98.4%
Unknown:	0.5%

IDPH Number:	3392
HPA	D-05
HSA	4

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	73	66	66	4,316	16,211	3,287	4.5	53.4	73.2	80.9
0-14 Years				*0*	*0*					
15-44 Years				*467*	*1,421*					
45-64 Years				*1,266*	*4,439*					
65-74 Years				*827*	*3,263*					
75 Years +				*1,756*	*7,088*					
Pediatric	8	8	5	160	243	214	2.9	1.3	15.7	15.7
Intensive Care	8	9	8	775	1,673	39	2.2	4.7	58.6	52.1
Direct Admission				*566*	*1,222*					
Transfers				*209*	*451*					
Obstetric/Gynecology	19	17	12	964	1,975	245	2.3	6.1	32.0	35.8
Maternity				*806*	*1,663*					
Clean Gynecology				*158*	*312*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	20	18	18	910	3,752	0	4.1	10.3	51.4	57.1
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**128**			**6,916**	**23,854**	**3,785**	**4.0**	**75.7**	**59.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**50.6%**	**18.7%**	**0.6%**	**20.1%**	**3.6%**	**6.4%**	
	3497	1295	43	1387	252	442	**6,916**
Outpatients	**35.0%**	**14.3%**	**0.7%**	**24.6%**	**23.5%**	**1.9%**	
	141883	58094	2927	99833	95472	7730	**405,939**

Financial Year Reported: 7/1/2011 *to* 6/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**52.5%**	**7.6%**	**0.8%**	**39.0%**	**0.1%**	**100.0%**	
	27,129,153	3,927,268	413,397	20,153,085	51,674	51,674,577	2,263,815
Outpatient Revenue ($)	**18.7%**	**5.6%**	**0.5%**	**74.2%**	**0.9%**	**100.0%**	
	17,886,294	5,379,264	506,396	70,895,459	879,028	95,546,441	5,134,272

Total Charity Care Expense
7,398,087

Total Charity Care as % of Net Revenue
5.0%

Birthing Data

Number of Total Births:	754
Number of Live Births:	750
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9
C-Section Rooms:	1
CSections Performed:	0

Newborn Nursery Utilization

Level 1 Patient Days	1,173
Level 2 Patient Days	0
Level 2+ Patient Day	0
Total Nursery Patientdays	**1,173**

Laboratory Studies

Inpatient Studies	135,294
Outpatient Studies	631,146
Studies Performed Under Contract	23,429

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Kevin Kast
ADMINSTRATOR PHONE	217-464-2473
OWNERSHIP:	St. Mary's Hospital, Decatur, of the Hospital Sist
OPERATOR:	St. Mary's Hospital, Decatur, of the Hospital Sist
MANAGEMENT:	Church-Related
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	1800 East Lake Shore **CITY:** Decatur **COUNTY:** Macon County

Patients by Race

White	85.3%
Black	13.6%
American Indian	0.1%
Asian	0.0%
Hawaiian/ Pacific	0.0%
Unknown	1.0%

Patients by Ethnicity

Hispanic or Latino:	0.3%
Not Hispanic or Latino:	98.6%
Unknown:	1.0%

IDPH Number:	2592
HPA	D-04
HSA	4

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	108	104	72	4,704	17,349	1,630	4.0	52.0	48.1	50.0
0-14 Years				*6*	*25*					
15-44 Years				*601*	*1,777*					
45-64 Years				*1,422*	*5,032*					
65-74 Years				*970*	*3,598*					
75 Years +				*1,705*	*6,917*					
Pediatric	14	12	7	120	326	323	5.4	1.8	12.7	14.8
Intensive Care	14	12	12	536	2,697	18	5.1	7.4	53.1	62.0
Direct Admission				*519*	*2,574*					
Transfers				*17*	*123*					
Obstetric/Gynecology	18	16	13	647	1,618	42	2.6	4.5	25.3	28.4
Maternity				*589*	*1,466*					
Clean Gynecology				*58*	*152*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	14	14	14	322	3,862	0	12.0	10.6	75.6	75.6
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	56	56	50	1,622	14,495	0	8.9	39.7	70.9	70.9
Rehabilitation	20	20	16	357	3,667	0	10.3	10.0	50.2	50.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**244**			**8,291**	**44,014**	**2,013**	**5.6**	**126.1**	**51.7**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**48.7%**	**18.8%**	**0.0%**	**21.6%**	**1.7%**	**9.1%**	
	4036	1559	0	1794	144	758	**8,291**
Outpatients	**38.3%**	**20.6%**	**0.0%**	**33.0%**	**3.0%**	**5.0%**	
	63729	34271	0	54804	5038	8365	**166,207**

Financial Year Reported: 7/1/2011 *to* 6/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**62.0%**	**12.9%**	**0.0%**	**21.3%**	**3.8%**	**100.0%**	
	40,677,119	8,450,180	0	14,002,745	2,488,198	65,618,242	1,020,869
Outpatient Revenue ($)	**38.7%**	**17.3%**	**0.0%**	**37.6%**	**6.3%**	**100.0%**	
	28,144,869	12,560,923	0	27,353,068	4,607,866	72,666,726	2,553,694

Total Charity Care Expense
3,574,563

Total Charity Care as % of Net Revenue
2.6%

Birthing Data

Number of Total Births:	611
Number of Live Births:	607
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	1
Labor-Delivery-Recovery Rooms:	8
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	178

Newborn Nursery Utilization

Level 1 Patient Days	1,326
Level 2 Patient Days	58
Level 2+ Patient Day	0
Total Nursery Patientdays	**1,384**

Laboratory Studies

Inpatient Studies	241,486
Outpatient Studies	299,413
Studies Performed Under Contract	42,489

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

2012 Profiles of Planning Area 3 AMI Facilities

Within 45 minutes of the applicant

Ownership, Management and General Information

ADMINISTRATOR NAME:	Robert Ritz
ADMINSTRATOR PHONE	(217) 544-6464 ext: 44572
OWNERSHIP:	Hospital Sisters Health System
OPERATOR:	Hospital Sisters Health System
MANAGEMENT:	Church-Related
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	800 East Carpenter **CITY:** Springfield **COUNTY:** Sangamonm County

Patients by Race

White	87.4%
Black	10.0%
American Indian	0.0%
Asian	0.5%
Hawaiian/ Pacific	0.0%
Unknown	2.1%

Patients by Ethnicity

Hispanic or Latino:	0.6%
Not Hispanic or Latino:	97.9%
Unknown:	1.5%

IDPH Number:	2451
HPA	E-01
HSA	3

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	204	203	173	11,690	49,335	1,072	4.3	138.1	67.7	68.0
0-14 Years				*52*	*91*					
15-44 Years				*1,590*	*5,602*					
45-64 Years				*3,822*	*15,520*					
65-74 Years				*2,555*	*11,219*					
75 Years +				*3,671*	*16,903*					
Pediatric	32	30	21	1,388	3,857	702	3.3	12.5	39.0	41.6
Intensive Care	48	46	44	2,551	11,706	5	4.6	32.1	66.8	69.7
Direct Admission				*2,154*	*9,884*					
Transfers				*397*	*1,822*					
Obstetric/Gynecology	38	38	30	2,229	5,878	324	2.8	17.0	44.7	44.7
Maternity				*1,905*	*4,843*					
Clean Gynecology				*324*	*1,035*					
Neonatal	40	40	40	431	11,341	0	26.3	31.1	77.7	77.7
Long Term Care	37	37	35	875	10,319	0	11.8	28.3	76.4	76.4
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	40	36	32	1,011	9,423	0	9.3	25.8	64.5	71.7
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**439**			**19,778**	**101,859**	**2,103**	**5.3**	**284.8**	**64.9**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**43.8%**	**23.1%**	**1.8%**	**25.7%**	**3.1%**	**2.6%**	
	8656	4575	347	5081	612	507	**19,778**
Outpatients	**28.3%**	**23.4%**	**1.3%**	**28.6%**	**16.0%**	**2.3%**	
	67938	56258	3176	68754	38506	5602	**240,234**

Financial Year Reported: 7/1/2011 *to* 6/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**45.9%**	**19.4%**	**1.7%**	**28.9%**	**4.2%**	**100.0%**	
	113,193,161	47,912,639	4,091,247	71,233,673	10,429,012	246,859,732	5,886,511
Outpatient Revenue ($)	**23.0%**	**12.8%**	**2.1%**	**52.3%**	**9.8%**	**100.0%**	
	39,871,199	22,073,926	3,601,905	90,507,270	17,002,049	173,056,349	2,840,958

Total Charity Care Expense
8,727,469

Total Charity Care as % of Net Revenue
2.1%

Birthing Data

Number of Total Births:	1,883
Number of Live Births:	1,847
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	26
C-Section Rooms:	2
CSections Performed:	566

Newborn Nursery Utilization

Level 1 Patient Days	2,811
Level 2 Patient Days	0
Level 2+ Patient Day	0
Total Nursery Patientdays	**2,811**

Laboratory Studies

Inpatient Studies	755,032
Outpatient Studies	489,896
Studies Performed Under Contract	32,334

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Edgar J. Curtis
ADMINSTRATOR PHONE	217-788-3340
OWNERSHIP:	Memorial Medical Center
OPERATOR:	Memorial Medical Center
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	701 North First Street **CITY:** Springfield **COUNTY:** Sangamonm County

Patients by Race

White	91.2%
Black	7.1%
American Indian	0.1%
Asian	0.3%
Hawaiian/ Pacific	0.1%
Unknown	1.2%

Patients by Ethnicity

Hispanic or Latino:	0.4%
Not Hispanic or Latino:	98.8%
Unknown:	0.8%

IDPH Number:	1487
HPA	E-01
HSA	3

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	349	330	299	19,418	88,351	2,031	4.7	247.6	71.0	75.0
0-14 Years				*14*	*30*					
15-44 Years				*2,752*	*10,307*					
45-64 Years				*6,700*	*28,303*					
65-74 Years				*4,167*	*19,587*					
75 Years +				*5,785*	*30,124*					
Pediatric	7	7	7	469	966	187	2.5	3.2	45.1	45.1
Intensive Care	49	48	47	3,107	14,096	25	4.5	38.7	79.0	80.6
Direct Admission				*2,287*	*10,232*					
Transfers				*820*	*3,864*					
Obstetric/Gynecology	21	21	18	1,709	3,804	37	2.2	10.5	50.1	50.1
Maternity				*1,709*	*3,804*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	44	37	37	1,250	11,365	0	9.1	31.1	70.8	84.2
Rehabilitation	30	30	20	460	5,252	0	11.4	14.4	48.0	48.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**500**			**25,593**	**123,834**	**2,280**	**4.9**	**345.5**	**69.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**52.4%**	**11.8%**	**0.3%**	**30.8%**	**0.4%**	**4.3%**	
	13418	3015	74	7878	112	1096	**25,593**
Outpatients	**28.2%**	**13.2%**	**0.2%**	**34.6%**	**21.8%**	**2.0%**	
	135866	63574	729	166800	105243	9720	**481,932**

Financial Year Reported: 10/1/2010 *to* 9/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**49.8%**	**10.6%**	**0.5%**	**39.0%**	**0.1%**	**100.0%**	
	159,308,074	33,803,025	1,455,628	124,752,820	471,462	319,791,009	8,335,849
Outpatient Revenue ($)	**20.1%**	**2.9%**	**0.2%**	**74.7%**	**2.2%**	**100.0%**	
	42,420,256	6,052,355	317,533	157,491,479	4,599,054	210,880,677	6,974,819

Total Charity Care Expense
15,310,668

Total Charity Care as % of Net Revenue
2.9%

Birthing Data

Number of Total Births:	1,684
Number of Live Births:	1,681
Birthing Rooms:	0
Labor Rooms:	2
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	19
C-Section Rooms:	2
CSections Performed:	410

Newborn Nursery Utilization

Level 1 Patient Days	0
Level 2 Patient Days	0
Level 2+ Patient Day	0
Total Nursery Patientdays	**0**

Laboratory Studies

Inpatient Studies	987,377
Outpatient Studies	1,074,200
Studies Performed Under Contract	56,598

Organ Transplantation

Kidney:	30
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	2
Liver:	0
Total:	**32**

Ownership, Management and General Information

ADMINISTRATOR NAME:	Mark Littrell
ADMINSTRATOR PHONE	217-585-4701
OWNERSHIP:	Springfield Hospital Inc
OPERATOR:	Springfield Hospital Inc
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	Psychiatric Hospital
ADDRESS	5230 South Sixth Street **CITY:** Springfield **COUNTY:** Sangamonm County

Patients by Race

White	69.7%
Black	18.5%
American Indian	0.1%
Asian	0.5%
Hawaiian/ Pacific	0.0%
Unknown	11.2%

Patients by Ethnicity

Hispanic or Latino:	1.7%
Not Hispanic or Latino:	75.1%
Unknown:	23.2%

IDPH Number:	5512
HPA	E-01
HSA	3

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				*0*	*0*					
15-44 Years				*0*	*0*					
45-64 Years				*0*	*0*					
65-74 Years				*0*	*0*					
75 Years +				*0*	*0*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				*0*	*0*					
Transfers				*0*	*0*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	88	88	71	1,455	21,005	0	14.4	57.5	65.4	65.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	*0*					*0*				
Facility Utilization	**88**			**1,455**	**21,005**	**0**	**14.4**	**57.5**	**65.4**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**0.0%**	**77.8%**	**0.7%**	**21.5%**	**0.0%**	**0.0%**	
	0	1132	10	313	0	0	**1,455**
Outpatients	**0.0%**	**79.2%**	**0.0%**	**20.8%**	**0.0%**	**0.0%**	
	0	4749	0	1249	0	0	**5,998**

Financial Year Reported: 1/1/2012 *to* 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**0.0%**	**81.7%**	**0.1%**	**18.2%**	**0.0%**	**100.0%**	
	0	15,732,040	10,232	3,508,504	0	19,250,776	0
Outpatient Revenue ($)	**0.0%**	**71.5%**	**0.0%**	**28.5%**	**0.0%**	**100.0%**	
	0	307,755	0	122,506	0	430,261	0

Total Charity Care Expense **0**

Total Charity Care as % of Net Revenue **0.0%**

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

Level 1 Patient Days	0
Level 2 Patient Days	0
Level 2+ Patient Day	0
Total Nursery Patientdays	**0**

Laboratory Studies

Inpatient Studies	1,687
Outpatient Studies	0
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

STAFFING PLAN

Management	FTE's	Recruitment plan
Program Director	1	Diamond Healthcare will provide management services for this program.
Nurse Manager	1	Local recruitment or promotion
Medical Director	40 hours per month	Psychiatrist will be recruited by Psychology Specialists who already practice at DMH

Therapists	FTE's	Recruitment Plan
Social Workers	2	Diamond Healthcare will provide recruitment assistance through national network
Activity Therapist	1	

Nursing	Daily/13 Patients	Daily/18 Patients	FTE's	Recruitment plan
RN	5	6	12-14	These positions will be recruited locally using hospital recruiter. Recruitment base for nursing includes 2 nursing programs in Decatur plus several additional area programs.
Psych tech	3	6	8-14	
Unit secretary	1	2	2-4	

DECATUR MEMORIAL HOSPITAL

POSITION DESCRIPTION

GERIATRIC PSYCH UNIT - STAFF REGISTERED NURSE II

DEPARTMENT	**GERIATRIC PSYCH UNIT**
FLSA STATUS	**Non-Exempt**
SUPERVISORY RESPONSIBILITY	**None**
DATE OR REVISION DATE	**August 20, 2014**

Summary

Manages, coordinates and performs nursing care with compassion and care for an assigned group of patients and their families and incorporate preventative measures.

NURSING GOAL: A goal of nursing is to educate and restore a patient to an optimal level of wellness as defines by the patient and their families and incorporate preventative measures. Death can be an acceptable outcome, in which the goal of nursing care is to move a patient toward a peaceful death and assist families in coping.

Essential Functions and Job Duties

- CLINICAL JUDGEMENT – Clinical reasoning, which includes decision-making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines.
    - Demonstrates the ability to assess the full scope of patient needs, using the nursing process on a continuous basis.
    - Utilizes past nursing experience to anticipate problems while seeking out multi-disciplinary collaboration with comfort, when necessary.
    - Recognizes patterns and trends that may predict the direction of illness.
- CARING PRACTICES: Nursing activity that create a compassionate, supportive, and therapeutic environment for patients/families and staff. Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
    - Promotes safety throughout patient's and family's transitions along the healthcare continuum.
    - Actively anticipates and monitors patient and family changes, responds appropriately.
    - Effectively resolves patient complaints.
    - Engages all patients in a personalized, compassionate manner.
- COLLABORATION/SYSTEMS THINKING – Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contribution toward

achieving optimal/realistic patient/family goals. Involves intra-and inter- disciplinary work with colleagues and community. Body of knowledge and tools that allow the nurse to manage whatever Environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems.

- Consults and coordinates with team members to assess, plan, implement and evaluate patient care plans.
- Actively utilizes evidence-based practice and customer service data to improve caring practices.
- Effectively plans and communicates patient care plans.
- Facilitates active involvement of others in team meetings regarding patient care and/or practice issues.
- Seeks out opportunities to be taught, coached, and mentored.
- Recruits diverse resources when appropriate to optimize patient outcomes.
- Serves as a resource to department and patient/family.

- RESPONSE TO DIVERSITY – The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, personalities, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.
  - Integrates cultural differences into patient/family care; incorporates appropriate alternative therapies.
  - Tailors healthcare culture to meet the diverse needs and strengths of each patient/family.
- FACILITATION OF LEARNING – The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team, and community. Include both formal and informal facilitation of learning.
  - Develops and modifies patient/family education programs throughout delivery of care, collaborating and incorporating all healthcare providers' and educational plans.
  - Provides individualized care.
  - Evaluates patient's understanding by observing behavior changes throughout plan of care.
  - Sets patient-driven goals for education.
  - Work toward achieving Bachelor of Science in Nursing degree.
- CLINICAL INQUIRY (INNOVATOR/EVALUATOR) – The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experimental learning.
  - Adapts standards of care to serve particular patient populations.
  - Seeks out advice to improve patient care.
  - Evaluates current practices based on patient responses, analysis of literature, research, and education.
  - Incorporates evidence based practice into care delivery.
  - Actively pursues continuing educational opportunities.
- Performs other duties as assigned.

Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

- Current Hepatitis b vaccination
- Will complete additional training or demonstrate competency in skills identified in the unit-specific competency plan and skills list.
- Knowledge of relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to apply general rules to specific problems to produce answers that make sense.
- Ability to communicate effectively verbally and in writing.
- Ability to combine pieces of information to form general rules or conclusions.
- Gives full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Ability to see details at close range.
- Actively looks for ways to help people.
- Understand written sentences and paragraphs in work related documents.
- Awareness of other's reactions and understanding why they react as they do.
- Uses logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

General Skill Requirements

In addition to the Essential Functions and Qualifications listed above, to perform the job successfully an individual must also possess the following General Skill Requirements.

- Adaptability – Adapts to changes in the work environment; Manages competing demands; Accepts criticism and feedback; Changes approach or method to best fit the situation; ability to work with frustrating situations; work under pressure and on an irregular schedule such as unscheduled overtime, unanticipated changes in work pace; Works with numerous distractions.

- Attendance and Punctuality – Schedules time off in advance; Begins working on time; Keeps absences within guidelines; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

- Communications – Expresses ideas and thoughts verbally; Expresses ideas and thoughts in written form; Exhibits good listening and comprehension; Keeps others adequately informed; Selects and uses appropriate communication methods.

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- Cooperation – Establishes and maintains effective relations; Exhibits tact and consideration; Displays positive outlook and pleasant manner; Offers assistance and support to co-workers; Works cooperatively in group situations; Works actively to resolve conflicts.

- Job Knowledge – Competent in required job skills and knowledge; Exhibits ability to learn and apply new skills; Keeps abreast of current developments; Requires minimal supervision; Displays understanding of how job relates to others; Uses resources effectively.

- Judgment – displays willingness to make decisions; Exhibits sound and accurate judgment; Supports and explains reasoning for decisions; Includes appropriate people in decision-making process; Makes timely decisions; ability to work with and maintain confidential information.

- Problem solving – Identifies problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Resolves problems in early stages; Works well in group problem solving situations.

- Quality – Demonstrates accuracy and thoroughness; Displays commitment to excellence; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

- Quantity – Meets productivity standards; Completes work in timely manner; Strives to increase productivity; Works quickly; Achieves established goals.

- Concentration – Maintains attention to detail over extended period of time; continually aware of variations in changing situations.

- Supervision – ability to perform work independently or with minimal supervision; ability to assign and/or review work; train and/or evaluate other employees.

Education and/or Other Requirements

Graduate of an accredited school of professional nursing. Current registration or eligibility for licensure with the State of Illinois for practice as a professional nurse.

Environmental Factors

This position is performed within an environment of frequent exposure to blood and body fluids.

Physical Demands

The physical demands described are representative of those that must be met by an employee to successfully perform the essential functions of this job.

- While performing the duties of this job the employee is regularly required walk, stand, stoop to floor level, kneel and assist in lifting patient; to assist patients and/or adjust equipment at

floor level; to reach, change and read IV's 5 feet from the floor unaided; to support weight of persons 200 pounds or more in emergency situations.

- Ability to attend to visual details.
- Ability to communicate orally and in writing.
- Ability to receive and comprehend written and oral communications.
- Ability to read 5 feet from the floor unaided.
- Ability to utilize fine motor control in hands, the ability to hear, and the ability to meet visual demands.
- The employee will frequently be required to lift, push and pull weight of at least 5 to 50 pounds.

Mental Demands

- Ability to work under stress and adapt to changing conditions.
- Analyze information or data.
- Plan sequence of operations or actions.
- Make decisions of moderate to substantial effects, with a variety of alternatives and moderate to substantial consequences.
- Use logic to define problems, collect information, establish facts, draw valid conclusions, interpret information, deal with abstract variables.
- Comprehend written basic instructions, safety rules, office memoranda at a high school graduate level.
- Ability to compose written communication using standard business English at a high school graduate level.
- Ability to comprehend verbal sentences and instructions at a high school graduate level.
- Ability to converse in Standard English at a high school graduate level.

Note:

Reasonable accommodations may be made to assist an otherwise qualified individual in the performance of the job. In order to meet the needs of the Company employees may be assigned other duties, in addition to or in lieu of those described above.

POSITION DESCRIPTION

Title: Medical Director

Department: Department of Psychiatry

Responsible To: Behavioral Health Administrator

Position Summary: Acts as Chief Physician for the Treatment Programs and has responsibility for coordinating medical policies and procedures along with responsibility for appropriate integration of clinical and medical services. Provides direct patient care services within the Hospital.

Qualifications:

1. Must be licensed in the State as a practicing physician and must be board certified by the American Board of Psychiatry and Neurology or the Osteopathic Board of Neurology and Psychiatry.
2. Must meet eligibility criteria for membership on the medical staff of the hospital.
3. Demonstrated ability to provide appropriate psychiatric treatment services and to provide medical leadership to other physicians.

Responsibilities:

- Responsible for coordination of medical policies and procedures for all programs.
- Responsible for providing back-up medical coverage as necessary.
- Responsible for providing assistance in the development of clinical programming.
- Encouraging physician participation in all treatment planning activities.
- Reviews medical care as appropriate to insure that all care meets relevant quality standards.
- Provides advisory input into the performance evaluations of clinical staff members.
- Responsible for the review of clinical and medical standards of therapy and program implementation and as a result of such review, advises and recommends appropriate action.
- Provides input to ensure that all psychiatric programs are in compliance with regulatory standards.
- Provides direct patient care by admitting and attending patients.
- Provide full time medical director coverage of the hospital's Psychiatric Services. Be present at the hospital for administrative matters as shall be determined by the Behavioral Health Administrator and Chief of Psychiatry jointly to be reasonably necessary and proper. In his absence, the Medical Director may designate one of his

associates to act on his behalf. However, medical director coverage of the Psychiatric Services shall be on twenty-four (24) hours per day, seven (7) days per week basis.

- Represent psychiatric services in meetings and committees as requested by the Administrator.
- Participate for reasonable periods of time in the educational programs conducted by the hospital and shall perform such other teaching functions within the hospital as are necessary to ensure the hospital's compliance with requirements of accrediting bodies. Be available to the Unit Staff for consultation and education regarding the patients receiving services.
- Ensure that patients referred to the Psychiatric Services are evaluated within 24 hours of the referral. Ensure that patients meet established admissions criteria and ensure a timely admission procedure.
- Assist the Administrator in the marketing of psychiatric programs and services. Suggest marketing plans and actively participate independently in providing awareness of psychiatric services to physicians and others.
- Assist in development and review of Utilization Review and Quality Assurance criteria to monitor the quality of psychiatric physician activities in the Psychiatric Services.
- Participate in the assignment and utilization of the Medical Staff with privileges in Psychiatry as well as other physicians with appropriate credentials.
- Participate in the recruitment and annual evaluations of physicians regarding clinical services. Maintain full time physicians as needed to meet the needs of the patients with Psychiatric Services.
- Chair Psychiatric Services physician staff meetings. Represent the Psychiatry Department at meetings and attend administrative meetings as requested by the Administrator.
- Ensure attending physician attendance at patient care conferences and family meetings for patients assigned to each physician.
- Provides administrative oversight for all medical/administrative staff.

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DIAMOND HEALTHCARE CORPORATION
INPATIENT BEHAVIORAL HEALTH PROGRAM

POSITION DESCRIPTION
AND
PERFORMANCE APPRAISAL

Name:_____
Date of Employment:_____
Effective Date of Review:_____

Circle One: Pre-employment Interview
Probationary Interview
Annual Performance Evaluation
Other:_____

TITLE: PROGRAM DIRECTOR

DEPARTMENT: INPATIENT BEHAVIORAL HEALTH PROGRAM

APPROVED BY:

Program Director	Senior Executive of Diamond Healthcare	Date

SUMMARY PERFORMANCE DESCRIPTION: Responsible for the overall coordination, administration and management of psychiatric services and ensures high quality, high utilization and adherence to both DHC and Hospital Policies and Procedures and Plans.

REPORTS TO: Diamond Healthcare Senior Executive.

POSITION REQUIREMENTS

EDUCATION: Masters Degree in Business, Healthcare, Psychology, Nursing, Counseling or related field.

PRIOR EXPERIENCE: Minimum of five years experience in administrative, clinical or healthcare management with an emphasis on experience in the field of psychiatric or behavioral science modalities. Marketing experience helpful.

WORKING ENVIRONMENT: Will be located in and around the Inpatient Behavioral Health Department and the Hospital facilities. Some hazard potential from possibility of physical acting out behavior of patients and health related communicable diseases, some assistance may be required in assisting patients in personal hygiene and positioning.

PHYSICAL AND MENTAL REQUIREMENTS OF JOB:

Ability to exercise self-control in potentially volatile situations such as being verbally or physically confronted in a threatening or aggressive manner; must be able to work and concentrate amidst distractions such as noise, conversation and foot traffic; ability to handle interruptions often and be able to move from one task to another; must be flexible and not easily frustrated in dealing with differences of opinions.

Ability to stoop, kneel, crouch, crawl, reach, stand, walk, push, pull, lift, grasp, and be able to perceive the attributes of objects such as size, shape, temperature, and/or texture by touching with skin, particularly that of the fingertips. Ability to express and exchange ideas via spoken word during activities in which they must convey detail or important spoken instructions to others accurately, sometimes quickly and loudly. Hearing to perceive the nature of sound with no less than 40 db loss @ 1000 Hz, and 2000 Hz with or without correction; ability to perceive detailed information through oral communication and to make fine discriminations in sound. Perform repetitive motions with wrists, hands and fingers.

Individual must be able to exert up to 50 pounds of force occasionally and to be able to lift, carry, push, pull or otherwise move objects. Work requires a minimum standard of visual acuity with or without correction that will enable people in the role to complete administrative and clerical tasks and visually observe patients within the facility and in therapeutic activities. While worker may possibly be subjected to temperature changes, the worker is generally not substantially exposed to adverse environmental conditions as they work predominantly inside.

Must be able to set and maintain therapeutic distance with clients; maintain therapeutic boundaries during treatment and following discharge.

POSITION DESCRIPTION

TITLE: ACTIVITY THERAPIST

SUMMARY PERFORMANCE DESCRIPTION: As part of an interdisciplinary treatment team, the Recreation/Activity Therapist designs and implements a variety of activity therapies focusing on individualized needs with the specific objective of fostering effective interactions, enhance coping skills, cognitive functioning, reality orientation and prioritizing independence in caring for self.

REPORTS TO: Program Director

POSITION REQUIREMENTS

EDUCATION: Bachelor of Arts or Science degree from an accredited institution in therapeutic recreation or behavioral health related services. Masters degree preferred. Certification by the National Council for Therapeutic Recreation preferred. Must demonstrate ability by education or training in treating people with mental/psychiatric illness.

Revised 08/28/08

WORKING ENVIRONMENT: Pleasant indoor environment within Partial Hospitalization or Inpatient unit for Department of Psychiatry. Moderate physical activity. Some hazard potential from possibility of physical acting out behavior of patients and health related communicable diseases.

ESSENTIAL FUNCTION OF THE JOB:

Ability to exercise self-control in potentially volatile situations such as being verbally or physically confronted in a threatening or aggressive manner; must be able to work and concentrate amidst distractions such as noise, conversation and foot traffic; ability to handle interruptions often and be able to move from one task to another; must be flexible and not easily frustrated in dealing with differences of opinions.

Ability to stoop, kneel, crouch, crawl, reach, stand, walk, push, pull, lift, grasp, and be able to perceive the attributes of objects such as size, shape, temperature, and/or texture by touching with skin, particularly that of the fingertips. Ability to express and exchange ideas via spoken word during activities in which they must convey detail or important spoken instructions to others accurately, sometimes quickly and loudly. Hearing to perceive the nature of sound with no less than 40 db loss @ 1000 Hz, and 2000 Hz with or without correction; ability to perceive detailed information through oral communication and to make fine discriminations in sound. Perform repetitive motions with wrists, hands and fingers.

Individual must be able to exert up to 50 pounds of force occasionally and to be able to lift, carry, push, pull or otherwise move objects. Work requires a minimum standard of visual acuity with or without correction that will enable people in the role to complete administrative and clerical tasks and visually observe patients within the facility and in therapeutic activities. While worker may possibly be subjected to temperature changes, the worker is generally not substantially exposed to adverse environmental conditions as they work predominantly inside.

Must be able to set and maintain therapeutic distance with clients; maintain therapeutic boundaries during treatment and following discharge.

ESSENTIAL DUTIES AND RESPONSIBILITIES
MAJOR PERFORMANCE RESPONSIBILITIES:
Patient Care:
1. Protects the confidentiality of each individual patient and his/her family members both in the hospital and in the community.
2. Identify age appropriate developmental tasks and needs as evidenced in the treatment planning sessions.
3. Assists in maintaining a therapeutic milieu environment.
a. Maintains a therapeutic relationship with patients.
b. Treats each patient with appropriate dignity and respect; projects a nonjudgmental attitude.
4. Demonstrates awareness and sensitivity to Patient Rights.
5. Provides direction to patients, families, and visitors in a concise, informative manner ensuring a pleasing, positive attitude and courteous tone of voice.
6. Patients, family members, physicians, visitors and other staff members are extended appropriate respect and courtesy.
Clinical:
1. Coordinates Activity Therapy services.
2. With the interdisciplinary treatment team: a. Develops and implements treatment activities consistent with treatment plan.
b. Evaluates patient's needs and adepts activities accordingly.
c. May Assist with development of discharge plan.
3. Provides documentation in the medical record in accordance with accepted policy and on a timely basis.

4. With patient and treatment team participation, plans a daily therapeutic activities program which is consistent and well structured.
5. Assesses the impact of the activities and task work on the patient, and makes appropriate recommendations to the Treatment team.
6. Assists in the development of policies and procedures which govern the provision of Activity Therapy Services.
7. Requests funds for patient activities and therapeutic groups staying within budgetary guidelines.
8. Provides activity therapy services on an individual and group basis.
9. Adheres to professional ethics standards of practice.
10. Maintains inventory of program equipment and supplies.
11. Functions as a resource person to other team members as needed.
12. Co-facilitates groups with clinical team members as needed.
13. Actively participates in community meeting as needed.
14. Seeks out and establishes relationships with community resources to augment treatment.
15. Pursues continuing age related competency per patient population.

16. Appropriately utilizes knowledge of age appropriate developmental needs and abilities in the assessment, treatment and education of patients and families.

Appearance and Reliability:
1. Observes the hospital's dress code policy.
2. Wears identification badge provided by the hospital while on duty.
3. Provides notification of absence from work in accordance with departmental policies and procedures.
Housekeeping Safety and Equipment Care:
1. Maintains a clean and safe environment.
2. Reports safety incidents and hazards to the safety officer.
3. Promptly reports all equipment malfunctions to immediate supervisor and notifies Maintenance department.
Judgment:
1. Is vigilant to the day to day business fluctuations and responds promptly to reprioritized assignments to fit the need.
2. Performs routine assignments independently.
3. Seeks direction when indicated for unusual or non-routine duties.
4. Advises appropriate personnel (i.e., Supervisor) of situations requiring nursing, administrative or technical expertise and follow-up.
5. Manages his/her time effectively.
a. Completes all assignments within the allotted time frame.
b. Establishes priorities for using his/her time to the best advantage.

Marketing:
1. Represents the department in a positive manner in the hospital and within the community.
2. Participates in the marketing effort through internal and external activities. (Specify how this effort is met in the comments section).
Performance Improvement:
1. Overall work performance is dedicated to meeting and exceeding the performance improvement standards for the department.
2. Participates in department performance improvement program and projects.
Relationship With Others: 1. Establishes and maintains positive, productive working relationships within the department team.
2. Establishes and maintains positive, productive working relationships with other hospital departments.
3. Demonstrates telephone courtesy under all circumstances, responding within three (3) rings and taking and delivering messages when necessary.
Staff Development:
1. Attends and participates in all mandatory/annual training required by hospital developmental policy.
2. Provides records of in-service/staff development attendance to the training coordinator for training file.
3. Attends continuing education and staff development activities as necessary for his/her own professional development.

DIAMOND HEALTHCARE CORPORATION
INPATIENT BEHAVIORAL HEALTH PROGRAM

POSITION DESCRIPTION
AND
PERFORMANCE APPRAISAL

Name:_____
Date of Employment:_____
Effective Date of Review:_____
Period Covering:_____

TITLE: SOCIAL WORKER – Bachelor's Level
DEPARTMENT: INPATIENT BEHAVIORAL HEALTH PROGRAM
APPROVED BY:

_____	_____	_____
Program Director	Vice President of Diamond Healthcare	Date

SUMMARY PERFORMANCE DESCRPITION: Responsible for providing direct social work services to patients and their families as a part of the multidisciplinary team with most emphases on completing Psychosocial Assessments, facilitating psycho-educational training, family meetings, discharge planning, assisting in program development, and developing, implementing and reviewing Treatment Plans. Accepts direction from the Program Director.

REPORTS TO: Director of Behavioral Health Program.

POSITION REQUIREMENTS

EDUCATION: Bachelor's Degree in social Work from a school of social work accredited by the Council on Social Work Education or related Human Services field of study which includes a field practice involving supervised psycho-social assessment, planning and referral of individuals with health and/or social problems.

SPECIAL KNOWLEDGE AND SKILLS: Ability to effectively assess, plan and implement therapeutic social work services in a multidisciplinary setting. Particular skill in assessment, considerable knowledge of social work principles and practice, social health and welfare programs and laws government eligibility for these programs; ability to mobilize and coordinate resources effectively. Knowledgeable about age specific needs of geriatric and adult populations likely to be served by the program. Plans for the aftercare needs of patients utilizing knowledge of their needs and available community resources.

PRIOR EXPERIENCE: Minimum of two years relevant experience. If recovering, at least two years of unbroken sobriety (alcohol and drugs).

WORKING ENVIRONMENT: Location of work is in and around the Behavioral Health Program of the Hospital. Some hazard potential from physically acting out patients and health related communicable diseases. Travel to speaking engagements or other activities may be required.

PHYSICAL AND MENTAL REQUIREMENTS OF JOB: Ability to stoop, kneel, crouch, crawl, reach, stand, walk, push, pull, lift, grasp, and be able to perceive the attributes of objects such as size, shape, temperature, and/or texture by touching with skin, particularly that of the fingertips. Ability to express and exchange ideas via spoken work during activities in which they must convey detail or important spoken instructions to others accurately, sometimes quickly and loudly. Hearing to perceive the nature of sound with no less than 40 db loss @ Hz, 1000 Hz, and 2000 Hz with or without correction; ability to perceive detailed information through oral communication and to make fine discriminations in sound. Performs repetitive motions with wrists, hands and fingers.

Work is primarily sedentary in nature requiring occasional exertion of up to 10 pounds of force to lift, carry, push, pull or otherwise move objects.

Work requires visual acuity to read, prepare, and analyze data, transcriptions, and characters on computer terminal; visual inspection of documents, and similar objects or items at distances generally close to the eyes.

Worker is not substantially exposed to adverse environmental conditions; conditions are typical of office settings and administrative work.

Must be able to concentrate on work amid distractions such as noise, conversations, and foot traffic; must be able to consistently meet deadlines regardless of caseload; must be flexible in work hours in order to meet patient and Behavioral Health Program operating needs.

Must maintain self-control in volatile or hostile situations such as when verbally or physically confronted.

Must be able to set and maintain therapeutic distance with clients; maintain therapeutic boundaries during treatment and following discharge.

Must be able to address and prioritize multiple task demands within established time frames.

DIAMOND HEALTHCARE CORPORATION
BEHAVIORAL HEALTH PROGRAM

TITLE: DIRECTOR OF NURSING
DEPARTMENT: INPATIENT BEHAVIORAL HEALTH PROGRAM

SUMMARY PERFORMANCE DESCRPITION: The Director of Nursing is a professional care giver who assumes responsibility and accountability for the nursing functions, 24 hours a day, 7 days a week, for assigned departments of psychiatry. This position is instrumental for the overall functioning in the delivery of behavioral health care to all patients, is responsible for the clinical management of the milieu and is recognized as a member of the management team. DON is responsible to adherence to the Hospital policies and procedures and Plans.

REPORTS TO: Hospital Chief Nursing Officer.

POSITION REQUIREMENTS

EDUCATION: MSN in psychiatric nursing or mental health nursing or its equivalent from a school of nursing accredited by the National League of Nursing.

REQUIRED LICENSES AND CERTIFICATIONS:

Have been reviewed and are current:	Yes	No	N/A	Expires
License Type: _____	[ ]	[ ]	[ ]	_____
Certification: _____	[ ]	[ ]	[ ]	_____

SPECIAL KNOWLEDGE AND SKILLS: Ability to effectively assess, plan and implement therapeutic nursing services in a multidisciplinary setting. Particular skill in assessment, considerable knowledge of nursing principles and practice, staffing, budgeting, personnel management, regulatory requirements and medical documentation; ability to mobilize and coordinate resources effectively. Knowledgeable about age specific needs of geriatric and adult populations likely to be served by the program. Knowledgeable and skilled in a wide variety of Behavioral Health theories, modalities, assessments, planning and intervention.

PRIOR EXPERIENCE: Minimum of five years relevant experience in the care of the mentally ill and supervision of paraprofessional staff; assessment, planning, provision and evaluation of psychiatric nursing care to patients. Experience with medication teaching, management of the therapeutic milieu and providing mandatory and voluntary in-service training to all staff.

WORKING ENVIRONMENT: Location of work is in and around Inpatient Behavioral Health Program of the Hospital. Some hazard potential from physically acting out patients and health related communicable diseases. Travel to speaking engagements or other activities may be required.

PHYSICAL AND MENTAL REQUIREMENTS OF JOB: Ability to exercise self-control in potentially volatile situations such as being verbally or physically confronted in a threatening or aggressive manner; must be able to work and concentrate amidst distractions such as noise, conversation and foot traffic; ability to handle interruptions often and be able to move from one task to another; must be flexible and not easily frustrated in dealing with differences of opinions.

Ability to stoop, kneel, crouch, crawl, reach, stand, walk, push, pull, lift, grasp, and be able to perceive the attributes of objects such as size, shape, temperature, and/or texture by touching with skin, particularly that of the fingertips. Ability to express and exchange ideas via spoken work during activities in which they must convey detail or important spoken instructions to others accurately, sometimes quickly and loudly. Ability to express and exchange ideas via written assignments effectively and accurately. Hearing to perceive the nature of sound with no less than 40 db loss @ Hz, 1000 Hz, and 2000 Hz with or without correction; ability to perceive detailed information through oral communication and to make fine discriminations in sound. Performs repetitive motions with wrists, hands and fingers.

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Worker is not substantially exposed to adverse environmental conditions; conditions are typical of office settings and administrative work.

Must be able to concentrate on work amid distractions such as noise, conversations, and foot traffic; must be able to consistently meet deadlines regardless of caseload; must be flexible in work hours in order to meet patient and Program operating needs.

Must be able to set and maintain therapeutic distance with clients; maintain therapeutic boundaries during treatment and following discharge.

Must be able to address and prioritize multiple task demands within established time frames.

DECATUR MEMORIAL HOSPITAL

POSITION DESCRIPTION

GERIATRIC PSYCH UNIT - PATIENT CARE TECHNICIAN

DEPARTMENT	**GERIATRIC PSYCH UNIT**
FLSA STATUS	**Non-exempt**
SUPERVISORY RESPONSIBILITY	**None**
DATE OR REVISION DATE	**August 20, 2014**

Summary

Provide student nurses with a multi-clinical and educational experience under the direction and supervision of a registered nurse.

Essential Functions and Job Duties

- Identifies with, shares in, and displays a commitment to the mission, philosophy, and objectives of the organization. Demonstrates knowledge of the mission, gives consideration to the principles of the mission (core values: Compassion, Ability, Respect, Excellence and Service).
- Demonstrates critical thinking, technical skill/knowledge, and interpersonal skills through patient care.
- Performs a variety of skills and tasks in conjunction with the health care team related to both clinical and non-clinical nursing:
    - Assist with daily hygiene, simple dressing changes, wound cleansing, simple splinting/case application.
    - Performs computer entry and patient charting when directed by preceptor.
    - Participates in procedures when deemed appropriate by preceptor.
- Reports abnormal findings and changes in patient condition to appropriate staff.
- Performs other duties as assigned.

Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

Will complete additional training or demonstrate competency in skills identified in the unit-specific competency plan and skills list. Must be able to communicate verbally and in writing. Is expected to be an example of good health habits. No previous experience required.

General Skill Requirements

In addition to the Essential Functions and Qualifications listed above, to perform the job successfully an individual must also possess the following General Skill Requirements.

- Adaptability – Adapts to changes in the work environment; Manages competing demands; Accepts criticism and feedback; Changes approach or method to best fit the situation; ability to work with frustrating situations; work under pressure and on an irregular schedule such as unscheduled overtime, unanticipated changes in work pace; Works with numerous distractions.

- Attendance and Punctuality – Schedules time off in advance; Begins working on time; Keeps absences within guidelines; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

- Communications – Expresses ideas and thoughts verbally; Expresses ideas and thoughts in written form; Exhibits good listening and comprehension; Keeps others adequately informed; Selects and uses appropriate communication methods.

- Cooperation – Establishes and maintains effective relations; Exhibits tact and consideration; Displays positive outlook and pleasant manner; Offers assistance and support to co-workers; Works cooperatively in group situations; Works actively to resolve conflicts.

- Job Knowledge – Competent in required job skills and knowledge; Exhibits ability to learn and apply new skills; Keeps abreast of current developments; Requires minimal supervision; Displays understanding of how job relates to others; Uses resources effectively.

- Judgment – displays willingness to make decisions; Exhibits sound and accurate judgment; Supports and explains reasoning for decisions; Includes appropriate people in decision-making process; Makes timely decisions; ability to work with and maintain confidential information.

- Problem solving – Identifies problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Resolves problems in early stages; Works well in group problem solving situations.

- Quality – Demonstrates accuracy and thoroughness; Displays commitment to excellence; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

- Quantity – Meets productivity standards; Completes work in timely manner; Strives to increase productivity; Works quickly; Achieves established goals.

- Concentration – Maintains attention to detail over extended period of time; continually aware of variations in changing situations.

- Supervision – ability to perform work independently or with minimal supervision; ability to assign and/or review work; train and/or evaluate other employees.

Education and/or Other Requirements

Completion of one clinical experience in Accredited Registered Nursing program or is qualified for senior status in Bachelor's degree nursing program. Must be in good academic standing with university or college. Current CPR certification.

Environmental Factors

Job duties involve the potential for frequent exposure to blood and body fluids.

Physical Demands

The physical demands described are representative of those that must be met by an employee to successfully perform the essential functions of this job.

- While performing the duties of this job, the employee is regularly required to sit and move through an office environment.
- Must be able to walk, stand, stoop, kneel and assist in lifting patient; able to assist patients and/or adjust equipment at floor level; able to reach, change and read IV's 5 feet from the floor unaided; able to support persons (possibly 200 pounds or more) in emergency situation; able to move quickly from place to place on occasion, including from floor to floor in emergency situations; able to utilize fine motor control in hands for tasks such as medication preparation and administration; able to hear to take blood pressure and to hear breath, heart and bowel sounds. Must possess visual acuity to meet visual demands in charting and operating equipment.

Mental Demands

- While performing the duties of this job, the employee will be required to work under pressure with multiple interruptions.
- Ability to adhere to strict confidentiality requirements.
- Must be able to work under stress and adapt to changing conditions.

Note

Reasonable accommodations may be made to assist an otherwise qualified individual in the performance of the job. In order to meet the needs of the Company employees may be assigned other duties, in addition to or in lieu of those described above.

Decatur Memorial Hospital

August 29, 2014

Dear Illinois Facilities and Services Board:

I have reviewed all of the data surrounding our plans for the geriatric psychiatric inpatient unit. Based on that data, I anticipate that Decatur Memorial Hospital will achieve and maintain an 85% occupancy rate by the second year of operation.

The data supports the need for this unit at our facility and we request your approval to move forward on this important project.

Sincerely,

Timothy D. Stone, Jr.
Executive VP & Administrator

1120.120 - Availability of Funds

Please find the appended copy of the latest audited financial statements which show that the cash is available to fund the proposed project.

ATTACHMENT-36

Decatur Memorial Hospital
MEDICINE

April 25, 2014

State of Illinois
CON Board

Re: Geriatric Psychiatric Services at Decatur Memorial Hospital

In regard to Section X. 1120.140 – Economic Feasibility of the CON application, Reasonableness of Financing Arrangements:

As Vice President of Finance for Decatur Memorial Hospital, I attest that the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, and unrestricted funds.

Sincerely,

Deborah L. Bragg
Senior Vice President, Finance
Decatur Memorial Hospital

DMH Health Systems and Affiliated Organizations
Consolidating Balance Sheet
September 30, 2013

	Decatur Memorial Hospital	Decatur Memorial Health Foundation	Heartland Risk Management	DMH World Wide and Affiliate	DMH Health Systems	Total	Eliminations	Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 23,633,334	$ 2,892,954	$ 1,426,938	$ 387,215	$ 600,685	$ 28,941,126	$ -	$ 28,941,126
Patient and customer accounts receivable, net of allowance for doubtful accounts of approximately $13,221,948	34,854,640	-	-	-	-	34,854,640	-	34,854,640
Inventories of supplies	3,071,259	-	-	76,400	-	3,147,659	-	3,147,659
Prepaid expenses	3,526,214	72,070	-	50,511	-	3,648,795	-	3,648,795
Due from affiliates	5,173,054	-	-	-	-	5,173,054	(5,173,054)	-
Other	3,107,427	-	483,750	368,205	-	3,959,382	(517,794)	3,441,588
Total current assets	73,365,928	2,965,024	1,910,688	882,331	600,685	79,724,656	(5,690,848)	74,033,808
Assets limited as to use								
Restricted assets								
Funds held in trust	41,611,835	1,459,914	-	-	-	43,071,749	-	43,071,749
Investments and other	9,662,573	2,324,221	-	-	-	11,986,794	-	11,986,794
Total restricted assets	51,274,408	3,784,135	-	-	-	55,058,543	-	55,058,543
Investments	149,361,301	11,040,444	2,000,073	-	-	162,401,818	(100,000)	162,301,818
Farmland	-	7,453,588	-	-	-	7,453,588	-	7,453,588
Property, plant and equipment, net	110,268,550	4,029,274	-	591,073	-	114,888,897	-	114,888,897
Other assets	7,320,481	-	-	980,356	-	8,300,837	-	8,300,837
Total assets	$ 391,590,668	$ 29,272,465	$ 3,910,761	$ 2,453,760	$ 600,685	$ 427,828,339	$ (5,790,848)	$ 422,037,491

DMH Health Systems and Affiliated Organizations
Consolidating Balance Sheet
September 30, 2013

	Decatur Memorial Hospital	Decatur Memorial Health Foundation	Heartland Risk Management	DMH World Wide and Affiliate	DMH Health Systems	Total	Eliminations	Consolidated
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	$ 1,836,000	$ -	$ -	$ -	$ -	$ 1,836,000	$ -	$ 1,836,000
Current portion of obligations under capital leases	690,095	-	-	-	-	690,095	-	690,095
Accounts payable and withheld taxes	3,008,048	-	-	347,845	-	3,355,893	-	3,355,893
Accrued expenses	12,367,176	197,806	15,500	79,131	-	12,659,613	(34,044)	12,625,569
Estimated third-party payor settlements	24,139,148	-	-	-	-	24,139,148	-	24,139,148
Other liabilities	240,421	-	2,596,699	-	-	2,837,120	-	2,837,120
Due to affiliates	-	35,176	-	5,137,878	-	5,173,054	(5,173,054)	-
Total current liabilities	42,280,888	232,982	2,612,199	5,564,854	-	50,690,923	(5,207,098)	45,483,825
Long-term debt, net of current portion	11,475,000	-	-	-	-	11,475,000	-	11,475,000
Obligations under capital leases, net of current portion	12,671,173	-	-	-	-	12,671,173	-	12,671,173
Deferred gain on sale of property	-	2,110,360	-	-	-	2,110,360	-	2,110,360
Other liabilities	13,721,677	-	-	-	-	13,721,677	(483,750)	13,237,927
Total liabilities	80,148,738	2,343,342	2,612,199	5,564,854	-	90,669,133	(5,690,848)	84,978,285
Net assets								
Unrestricted	260,167,522	23,144,988	1,298,562	(3,111,094)	600,685	282,100,663	(100,000)	282,000,663
Temporarily restricted	35,917,359	2,432,035	-	-	-	38,349,394	-	38,349,394
Permanently restricted	15,357,049	1,352,100	-	-	-	16,709,149	-	16,709,149
Total net assets	311,441,930	26,929,123	1,298,562	(3,111,094)	600,685	337,159,206	(100,000)	337,059,206
Total liabilities and net assets	$ 391,590,668	$ 29,272,465	$ 3,910,761	$ 2,453,760	$ 600,685	$ 427,828,339	$ (5,790,848)	$ 422,037,491

DMH Health Systems and Affiliated Organizations
Consolidating Balance Sheet
September 30, 2012

	Decatur Memorial Hospital	Decatur Memorial Health Foundation	Heartland Risk Management	DMH World Wide and Affiliate	DMH Health Systems	Total	Eliminations	Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 6,926,876	$ 1,553,059	$ 2,110,269	$ 100,000	$ 500,700	$ 11,190,904	$ -	$ 11,190,904
Patient accounts receivable, net of allowance for doubtful accounts of approximately $13,221,948	43,931,194	-	-	-	-	43,931,194	-	43,931,194
Inventories of supplies	3,127,753	-	-	-	-	3,127,753	-	3,127,753
Prepaid expenses	3,674,503	72,297	12,500	-	-	3,759,300	-	3,759,300
Due from affiliates	332,924	-	-	-	-	332,924	(332,924)	-
Other	36,169	-	544,438	-	-	580,607	(544,438)	36,169
Total current assets	58,029,419	1,625,356	2,667,207	100,000	500,700	62,922,682	(877,362)	62,045,320
Assets limited as to use								
Restricted assets								
Funds held in trust	39,286,789	1,344,061	-	-	-	40,630,850	-	40,630,850
Investments and other	11,135,842	2,439,681	-	-	-	13,575,523	-	13,575,523
Total restricted assets	50,422,631	3,783,742	-	-	-	54,206,373	-	54,206,373
Investments	133,706,908	10,507,852	-	300,000	100,000	144,614,760	(100,000)	144,514,760
Farmland	-	7,453,588	-	-	-	7,453,588	-	7,453,588
Property, plant and equipment, net	120,176,803	4,172,523	-	-	-	124,349,326	-	124,349,326
Other assets	6,157,790	-	-	-	-	6,157,790	-	6,157,790
Total assets	$ 368,493,551	$ 27,543,061	$ 2,667,207	$ 400,000	$ 600,700	$ 399,704,519	$ (977,362)	$ 398,727,157

DMH Health Systems and Affiliated Organizations
Consolidating Statements of Operations and Changes in Net Assets
Year Ended September 30, 2013

	Decatur Memorial Hospital	Decatur Memorial Health Foundation	Heartland Risk Management	DMH World Wide and Affiliate	DMH Health Systems	Total	Eliminations	Consolidated
Unrestricted revenues, gains and other support								
Net patient service revenue (net of provision for bad debts of $18,572,241)	$ 243,155,509	$ -	$ -	$ -	$ -	$ 243,155,509	$ -	$ 243,155,509
Other revenue	16,326,432	1,751,993	2,036,147	1,306,461	-	21,421,033	(4,980,482)	16,440,551
Net assets released from restrictions used for operations	214,514	455,677	-	-	-	670,191	(39,225)	630,966
Trust distributions	879,091	288,186	-	-	-	1,167,277	-	1,167,277
Total revenues, gains and other support	260,575,546	2,495,856	2,036,147	1,306,461	-	266,414,010	(5,019,707)	261,394,303
Expenses								
Salaries and wages	109,538,727	116,088	-	1,557,029	-	111,211,844	(1,006,373)	110,205,471
Employee benefits	25,355,196	36,869	-	239,592	-	25,631,657	-	25,631,657
Professional fees	2,572,818	-	-	-	-	2,572,818	-	2,572,818
Purchased services	14,598,664	298,230	101,047	821,564	-	15,819,505	-	15,819,505
Supplies	42,894,413	39,224	-	1,147,200	-	44,080,837	(472,818)	43,608,019
Other	40,933,137	1,682,323	1,740,063	1,515,822	15	45,871,360	(3,540,516)	42,330,844
Interest expense (including amortization of $16,125)	1,181,496	-	-	-	-	1,181,496	-	1,181,496
Depreciation and amortization	21,066,421	157,233	-	32,940	-	21,256,594	-	21,256,594
Total expenses	258,140,872	2,329,967	1,841,110	5,314,147	15	267,626,111	(5,019,707)	262,606,404
Operating income (loss)	2,434,674	165,889	195,037	(4,007,686)	(15)	(1,212,101)	-	(1,212,101)
Other income								
Investment income	15,258,230	1,553,837	73	-	-	16,812,140	-	16,812,140
Gain in earnings of investment in affiliate	343,872	-	-	-	-	343,872	-	343,872
Amortization on deferred gain on sale of property	-	220,064	-	-	-	220,064	-	220,064
Total other income (expense)	15,602,102	1,773,901	73	-	-	17,376,076	-	17,376,076
Excess (deficit) of revenues over expenses	18,036,776	1,939,790	195,110	(4,007,686)	(15)	16,163,975	-	16,163,975
Transfer to temporarily restricted	(164,500)	-	-	-	-	(164,500)	-	(164,500)
Change in minimum pension liability	3,367,590	-	-	-	-	3,367,590	-	3,367,590
Transfers among affiliates	(772,653)	(27,347)	-	800,000	-	-	-	-
Prior period adjustment	(10,650)	-	-	-	-	(10,650)	-	(10,650)
Net assets released from restrictions used for the purchase of property, plant and equipment	2,764,592	27,347	-	-	-	2,791,939	-	2,791,939
Increase (decrease) in unrestricted net assets	$ 23,221,155	$ 1,939,790	$ 195,110	$ (3,207,686)	$ (15)	$ 22,148,354	$ -	$ 22,148,354

Financial Viability Waiver

Since the project is to be funded 100% with cash the application form indicates that it is not necessary to provide financial ratios.

Decatur Memorial Hospital

April 25, 2014

State of Illinois
CON Board

Re: Geriatric Psychiatric Services at Decatur Memorial Hospital

In regard to Section X. 1120.140 – Economic Feasibility of the CON application, Reasonableness of Financing Arrangements:

As Vice President of Finance for Decatur Memorial Hospital, I attest that the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, and unrestricted funds.

Sincerely,

Deborah L. Bragg
Senior Vice President, Finance
Decatur Memorial Hospital

2300 North Edward Street . Decatur, Illinois 62526 . 217-876-8121

www.dmhcares.com

1120.140 - Economic Feasibility

A. Reasonableness of Financing Arrangements

Since the project is financed 100% with cash this criterion is not applicable to this project.

B. Conditions of Debt Financing

Since the project is financed 100% with cash this criterion is not applicable to this project.

C. Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	A	B	C	D	E	F	G	H	
Department (list below)	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	Total Cost (G + H)
AMI beds	0	$103.84			12,315	30%		$1,278,748	$1,278,748
Contingency	0	$11.59			12,315			$143,420	$143,420
TOTALS									$1,422,168
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The project operating cost per equivalent patient day is $1,746.80

E. Projected Capital Costs

The project capital cost per equivalent patient day is $174.16

Safety Net Impact Statement

The hospital currently serves as a safety net hospital for an area with historically high unemployment and a substantial minority population. The population projections utilized to develop this project shows that the area is experience a more than 10% growth in the population age 65 and over, which means a increasing number of Medicare patients will be served by the hospital.

The proposed project will allow the hospital toprovide additional services to the planning areas geriatric population with adversely impacting any other area facility's ability to also serve as a safety net for their patients. All of the projections used in this application show that a significant number of additional beds are needed to serve the "Geri-Psych" population of the area.

The applicant's historical charity care figures are appended to this attachment as well as the information required by the IHFSRB rules regarding Safety Net Impact.

XI. Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients	2011	2012	2013
Inpatient	977	1020	935
Outpatient	13979	15210	13019
Total	14956	16230	13954
Charity (cost in dollars)			
Inpatient	2,020,583	1,713,562	1,897,179
Outpatient	3,528,284	3,999,552	3,525,229
Total	5,548,867	5,713,114	5,422,408

MEDICAID			
Medicaid (# of patients)	2011	2012	2013
Inpatient	2360	2400	2324
Outpatient	42415	41964	40592
Total	44775	44364	42916
Medicaid (revenue)			
Inpatient	8,192,738	7,349,672	6,895,729
Outpatient	7,091,432	6,471,656	6,048,820
Total	15,284,170	13,821,328	12,944,549

ATTACHMENT #40

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue (incl Bad Dabt)	247,225,994	246,286,986	243,155,509
Amount of Charity Care (charges	23,734,612	23,792,647	23,762,064
Cost of Charity Care	5,548,867	5,713,114	5,422,408
Ratio	2.24%	2.32%	2.23%

ATTACHMENT #41