E-014-17

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION

RECEIVED

FEB 17 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: St. Mary's Hospital Decatur – Discontinue Long Term Care Category of Service		
Street Address: 1800 E. Lakeshore Drive		
City and Zip Code: Decatur 62521		
County: Macon	Health Service Area 4	Health Planning Area: D-04

Applicant /Co-Applicant Identification

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

Exact Legal Name: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis
Address: 1800 E. Lakeshore Drive
Name of Registered Agent: Amy K. Bulpitt
Name of Chief Executive Officer: Dan Perryman
CEO Address: 1800 E. Lakeshore Drive, Decatur, IL 62521
Telephone Number: (217) 464-2473

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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: cranalli@mwe.com
Fax Number: (312) 277-2964

Additional Contact

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

Name: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, IL 62769
Telephone Number: (217) 544-6464, X 48336
E-mail Address: amy.bulpitt@hshs.org
Fax Number:(217) 535-3989

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

Exact Legal Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Name of Registered Agent: Amy K. Bulpitt
Name of Chief Executive Officer: Mary Starmann-Harrison, RN, FACHE
CEO Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 523-4747

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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: cranalli@mwe.com
Fax Number: (312) 277-2964

Additional Contact

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

Name: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, IL 62769
Telephone Number: (217) 544-6464 X48336
E-mail Address: amy.bulpitt@hshs.org
Fax Number: (217) 535-3989

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: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number:

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Hospital Sisters Services, Inc.
Address of Site Owner: P.O. Box 19456, Springfield, IL 62794
Street Address or Legal Description of Site: 1800 E. Lakeshore Drive, Decatur, IL 62521 **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: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis					
Address: 1800 E. Lakeshore Drive, Decatur, IL 62521					
☒	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.
- **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 **(Not Applicable – No Construction)**
[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 **(Not Applicable)**
[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 applicants propose to discontinue the 14-bed Long Term Care/Skilled Unit located on the 7th floor east corridor of St. Mary's Hospital Decatur. St. Mary's has not yet determined the use of the space that will be vacated as a result of the discontinuation. The discontinuation will occur immediately after issuance of an exemption by the Illinois Health Facilities and Services Review Board.

This project does not include the construction, demolition, or modernization of any existing buildings, and there are no project costs.

This is a substantive project because it proposes the discontinuation of a designated 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	-0-	-0-	-0-
Site Survey and Soil Investigation	-0-	-0-	-0-
Site Preparation	-0-	-0-	-0-
Off Site Work	-0-	-0-	-0-
New Construction Contracts	-0-	-0-	-0-
Modernization Contracts	-0-	-0-	-0-
Contingencies	-0-	-0-	-0-
Architectural/Engineering Fees	-0-	-0-	-0-
Consulting and Other Fees	-0-	-0-	-0-
Movable or Other Equipment (not in construction contracts)	-0-	-0-	-0-
Bond Issuance Expense (project related)	-0-	-0-	-0-
Net Interest Expense During Construction (project related)	-0-	-0-	-0-
Fair Market Value of Leased Space or Equipment	-0-	-0-	-0-
Other Costs To Be Capitalized	-0-	-0-	-0-
Acquisition of Building or Other Property (excluding land)	-0-	-0-	-0-
TOTAL USES OF FUNDS	-0-	-0-	-0-
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	-0-	-0-	-0-
Pledges	-0-	-0-	-0-
Gifts and Bequests	-0-	-0-	-0-
Bond Issues (project related)	-0-	-0-	-0-
Mortgages	-0-	-0-	-0-
Leases (fair market value)	-0-	-0-	-0-
Governmental Appropriations	-0-	-0-	-0-
Grants	-0-	-0-	-0-
Other Funds and Sources	-0-	-0-	-0-
TOTAL SOURCES OF FUNDS	-0-	-0-	-0-

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

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

Land acquisition is related to project ☐ 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 $ **N/A**.

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): September 30, 2015

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
Not Applicable – No Costs

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

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

☐ Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

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

☒ All reports regarding outstanding permits

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

Cost Space Requirements

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

		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			N	/A			
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: St. Mary's Hospital Decatur			**CITY: Decatur**		
REPORTING PERIOD DATES:		**From:**	**01/01/2015 to 12/31/2015:**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	108	4,791	15,569	N/A	108
Obstetrics	18	789	1,848	N/A	18
Pediatrics	14	108	238	N/A	14
Intensive Care	14	412	2,340	N/A	14
Comprehensive Physical Rehabilitation	20	340	4,242	N/A	20
Acute/Chronic Mental Illness	56	1,620	14,767	N/A	56
Neonatal Intensive Care	0			N/A	0
General Long Term Care	14	0	0	-14	0
Specialized Long Term Care	0			N/A	0
Long Term Acute Care	0			N/A	0
Other ((identify)	0			N/A	0
TOTALS:	244	8,010	39,004	-14	230

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 manager 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 St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis* 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
Daniel Perryman PRINTED NAME	Steve Cleveland PRINTED NAME
President and CEO, St. Mary's PRINTED TITLE	Chief Financial Officer, St. Mary's PRINTED TITLE
Notarization: Subscribed and sworn to before me this 8th day of February 2017	Notarization: Subscribed and sworn to before me this 10TH day of February
Signature of Notary Seal "OFFICIAL SEAL" BARBARA D TATE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 06-30-2017	Signature of Notary Seal DANI GLASCOCK OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires May 26, 2017

*Insert EXACT legal name of the applicant

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 manager 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 St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis* 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

Amy K. Bulpitt
PRINTED NAME

HSHS Vice President General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9TH day of February 2017

Signature of Notary

Seal

DANI GLASCOCK
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 26, 2017

SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO, HSHS
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of February, 2017

Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

Read the review criterion and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

XI. Safety Net Impact Statement (See Attachment 40)

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 40.

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 (See Attachment 41)

Charity Care information MUST be furnished for ALL projects.

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

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

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

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

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

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

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

See attached certificates of good standing for applicants St. Mary's Hospital Decatur and Hospital Sisters Health System.

File Number 3528-159-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ST. MARY'S HOSPITAL, DECATUR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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* 16TH *day of* FEBRUARY *A.D.* 2017 .

Authentication #: 1704702162 verifiable until 02/16/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 5163-355-5

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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* 3RD *day of* AUGUST *A.D.* 2016 .

Authentication #: 1621602348 verifiable until 08/03/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 1

February 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, IL 62761

Dear Ms. Avery:

Hospital Sisters of the Third Order of St. Francis hereby certifies that Hospital Sisters Services, Inc. is the owner of the site on which the hospital is located.

Sincerely,

Amy K. Bulpitt
Senior Vice President and General Counsel

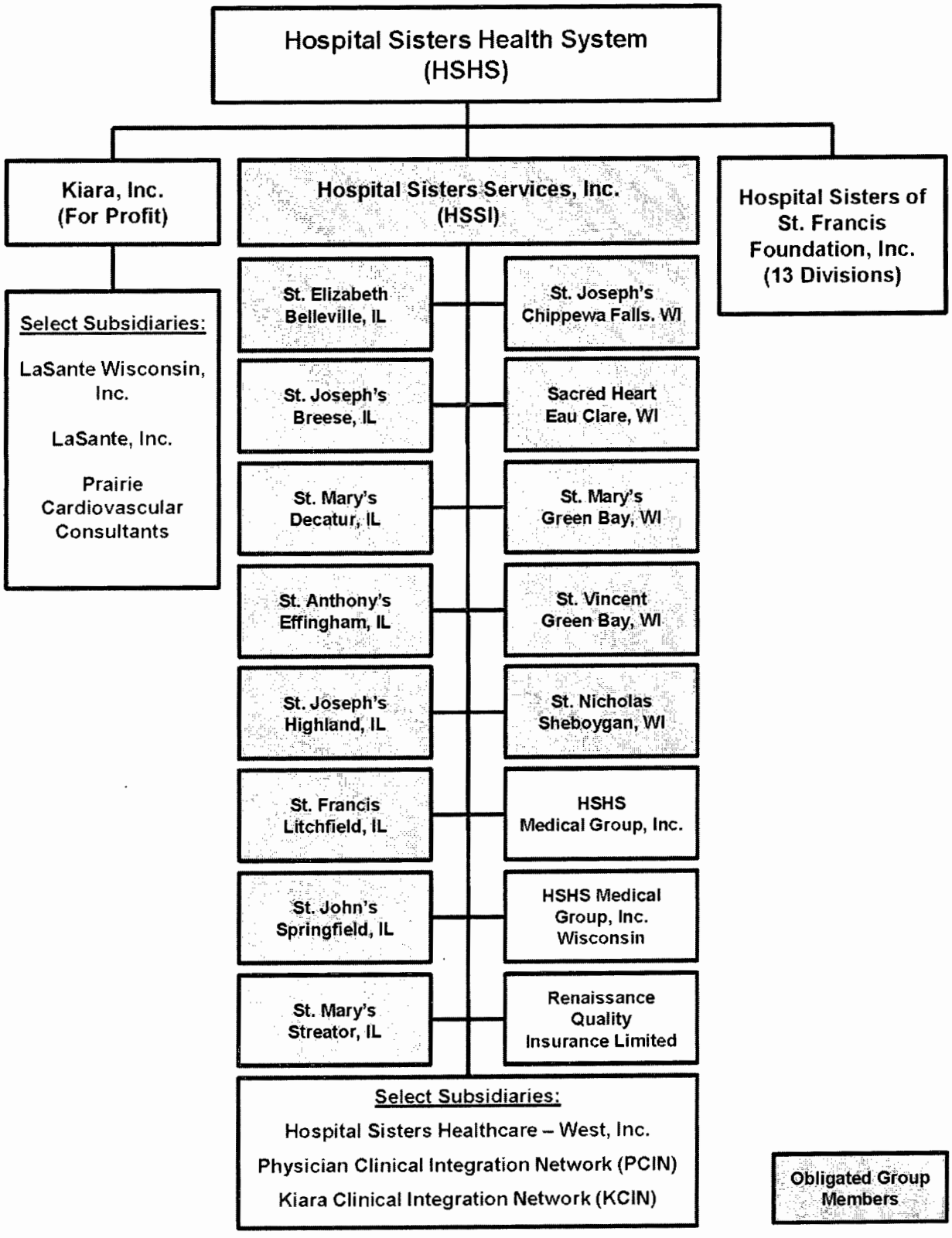
Subscribed and sworn to before me this
9th day of February, 2017

Sylvia Rebecca Gansz
Notary Public

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

See attached organization chart.

HSHS Organization Chart



ATTACHMENT 10

Discontinuation

General Information Requirements

1. Identify the categories of service and the number of beds, if any, that is to be discontinued.

   St. Mary's Hospital Decatur is proposing to discontinue its Long Term/Skilled Unit. This category of service has fourteen (14) beds.

2. Identify all of the other clinical services that are to be discontinued.

   No other clinical services will be discontinued as part of this project.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

   The discontinuation will occur immediately after permit issuance.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

   St. Mary's Hospital Decatur is evaluating the future use of the physical space and equipment utilized for the Long Term Care unit, but has not yet made a determination.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

   All medical records will be maintained at St. Mary's Hospital Decatur in accordance with its standard health information policies, and in accordance with all applicable legal and regulatory requirements

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB of DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

   Not applicable.

Reasons for Discontinuation

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. Criterion 110.130(b)

St. Mary's Hospital Decatur has provided quality long term care services to its patients for many years. However, utilization of those services has declined over the past several years to the point that it no longer appears the unit is necessary. There are many new facilities offering long term care services in the area, and the overall trend is for hospitals to focus on acute services, versus general skilled nursing beds. The service had no utilization in 2015 and the hospital was considering re-purposing the long term care beds for transition services, but decided the best course of action was to monitor need in 2016 and determine a course of action. There has been no utilization in 2016 and it is clear discontinuation is appropriate and will have no impact on access to LTC services within the area. With the discontinuation of its long term care unit, St. Mary's will be better able to focus its resources on its core services of acute care hospital services, and will allow those long term care facilities in the area with capacity to serve area residents. There is an excess of long term care beds in the community (138 in Macon County and 1,364 in HSA 4). Based on the HFSRB Inventory of Health Care Facilities and Services and Need Determinations for the General Long-Term Care Category of Service (the "Inventory"), in Decatur, Illinois alone there are 984 general nursing care beds at facilities other than St. Mary's Hospital Decatur.

The discontinuation of the Long Term Care/Skilled Unit at St. Mary's Decatur will help reduce this excess over-bedding, which is consistent with the goals of both the HFSRB and the Long Term Care Advisory Subcommittee.

Impact on Access

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

   As stated above, according to the most recent HFSRB Inventory, there is a significant excess of beds (138 in Macon County and 1,364 in the HSA). Furthermore, more detailed data in the inventory indicates that St. Mary's Hospital Decatur accounted for only zero to one percent (1%) of the total patient days from 2010 – 2015 among long term care providers in the city of Decatur. From that information and data, it is apparent that sufficient long term care services are available in St. Mary's market area and that the discontinuation of the Long Term Care/Skilled Unit at St. Mary's Hospital Decatur will not materially or adversely affect the ability of residents of Decatur, Illinois or the broader St. Mary's market area to obtain long term care services.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

   This requirement is no longer applicable to the exemption process for discontinuation of a category of service.

3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

   N/A.

Household Furnishings

PINE DINING Table & chairs, cream color drop leaf opens to 54" wide, cash or local check only. $550, 309-268-0585.

Pets & Supplies

BERNEDOODLES puppies, REG., playful, cute and ready to go. $500. 217-543-2017.

PATTERDALE PUPPIES, shots and dewormed. $100. Leave message 217-543-3821.

3/4 ENGLISH cream Golden Retrievers, born 12/9/16. Shots, wormed. Very pretty and playful. $1000 females, $800 males. 217-543-3572.

3/4 YORKIE puppies, had 1st shots, playful, $500. Leave message at 217-268-3056.

ACA YELLOW lab puppies, vet checked with 1 year health guaranteed. Up to date on shots. $250. Ph. 217-578-3054.

AKC DOBERMAN puppies, outstanding quality, black and rust, $550. 309-368-0593.

AKC ENGLISH Golden Retrievers, 7 males, 1 female. Very loving family pets. Full AKC registration. Ready to go now $1000 each. Call 217-246-4253 or 217-246-7480.

AKC FEMALE Doberman puppy, 8 wk old, very nice. Teutopolis, IL. $400. 217-343-4420.

AKC GERMAN Shepherd puppies, excellent German bloodline, 1st shots and dewormed, family raised and well socialized. $500. Ph. 217-619-4717.

AKC GOLDEN Retriever puppies, cute & playful, ready for Valentine's Day. $700 females, $600 males. 217-273-8576, 217-543-3659 leave message.

AKC GOLDEN Retriever puppy, female, up todate on shots, vet checked. $750. Call or text 217-369-4686.

AKC Lab pups, black & yellow, OFA, CERF, CNM, EIC, titled pedigree parents, shots, microchipped, dewclawed. $800. 217-873-8726; 217-454-1087

AUSTRALIAN SHEPHERD/Blue Heeler/Rat Terrier Cross puppies, very cute and playful, farm raised, black and white with blue and brown markings, 15 to 18 lbs when grown, $150 each. 217-578-2778.

BASSET HOUND puppies full bloodad, 1st shots & wormed, ready, $250 ea. 217-844-2291

BEAGLE PUPPY, 6 weeks, 1st shots, registered. $275, call 217-873-8951

BEAUTFUL BLACK LABS, 10 weeks old, champion bloodline. $400 each. 217-543-2905

DACHSHUND/Rat Terrier mix puppies, 8 wks old, shots, dewormed, $250. Ph. 217-543-3664

FEMALE SHELTIES, shots and wormed, 10 weeks old, $350. 217-543-3273.

MINIATURE Australian Shepherd puppies, blue merles, black tris, shots, dewormed. $350. 217-543-3821.

POMERANIAN & DAUCHSUND puppies, born 11/16/2016, 2nd shots, wormed, 1 female, 1 male $200 each. 217-259-2999

POMSKY PUPPIES, 11 wks old, shots, wormed, females $900, males $800. 217-268-4509, leave message.

POO-CHI PUPS, adorable, small size, $250 ea. Ready Feb. 15, deposit will hold 217-561-1067

SHIH TZU Bishon cross puppies, shots, dewormed, males $400, 217-543-2669.

SHIH TZU pups, ready Feb. 17. Deposit will hold. $350 males, $400 females 217-561-1067

SHIH-TZU PUPPIES 1 male 4 females, gorgeous various colors. First shots and wormed. $400 each 217-808-2600

SHORKIE PUPPIES, small, very cute, chocolate, black and white, 1st shots, wormed, 1 male, 2 females, $500 each. 217-543-2159

SHORKIE, 1st shots, dewormed, $550. 728-7177

SIBERIAN HUSKY puppies, 8 weeks old Feb. 17, 2 males, 3 females, $400-$750. Ph. 217-856-2336, leave message if no answer.

TEDDY BEAR and Shih Tzu puppies, cuddley cute and playful. First shots and dewormed. Teddy Bears $500, Shih Tzus $600. Leave message at 217-543-2533

TEDDY BEAR puppies, shots & wormed, health guaranteed, good w/kids. Males $500, Females $550; 217-543-4090.

VALENTINE LAB PUPPY
1 AKC yellow male, shots, wormed, good with kids, health guaranteed. $425 cash price. Ph. 217-543-4090

Tools/Equip. & Machinery

110 WIRE welder $200, Craftsman radial arm saw $200. Firm. 217-963-1941 after 9am

Wanted to Buy

WOW!
WANTED TO BUY: WWII US, German, Japanese Relics. Uniforms, helmets, medals, swords, etc. 217-851-3177.

Auction Sales

ABSOLUTE AUCTION of Real Estate Sat Mar 11, 10 a.m. 1044 2300th Av, Chestnut, IL. 2-Story Home on 3.06 acres Garage, 2 Implement Sheds and Grain Bins. auctionzip.com CIA. Dean Rhoades & Lester Crandall, 217-620-4827.

CIA AUCTION Center, Thurs Feb 16, 10 a.m. Antique and unique collectibles, appliances, furniture. Large Sale. See www.auctionzip/12596. Dean Rhoades & Lester Crandall 217-620-4827.

FEB. 12, Sunday, 9:00 AM. Antiques & Collectibles Auction. 300 lots U.S. Gold & Silver Coins; Furniture, Stoneware; Dishes; Art Pottery; Quilts; Cast Iron. 2601 Lakeland Blvd Mattoon, IL. Bauer Auction, LLC. Live Internet Bidding. See complete sale bill & photos at www.bauerauction.com.

FEB.19th, Sunday, 9:00 AM. Fishing & Coin Estate Auction. 25 Guns, 650 Lots Vintage Fishing Tackle; 75 Knives, 400 Lots Gold & Silver Coins; Paper Currency 2601 Lake Land Blvd, Mattoon, IL James Beals Estate. Bauer Auction, LLC. Live Internet Bidding. See complete sale bill & photos at www.bauerauction.com.

Auction Sales

Farm Equipment Auction
Sat., Feb. 18, 2017 10:00 a.m.
423 1550th St,
New Holland, IL 62671

Mike and Sue Franz have farmed in Sheridan Township for nearly 50 years. They have decided sell their Scully leases, rent out their owned ground and retire from farming. All of the equipment and tools, listed below, will be sold 9 miles west of Lincoln, IL on County Road 1550.

DIRECTIONS: From Lincoln, Illinois, at I-55 exit 126, travel west on State Rt. 10, 4 miles to County Rd. 600N (Buffalo Elevator). Turn left (south) on 600 and travel 2 more miles to County Rd 1550; once on 1550th travel west 2 miles and the sale site will be on the south side of the road; follow the signs.

COMBINE AND HEADS: 2007 JD 9660 STS Combine, S#1H09660S720336, 1875/1350 hrs., 520/85 R38* duals, 18.4-26* rear tires, level land feeder house, Deluxe header control, touch set controls, 22 ½* hi rate unloading auger, bin extension; 2007 JD 608C Corn Head, 1H0608CJCX746990 with Lakota stalk stomper tool bar; 2013 Mac Don FD75-30, 30' Draper Head (less than 2,000 acres); Mauer 1432 tandem head mover.

TRACTORS: 2011 John Deere 8260 MFWD tractor, S#RW8260P044505, 1290 hrs, power shift transmission, Premium Command view cab, Greenstar Display, 540/1000 pto, 18.4R 46* rear duals, 420/90R30 fronts, fenders, 60 gpm hydraulic pump, (4) hydraulic outlets; 2004 John Deere 8320 MFWD tractor, S# RW8320PD24316, 2251 hrs., power shift transmission, Greenstar ready harness, 1,000 pto 18.4R 46* rear duals (Firestones), 420/90R30 fronts, fenders, 42.5 gpm pump, (4) hydraulic outlets; 1997 JD 8100 MFWD Tractor, S#RW8100P011769,2880 hrs., 18.4R 46* rear duals, (Goodyear) 16.9-30 fronts, fenders, (5) hydraulic outlets; selling with a 2013 JD H480 Loader; 1969 JD 4020 Diesel Tractor, Synchro Range transmission, approximately 9,000 hrs., 18.4-34* rear tires, 10.00-16* fronts, 2 outlets, hydraulic control levers on right console;

PLANTER & TENDER: JD 1770NT Maximerge XP 16-30* planter, Yetter combo row units, central fill hoppers, pneumatic row disconnects, Seed Star monitor, Easi Load 3 place seed tender trailer w/9 hp honda engine.

TILLAGE: 2009 Case/IH 330 Turbo, 25'; C/IH Ecolo-Till 2500 5 Shank, 3 point ripper, gage wheels; IH 710 plow; JD 980 400 rotary hoe; JD 6-30 RG cultivator.

MOWERS & 4X4: Bush Hog 127-15, 15' Batwing, 8 solid tires, chains, 1000 pto; JD 709 3 point mower; Honda Foreman ES, water cooled, reverser, 370 miles; 2011 Simplicity "Cobalt" zero turn mower, 60" deck, 30 hp Briggs;

WAGONS & TRAILERS: (4) Brent 644 gravity flow wagons, brakes, lights, fenders, 2 with tarps, 425/65R 22.5 tires; spare tire; Rice 7'x14' tandem axle trailer, metal floor, electric hoist, 2 way tail gate, ST235/80 R16 tires; Trotter 6 ½'x10' single axle trailer, wood floor, metal ramp;

PICKUP TRUCK SNOW PLOW: 2006 Chevy 2500 HD 4x4, "Snow Plow Special", VIN#1GCHK24XX6E131228, auto trans, gas engine, 30,500 miles; Boss Model 8'2" Power V-XL snow plow;

SHOP EQUIP & TOOLS: Max Air shop fan; Oxy-Acetylene torch set; Miller Matic wire fed welder; Miller Dialarc 250 AC/DC welder; Val 6 inter-Red oil heater; JD kerosene heater; Chicago floor standing drill press; JD battery charger; Baldor bench grinder; Milwaukee, Bosch & Makita grinders; (2) welding tables; shop vise; vise grips; tin snips; pry bars; pipe wrenches; bolt cutters; lg channel locks; punches, chisels; hammers roll pin punches; Crescent wrenches; ½* impact wrenches & 3/8* impacts wrenches; air grinders de-stagger; tire tools; chop saw; Napa 3 ½ ton floor jack; engine hoist; log chains; Lincoln battery grease gun; hand wrench, standard ¼-1 ¼*, Metric sets; standard & metric tap & die set; lots of drill bits; Handy Man jack; hydraulic jacks; portable air tank; Celamix;

SPRAY & FERTILIZER EQUIPMENT: DMI 4250 12 knife tool bar w/Raven cooler, monitor & markers; DMI 3200 9 knife side dress bar; 950 gal. stainless steel tank on tandem axle trailer & 6 hp pump; 3 point 100 gal. sprayers w/hydraulic pump and spray wand;

MISCELLANEOUS EQUIPMENT: Mayrath 10*x52' swing away auger; Mayrath 10*x31' auger w/15 hp electric motor; 12* hydraulic seed auger; lots of extra JD wheel and suitcase weights; new steel and storage rack; bolt bins; hardware; metal shelf units; 55 gal tool box fuel tank; DeZee aluminum tool box; 3 point fork lift mast; John Deere black cylinders; Top Link cylinders; hydraulic orbital motors; aluminum ATV ramps; 8' fiberglass step ladder; Winco, 30,000 watt, pto drive generator on trailer;

Mike & Sue Franz, Owners
(309) 275-0194
Mike Meske Auction Service
119 S. Lafayette St., Mt Pulaski, IL 62548
(217) 519-3950 IL LIC. #440.000157

TERMS: Cash, credit card or approved check payable on the day of the auction. Registration videotaped and a valid photo ID is required to obtain a buyers number. Announcements sale day take precedence over printed material. Not responsible for accidents or property after sold. All purchased items must be removed from the sale site within 2 weeks from the day of the auction. Information and pictures for this auction can be seen on:
auctionzip.com auctioneer #2502 or meskeauction.com
LOADER TRACTOR AVAILABLE ONE WEEK AFTER THE AUCTION

Haycraft Auction Co., Inc.
Wapella, IL. 217-935-6286
www.haycraftauction.com

Martin Auction Services, LLC
Clinton, IL 217-935-3345
www.martinauction.com
IAL 444.000.351

PUBLIC AUCTION Mon. March 13 10 a.m. Mon Mar 13 10 a.m. Doug Brames Tree Works Company 4595 S. Coutlers Mill Rd, Oakley, IL equipment for the daily operations of Tree Works Company Inc. CIA. Dean Rhoades and Lester Crandall. 217-620-4827.

Auction Sales

WM BECK Auction Realty, Serving the heart of Illinois. 217-325-3351 www.williambeckauctions.com

Antiques/Collector's Cars

OLDSMOBILE 1977 Toronado, 59,000 miles, real nice, $4000. 217-254-6276.

Automotive

BE SMART BUY SMART
WANT... STRAIGHT TALK WANT... A STRAIGHT DEAL
Go Straight to ..... Your Car Guy
Bob Capasso Toyota/Scion
872-5000

CHEVROLET 2001 Camaro Z28, 350 LS1 V8 motor, Auto Trans, Good tires, Great Condition inside and out, ONLY 65,000 miles, $5000. Mattoon. Call 217-234-5369

CHEVROLET 2001 Prism, same as Toyota Corrola, 190K mi., good condition, 35 mpg. $1800/best offer 217-768-3819

CHRYSLER 2003 PT Cruiser Ltd automatic, CD, leather, blue sunroof, premium wheels, 130,000 miles, $2700/offer. 217-254-2278.

Get your fun car from our Paw Paw!

JEFF HOWARD
CROWN TOYOTA
217-627-2181

MERCEDES 1985 500 SEL, stretched 40" black with gray leather, air blows cold, heat blows hot, $6900. Ph. 217-972-5360

LOOK
PONTIAC 2006 G6, local trade, best prices in town, $2988. M&M Motors, 429-2000

PONTIAC 2009 G6, tilt and cruise, power windows & door locks, red, excellent condition, 4 dr, 4 cylinder, new brakes, new a/c charge, 84K miles, $8999, call or leave message, 217-234-3125.

Trucks/SUVs/Vans

CHEVROLET 2000 Silverado LT Z71 5.3L 8 CYL Loaded. Power everything. New tires. Runs and drives great. 240K all highway miles. Newer off road. All service records. Locally bought and owned and maintained. Some rust but priced accordingly. $3,295. Phone 217-412-3193

DODGE 2007 Grand Caravan, heated leather seats, air conditioning not working - otherwise good condition, power doors, locks, seats, 146,000, $2800 or best offer, 217-864-2784

DODGE 2013 Grand Caravan, excellent condition, 88,966 miles. Tires 6 months, Dark blue exterior and black & tan interior. 1 owner, priced to sell at $10,900. (309)310-3687

Trucks/SUVs/Vans

JEEP 2005 Wrangler Rubicon, 6 Cyl Automatic, 80K Miles, Great Shape, includes hard top, soft top, winch and fixture to pull hard top off. $14 500.00 Call 217-519-2355

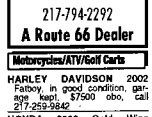
JEEP 2006 Wrangler 4 dr Unlimited Sahara, near perfect condition, no dings or dents. Jeep comes with all the goodies, both handtop and softop, rare 6 speed manual transmission, trailer package, (5) 18* polished aluminum wheels with new Bridgestone dueler tires, power windows, locks, cruise, tilt, XM radio. What a color combination! 106,500 miles. Asking $18,500. Private sellig, but may consider partial trade. 309-261-7195

LOOK
JEEP 2010 Grand Cherokee Laredo, 4x4, sharp, must see, $8688. M&M Motors, 429-2000

LOOK
SATURN 2008 Vue XE SUV, tax time is here. Unbelievable price $2988. M&M Motors, 429-2000

Boats & Accessories

BOAT STOLEN FROM LAKE MATTOON



17 ft. Hurricane deck boat; Shorelander trailer and 125 hp Force motor. Back seat has the headrest off to get reupholstered. Metal braces sticking up. Contact Shelby Co. Police at 774-3941

Campers & Motorhomes

www.FOURWINDSRV.com
Macon (US 51)
217-794-2292
A Route 66 Dealer

Motorcycles/ATV/Golf Carts

HARLEY DAVIDSON 2002 Fatboy, mint condition, garage kept, $7500 obo, call 217-259-9842

HONDA 2008 Gold Wing GL1800 Audio Comfort in excellent shape. Cruise, am fm radio, CB. Newer tires. Runs great. 22,500 miles. $10,499 or best offer. Call 217-972-1416

HONDA FOREMAN 2013 500CC ATV $5000 217-972-7773

POLARIS 2011 Ranger 800, front and rear windshields, roof, 1700 mi, $7400. 217-369-4215

POLARIS 2015 Ranger Crew model 570-4, front and rear windshields, roof, 220 mi., $9400. 217-369-4215

Wanted To Buy

$1-$1000 CARS, trucks and vans. We also pick up junk vehicles. Call 217-423-2396.

Bargains-Bargains-Bargains
They're always found when shopping The Classified Ads

Public Notices

20866307
Entler Excavating, Inc. 819 N. Sunnyside Road, Decatur, IL, 62522, is seeking qualified minority business/sub contractors per City of Decatur requirements on project CP2016-02, Starr East and Shore Oak Pump Stations and Green Oak Force Main Replacements, in the following areas:
Subcontracting opportunities in the following areas: Trucking and Landscaping, Plumbing and Electrical.
Contact Entler Excavating at 217-428-1865
karenentlerex@gmail.com
All Bids are due by February 15, 2017, 3:30 pm.
All Bids received will be reviewed for compliance of the contract and awarded to the lowest responsible bidder meeting these requirements.

20866576
St. Mary's Hospital Decatur intends to close its 14 bed skilled nursing unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). The discontinuation will occur on or around April 15, 2017. The Hospital intends to submit the required Certificate of Exemption application to the HFSRB on or around February 13, 2017, and a copy of it and information about the intended discontinuation of the skilled nursing unit can be found on the HFSRB website at illinois.gov/sites/hfsrb. You may also contact Ann Derrick at (217) 757-6580 at St. Mary's Hospital.

SOLUTIONS

ANSWER TO TODAY'S PUZZLE

A	P	L	O	M	B		A	W	A	K	E	S		E	C	S	T	A	S	Y
G	E	I	G	E	R		U	P	N	E	X	T		L	A	M	O	T	T	A
E	S	T	A	T	E		P	L	A	N	N	I	N	G		S	L	A	M	M	E	R
		T	E	L	E	X	E	D				T	A	T		O	R	M	O	N	D
		L	O	I	N		L	O	V	E	T	H	I	R	T	Y						
I	M	P	A	R	T		B	O	X	E	R		E	R	I	C		C	O	S
S	I	L	L	S		C	O	U	N	T	Y		H	A	V	E	A	C	H	A	T
N	C	A	A		P	L	A	T	O			T	A	X	I		R	O	O	N	E
O	R	G		F	R	O	S	T	W	A	R	N	I	N	G		R	I	O	T
T	O	T		L	O	T	O		A	S	S		O	U	N	C	E	D			
		R	E	I	T	H		S	T	Y		M	A	B	E	E					
E	A	I	L	T	O		E	R	I	E		B	S	I	D	E		W	E	B	
A	M	C	O		N	I	G	H	T	C	R	A	W	L	E	R		O	B	I	
H	I	T	K	E	S		D	O	O	S		E	D	D	I	E		T	R	A	N
I	C	E	C	H	E	E	T	S		S	N	O	R	E		B	I	D	L	E	
B	A	R		A	L	A	I		F	R	E	D	N	A	G	S	A	T			
		C	L	A	S	S	I	C		C	L	O	W	N		F	A	M	E		
F	A	I	L	E	N		T	A	V			G	A	T		B	R	A	N		
O	N	E	I	D	E	A		S	T	R	I	N	G	G	U	A	R	T	E	T	
C	O	N	F	I	R	M		T	I	E	D	Y	E		R	E	A	M	E	D	
I	N	A	F	L	A	P		S	E	N	A	T	E		E	D	E	R	S		

2/12/17

JUMBLE
Answer:

HONCHO	DETECT	LAVISH	
OPPOSE	IMPACT	HOTTER	

He was beginning to accept the fact that he was a ghost. The other ghosts said —

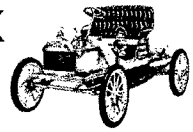
THAT'S THE SPIRIT

CHART YOUR COURSE WITH STARS
Sea captains have used the stars to navigate the ocean for centuries. Now you can use stars to steer potential buyers your way.
Classified Reaching For The Stars!!

Easy Shopping...
That's the best way to describe using the Classified ads. And it's more than easy - It's economical too. Calssified Advertising **Call Us Today**

We've been doing it Right Since 1903!

BUICK



1903 THE FIRST BUICK

Come see how far we've come!

WWW.SHOPATPOAGE.COM
COME BY, CLICK OR CALL!
POAGE
CADILLAC BUICK GMC IN FORSYTH
(217) 875-2110
1500 KOESTER DR, FORSYTH, IL
CARFAX

REEL IN SOME EXTRA CA$H
PLACE AN AD IN THE CLASSIFIEDS

Call: 217-422-5555
Herald & Review
www.herald-review.com

ATTACHMENT 40

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.

   St. Mary's Hospital Decatur believes that the abundant supply of long term care beds in Decatur, Illinois, the Macon County Planning Area, and Health Service Area 4 are sufficient to ensure that this project will not have a material impact on essential safety net services in the community.

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.

   Given that St. Mary's Hospital Decatur served no residents of Decatur, Illinois and the Macon County Planning in 2015 and 2016, and in light of the amount of charity care and Medicaid revenue relating to the specific Long Term Care/Skilled Unit that is the subject of this project historically, St. Mary's believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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

   We believe given the excess of beds in the area, other providers of LTC will be positively impacted, as the service will be less diluted.

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.

   See safety net chart below. Note that the chart in this Attachment 40 indicates the amount of charity care provided by St. Mary's Hospital Decatur relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project. Charity care information pertaining to St. Mary's Hospital Decatur and Hospital Sisters Health System as a whole are included in Attachment 41.

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.

   See chart below. Note that the chart in this Attachment 40 indicates the amount of Medicaid care provided by St. Mary's Hospital Decatur relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project.

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

   St. Mary's Hospital Decatur believes that the abundant supply of long term care beds in Decatur, Illinois, the Macon County Planning Area, and Health Service Area 4 are sufficient to ensure that residents of these areas will continue to have access to long term care services.

The following is HSHS safety net information for St. Mary's Decatur.*

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY2015**	**FY2014**	**FY2013**
Inpatient	417	583	716
Outpatient	5,981	7,072	7,817
Total	6,398	7,655	8,533
Charity (cost in dollars)			
Inpatient	$ 166,943	$ 278,991	$ 1,394,878
Outpatient	$ 2,393,527	$3,382,308	$ 3,519,291
Total	$ 2,560,470	$3,661,299	$ 4,914,169
MEDICAID			
Medicaid (# of patients)	**FY2015**	**FY2014**	**FY2013**
Inpatient	2,467	2,005	1,882
Outpatient	21,172	17,243	14,802
Total	23,639	19,248	16,684
Medicaid (revenue)			
Inpatient	$ 1,889,157	$ 2,000,644	$ 5,430,581
Outpatient	$ 16,212,900	$17,205,539	$ 8,157,970
Total	$ 18,102,057	$19,206,183	$ 13,588,551

*long term care unit only

Dan Perryman, CEO
St. Mary's Decatur

Subscribed and sworn to before me this
8 day of February 2016

Barbara D Tate
Notary Public

"OFFICIAL SEAL"
BARBARA D TATE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 06-30-2017

ATTACHMENT 41

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.

   See chart below. Please not that this chart reflects charity care provided by St. Mary's Hospital Decatur only and not co-applicant Hospital Sisters Health System, which would necessarily include other facilities that are neither involved in nor relevant to this project.

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.

   See chart below. Please note that this chart reflects charity care provided by St. Mary's Hospital Decatur only and not co-applicant Hospital Sisters Health System, which would necessarily include other facilities that are neither involved in nor relevant to this project.

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.

   Not applicable.

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.

The following is HSHS Illinois Hospital Information.

CHARITY CARE			
	FY2015	FY2014	FY2013
Net Patient Revenue	972,240,195	1,021,229,534	1,262,757,958
Amount of Charity Care	79,693,832	76,826,472	49,555,376
Cost of Charity Care	25,376,255	21,820,899	20,025,778
Ratio of Costs to Charges (RCC)			