

#29-030

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUL 02 2020

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Effingham Medical Office Building			
Street Address: 1303 W. Evergreen Avenue			
City and Zip Code: Effingham, IL 62401			
County: Effingham	Health Service Area: 5	Health Planning Area: F-02	

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Sarah Bush Lincoln Health Center			
Street Address: 1000 Health Center Drive			
City and Zip Code: Mattoon 61938			
Name of Registered Agent: Mr. Jerry Esker			
Registered Agent Street Address: 1000 Health Center Drive			
Registered Agent City and Zip Code: Mattoon 61938			
Name of Chief Executive Officer: Mr. Jerry Esker, President and Chief Executive Officer			
CEO Street Address: 1000 Health Center Drive			
CEO City and Zip Code: Mattoon 61938			
CEO Telephone Number: 217-258-2572			

Exact Legal Name: Sarah Bush Lincoln Health System			
Street Address: 1000 Health Center Drive			
City and Zip Code: Mattoon 61938			
Name of Registered Agent: Mr. Jerry Esker			
Registered Agent Street Address: 1000 Health Center Drive			
Registered Agent City and Zip Code: Mattoon 61938			
Name of Chief Executive Officer: Mr. Jerry Esker, President and Chief Executive Officer			
CEO Street Address: 1000 Health Center Drive			
CEO City and Zip Code: Mattoon 61938			
CEO Telephone Number: 217-258-2572			

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

Name: Ms. Erica Stollard
Title: Director of Planning & Business Development
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, Illinois 61938
Telephone Number: 217-258-2106
E-mail Address: estollard@sblhs.org
Fax Number: 217-258-4135

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Sarah Bush Lincoln Health Center
Address of Site Owner: 1000 Health Center Drive, Mattoon, IL 61938
Street Address or Legal Description of the Site:
Lot 1: 1401 W. Evergreen Avenue, Effingham, IL 62401, Parcel Identification Number 03-11-020-096
Lot 2: 2.13 acres east of W. Evergreen Avenue, Parcel Identification Number 03-11-020-097
Lot 3: 1303 W. Evergreen Avenue, Effingham, IL 62401, Parcel Identification Number 03-11-020-024
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive Mattoon, Illinois 61938
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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 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 #2006-5 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 #2006-5 (<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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

Substantive

Non-substantive

2. Narrative Description

In the space below, provide 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.

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two story outpatient medical office building on Parcel Identification Numbers 03-11-020-024, 03-11-020-096 and 03-11-020-097 in Effingham, Illinois. The total project cost is expected to be \$36,292,202 and will be funded with bond financing. The total project includes 65,400 square feet of new construction.

The proposed building will be constructed east of an existing medical office building (1303 W. Evergreen Avenue). The proposed building will be a replacement for the existing medical office building which will be demolished upon occupancy of the new construction.

The project includes the following Clinical Service Areas:

- Patient Exam Rooms and Provider Work Areas
- Diagnostic Imaging services
 - General Radiology
 - CT
 - MRI
 - Ultrasound
 - Radiology Common Spaces
- Clinical laboratory services (for preparing and transferring specimens from the medical office building to the Hospital Laboratory for analysis)
- Rehabilitation Services
 - Physical therapy
 - Occupational therapy
 - Speech therapy

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

- Education/Conference Room
- Administrative Offices
- Environmental Services
- Materials Management
- Storage
- Staff Services
- Mechanical/Electrical Space and Equipment
- Entrances

This project does not propose to establish a new category of service or a new health care facility as defined by the Planning Act. The clinical services and programs that will be provided are already being provided by the Applicants at existing locations. This project is non-substantive.

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 be 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	\$2,659,483	\$2,659,483
New Construction Contracts	\$18,507,069	\$6,759,291	\$25,266,360
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$517,954	\$263,601	\$781,555
Architectural/Engineering Fees	\$1,522,184	\$630,871	\$2,153,055
Consulting and Other Fees	\$56,560	\$23,440	\$80,000
Movable or Other Equipment (not in construction contracts)	\$3,651,749	\$475,000	\$4,126,749
Bond Issuance Expense (project related)	\$123,723	\$51,277	\$175,000
Net Interest Expense During Construction (project related)	\$742,338	\$307,662	\$1,050,000
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	\$25,121,577	\$11,170,625	\$36,292,202
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)	\$25,121,577	\$11,170,625	\$36,292,202
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	\$25,121,577	\$11,170,625	\$36,292,202
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price:	\$ <u>5,300,000</u>	
Fair Market Value:	\$ <u>5,300,000</u>	

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

Yes No

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

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

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary

Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2023

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

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

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

Financial Commitment 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 [Section 1130.620(c)]

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 **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
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 the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Sarah Bush Lincoln Health Center		CITY: Mattoon			
REPORTING PERIOD DATES: From: January 1, 2018 to: December 31, 2018					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	93	4,606	19,196		93
Obstetrics	19	857	2,045		19
Pediatrics	8	73	223		8
Intensive Care	9	337	2,346		9
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	20	1,017	5,044		20
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	149	6,890	28,854		149

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Sarah Bush Lincoln Health Center *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

Jerry Esker
 SIGNATURE
JERRY ESKER
 PRINTED NAME
PRESIDENT & CEO
 PRINTED TITLE

Dennis J. Peward
 SIGNATURE
DENNIS J. PEWARD
 PRINTED NAME
CFO & VP OF FINANCE
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 25th day of JUN 2020

Notarization:
 Subscribed and sworn to before me
 this 25th day of JUN 2020

Jan Davis
 Signature of Notary

Jan Davis
 Signature of Notary

Seal OFFICIAL SEAL
 Jan Davis
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires Mar. 6, 2023

Seal OFFICIAL SEAL
 Jan Davis
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires Mar. 6, 2023

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Sarah Bush Lincoln Health System *
 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 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 fee required for this application is sent herewith or will be paid upon request.

Jerry Esker
 SIGNATURE
JERRY ESKER
 PRINTED NAME
PRESIDENT + CEO
 PRINTED TITLE

Dennis J. Pluard
 SIGNATURE
DENNIS J PLUARD
 PRINTED NAME
CFO & VP OF FINANCE
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 25th day of June, 2020

Notarization:
 Subscribed and sworn to before me
 this 25th day of June, 2020

Jan Davis
 Signature of Notary
 Seal OFFICIAL SEAL
 Jan Davis
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires Mar. 6, 2023

Jan Davis
 Signature of Notary
 Seal OFFICIAL SEAL
 Jan Davis
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires Mar. 6, 2023

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION – (Not Applicable)

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

Criterion 1110.290 – 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 are 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. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. 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 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will 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 the **geographic service area**.

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

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.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

<p>BACKGROUND OF APPLICANT</p> <ol style="list-style-type: none"> 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility. 3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest. <ol style="list-style-type: none"> a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed. c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude. d. A certified listing of each applicant with one or more unsatisfied judgements against him or her. e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. 4. 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. 5. 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 that the information was 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.

Criterion 1110.110(b) & (d)

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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Staff 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 1110.120 - 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 and it shall include the basis used for determining the space and the methodology applied.
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 and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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.

UNFINISHED OR SHELL SPACE: (Not Applicable)

Provide the following information:

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

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

ASSURANCES: (Not Applicable)

Submit the following:

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

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

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

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

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Comprehensive Physical Rehabilitation		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the Acute Mental Illness and Chronic Mental Illness categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Acute Mental Illness		
<input type="checkbox"/> Chronic Mental Illness		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	

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

D. Criterion 1110.220 - Open Heart Surgery (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the Open Heart Surgery category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Open Heart Surgery		

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

1. Criterion 1110.220(b)(1), Peer Review

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

2. Criterion 1110.220(b)(2), Establishment of Open Heart Surgery

Read the criterion and provide the following information:

- a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
- b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. Criterion 1110.220(b)(3), Unnecessary Duplication of Services

Read the criterion and address the following:

- a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
- b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
- c. Provide a copy of all of the responses received.

4. Criterion 1110.220(b)(4), Support Services

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately mobilized for emergencies at all times.

5. Criterion 1110.220(b)(5), Staffing

Read the criterion and for those positions described under this criterion provide the following information:

- a. The name and qualifications of the person currently filling the job.
- b. Application filed for a position.
- c. Signed contracts with the required staff.
- d. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT 21. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Criterion 1110.225 - Cardiac Catheterization (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Cardiac Catheterization		

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

1. **Criterion 1110.225(a), Peer Review**
Read the criterion and submit a detailed explanation of your peer review program.
2. **Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service**
Read the criterion and, if applicable, submit the following information:
 - a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
 - b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
 - c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.
3. **Criterion 1110.225(c), Unnecessary Duplication of Services**
Read the criterion and, if applicable, submit the following information.
 - a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
 - b. Copies of the responses received from the facilities to which the letter was sent.
4. **Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**
Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.
5. **Criterion 1110.225(e), Support Services**
Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

6. Criterion 1110.225(f), Laboratory Location

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

7. Criterion 1110.225(g), Staffing

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

8. Criterion 1110.225(h), Continuity of Care

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

9. Criterion 1110.225(i), Multi-institutional Variance

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

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT 22 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.230 - In-Center Hemodialysis (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input type="checkbox"/> In-Center Hemodialysis		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.230(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(i) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

G. Non-Hospital Based Ambulatory Surgery (Not Applicable)

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Criterion 1110.240 - Selected Organ Transplantation (Not Applicable)

This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.

1. Applicants proposing to establish or modernize the Selected Organ Transplantation category of service must submit the following information:

2. Indicate changes by Service: Indicate # of rooms changed by action(s):

	# Existing Beds	# Proposed Beds
<input type="checkbox"/>		
<input type="checkbox"/>		

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

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.240(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.240(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.240(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.240(b)(4) – Planning Area Need - Service Accessibility	X	
1110.240(c)(1) – Unnecessary Duplication of Services	X	
1110.240(c)(2) – Maldistribution	X	
1110.240(c)(3) – Impact of Project on Other Area Providers	X	
1110.240(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.240(d)(4) – Utilization		X
1110.240(e) – Staffing Availability	X	
1110.240(f) – Surgical Staff	X	
1110.240(g) – Collaborative Support	X	
1110.240(h) – Support Services	X	
1110.240(i) – Performance Requirements	X	X
1110.240(j) – Assurances	X	X

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

I. Criterion 1110.245 - Kidney Transplantation (Not Applicable)

This section is applicable to all projects involving the establishment of the Kidney Transplantation service.

1. Applicants proposing to establish or modernize the Kidney Transplantation category of service must submit the following information:

2. Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Kidney Transplantation		

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

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.245(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.245(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.245(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.245(b)(4) – Planning Area Need - Service Accessibility	X	
1110.245(c)(1) – Unnecessary Duplication of Services	X	
1110.245(c)(2) – Maldistribution	X	
1110.245(c)(3) – Impact of Project on Other Area Providers	X	
1110.245(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.245(d)(4) – Occupancy		X
1110.245(e) – Staffing Availability	X	
1110.245(f) – Surgical Staff	X	
1110.245(g) – Support Services	X	
1110.245(h) – Performance Requirements	X	X
1110.245(i) – Assurances	X	
APPEND DOCUMENTATION for "Surgical Staff" and "Support Services", AS ATTACHMENT 26 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

J. Criterion 1110.250 - Subacute Care Hospital Model (Not Applicable)

Category of Service	# Proposed Beds
<input type="checkbox"/> Subacute Care Hospital	

This section is applicable to all projects proposing to establish a subacute care hospital model.

1. Criterion 1110.250(b)(1), Distinct Unit

- a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.
- b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.
- c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

2. Criterion 1110.250(b)(2), Contractual Relationship

- a. If the applicant is a licensed long-term care facility or a previously licensed general hospital, the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility that signed the contract. Explain how the procedures for providing emergency care under this contract will work.
- b. If the applicant is a licensed general hospital, the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

3. Rule 1110.250(c)(1), State Board Prioritization of Hospital Applications

Read this rule, which applies only to hospital applications, and provide the requested information as applicable.

a. Financial Support

Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes___ No _____

If yes, submit the following information:

- (1) Two years of projected financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model;
- (2) the assumptions used in developing both sets of financial statements;
- (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project;
- (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios;
- (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a

binding agreement with another institution which guarantees the financial viability

Subacute Care Hospital Model (continued)

of the subacute hospital model for a period of five years; and

(6) historical financial statements for each of the last three calendar years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

e. Casemix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

(2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

g. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

Subacute Care Hospital Model (continued)

h. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No
If yes, provide a copy of the latest Joint Commission letter of accreditation.

i. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

j. Audited Financial Reports

Submit audited financial reports of the applicant facility for the latest three fiscal years.

4. Rule 1110.250(c)(2), State Board Prioritization-Long-Term Care Facilities

This rule applies only to LTC facility applications. Read the criterion and submit the required information, as applicable.

a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes ____ No ____

If yes, provide copies of the Exceptional Care Contract with the Illinois Department of Public Aid for each these four years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries

- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)

Subacute Care Hospital Model (continued)

- Other complex diagnoses which included physiological monitoring on a continuous basis

(2) for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full time (FTEs) physical therapists
- One or more occupational therapists
- One or more speech therapists

h. Financial Reports

Submit copies of the applicant facility's financial reports for the last three fiscal years.

i. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No

If yes, provide a copy of the latest Joint Commission letter of accreditation.

j. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

5. Section 1110.250(c)(3), State Board Prioritization of Previously Licensed Hospitals - Chicago

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

- a. letters from health facilities establishing a referral agreement for subacute hospital patients;

- b. letters from physicians indicating that they will refer subacute patients to your proposed facility;
- c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):
 - Ventilator cases
 - Head trauma cases
 - Rehabilitation cases including spinal cord injuries
 - Amputees
 - Other orthopedic cases requiring subacute care (Specify diagnosis)
 - Other complex diagnoses, which included physiological monitoring on a continuous basis.

APPEND DOCUMENTATION AS ATTACHMENT 27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

K. Community-Based Residential Rehabilitation Center (Not Applicable)

This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.

A. Criterion 1110.260(b)(1), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position;
2. How special staffing circumstances will be handled;
3. The staffing patterns for the proposed center; and
4. The manner in which non-dedicated staff services will be provided.

B. Criterion 1110.260(b)(2), Mandated Services

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

C. Criterion 1110.260(b)(3), Unit Size

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

D. Criterion 1110.260(b)(4), Utilization

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

E. Criterion 1110.260(b)(5), Background of Applicant

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

APPEND DOCUMENTATION AS ATTACHMENT 28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

L. 1110.265 - Long Term Acute Care Hospital (Not Applicable)

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:
2. Indicate the bed service(s) and capacity changes by Service:
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> LTACH		
<input type="checkbox"/> Intensive Care		
<input type="checkbox"/>		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
1110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

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

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/> General Radiology	0	3
<input type="checkbox"/> CT Scan	0	1
<input type="checkbox"/> MRI	0	1
<input type="checkbox"/> Ultrasound	0	1
<input type="checkbox"/> Patient exam and procedure rooms	0	62
<input type="checkbox"/> Clinical Laboratory Services	0	3 blood draw bays/rooms
<input type="checkbox"/> Rehabilitation Services	0	10 treatment rooms Therapy gym Therapy pool Work hardening room

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility

APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

N. Freestanding Emergency Center Medical Services (Not Applicable)

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.280 – Establishment of Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. Projected Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined. [1110.280(c)(3)(B)]
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements [1110.280(b)(6)]:
 - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
 - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC [1110.280(c)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
 - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
 - C) Provide either of the following:
 - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
 - b) Patient origin information by zip code from independent data sources (e.g., Illinois Health and Hospital Association COMPdata or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at least 50% of the ED patients served during the last 12-month

**Freestanding Emergency Center Medical Services
(continued)**

period were residents of the service area.

7. **Area Need; Service Demand – Historical Utilization [1110.280(c)(3)(A)]**
 - A) Provide the annual number of ED patients that have received care at facilities that are located in the FEC's service area for the latest two-year period prior to submission of the application
 - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

8. **Area Need; Service Accessibility - Document one of the following (using supporting documentation as specified in accordance with the requirements of 77 Ill. Adm. Code 1110.280(c)(4)(B) Supporting Documentation) [1110.3230(c)(4)(A)]:**
 - i) The absence of the proposed ED service within the service area;
 - ii) The area population and existing care system exhibit indicators of medical care problems,
 - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill Adm. Code 1100.

9. **Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information [1110.280(d)(1)]:**
 - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
 - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
 - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. **Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following [1110.280(d)(2)]:**
 - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site; or
 - B) That there is not an insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

11. **Impact on Area Providers [1110.280(d)(3)] – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 Ill. Adm. Code 1110.3230(c)(4)).**

12. **Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).**

**Freestanding Emergency Center Medical Services
(continued)**

B. Criterion 1110.280 – Expansion of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(a)(b)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC [1110.280(c)(2)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
 - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

C. Criterion 1110.280 – Modernization of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

**Freestanding Emergency Center Medical Services
(continued)**

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280.(b)(5)(C)]
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(b)(6)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application, copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. BIRTH CENTER – REVIEW CRITERIA (Not Applicable)

These criteria are applicable only to those projects or components of projects involving a birth center.

Criterion 77 IAC 1110.275(b)(1) – “Location”

1. Document that the proposed birth center will be located in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.
2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”

Document whether the proposed site is located in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be located in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”

Document that the proposed birth center will have no more than 10 beds.

Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**
2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Criterion 77 IAC 1110.275(b)(7) – “Education”

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the

hospital's maternity service; **OR**

2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

Criterion 77 IAC 1110.275(b)(10)- “Charity Care”

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

APPEND DOCUMENTATION AS ATTACHMENT-32, 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)

VI. 1120.120 - AVAILABILITY OF FUNDS - (Not Applicable)

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]:

_____	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 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;
_____	<p>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.</p>
_____	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
_____	<p>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:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 33. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VII. 1120.130 - FINANCIAL VIABILITY (NOT APPLICABLE)

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 34, 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.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements (Not Applicable)

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 New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT (NOT APPLICABLE)

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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 37.

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

Total				
-------	--	--	--	--

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

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

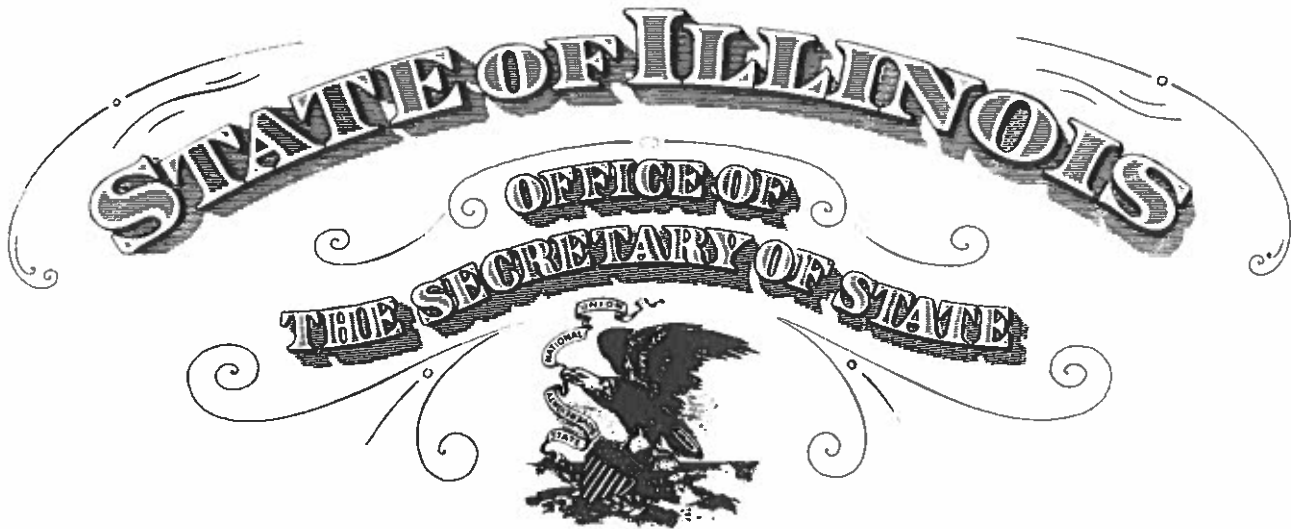
APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	53-54
2	Site Ownership	55-58
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	59
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	60
5	Flood Plain Requirements	61-66
6	Historic Preservation Act Requirements	67
7	Project and Sources of Funds Itemization	68
8	Financial Commitment Document if required	69
9	Cost Space Requirements	70
10	Discontinuation	71
11	Background of the Applicant	72-76
12	Purpose of the Project	77-82
13	Alternatives to the Project	83-84
14	Size of the Project	85-92
15	Project Service Utilization	93-95
16	Unfinished or Shell Space	96
17	Assurances for Unfinished/Shell Space	96
	Service Specific:	97
18	Medical Surgical Pediatrics, Obstetrics, ICU	97
19	Comprehensive Physical Rehabilitation	97
20	Acute Mental Illness	97
21	Open Heart Surgery	97
22	Cardiac Catheterization	97
23	In-Center Hemodialysis	97
24	Non-Hospital Based Ambulatory Surgery	97
25	Selected Organ Transplantation	97
26	Kidney Transplantation	97
27	Subacute Care Hospital Model	97
28	Community-Based Residential Rehabilitation Center	97
29	Long Term Acute Care Hospital	97
30	Clinical Service Areas Other than Categories of Service	98-99
31	Freestanding Emergency Center Medical Services	97
32	Birth Center	97
	Financial and Economic Feasibility:	
33	Availability of Funds	100-107
34	Financial Waiver	108
35	Financial Viability	108
36	Economic Feasibility	109-111
37	Safety Net Impact Statement	112
38	Charity Care Information	113

File Number

4966-526-1



To all to whom these Presents Shall Come, Greeting:

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

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of APRIL A.D. 2020 .



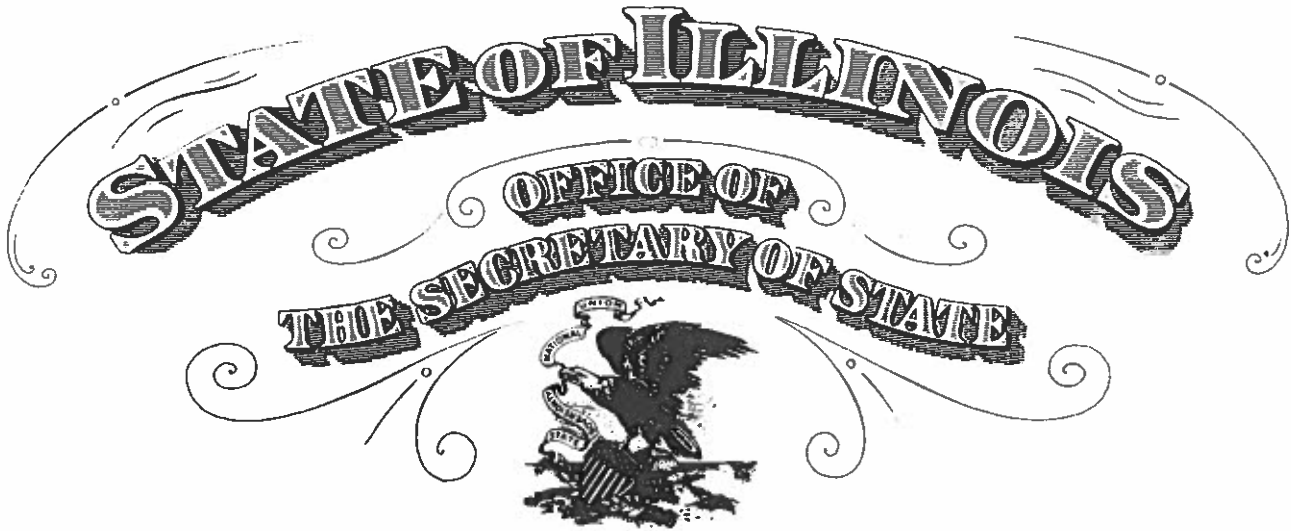
Authentication #: 2010503220 verifiable until 04/14/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

File Number

5306-585-6



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of APRIL A.D. 2020 .



Jesse White

SECRETARY OF STATE

Authentication #: 2010503184 verifiable until 04/14/2021
Authenticate at: <http://www.cyberdriveillinois.com>

202020000760
Filed for Record in
EFFINGHAM COUNTY, IL
KERRY J. HIRTZEL, COUNTY RECORDER
02-20-2020 At 02:45 pm.
WD 65.00
OR Vol 3535 Page 228 - 231
RHSF Fund 9.00

540142 ①

WARRANTY DEED

THIS INDENTURE WITNESS, Grantor, EVERGREEN HOLDINGS, LLC, an Illinois Limited Liability Company, for and in consideration of Ten Dollars and other goods and valuable consideration in hand paid, grants, conveys, and warrants to SARAH BUSH LINCOLN HEALTH CENTER, an Illinois Not-For-Profit Corporation, the following described real estate, to wit:

Tract #1:

Parcel #1: Lot 3 of ANDERSON'S GEM STONE SUBDIVISION of Lot 2 of Wiggins Subdivision (reference made to Plat #195-D and Book 1160 page 200 in the Recorder's Office of Effingham County);

Parcel #2: A non-exclusive easement for the benefit of Parcel #1 as created by easement dated September 4, 1979, recorded September 5, 1979, in Book 613 page 127 (and more specifically shown on a Replat of Lot 1 of WIGGINS SUBDIVISION, reference made to Plat #67-C and Plat Book 13 page 65 in the Recorder's Office of Effingham County) for pedestrian and vehicular ingress and egress over a strip 30 feet in width, extending from the Easterly line of Evergreen Avenue to the Southeasternmost corner of Parcel #1;

Tract #2:

Lot 2 of ANDERSON'S GEM STONE SUBDIVISION of Lot 2 of Wiggins Subdivision (reference made to Plat #195-D and Book 1160 page 200 in the Recorder's Office of Effingham County); and

ALL situated in the City of Effingham, County of Effingham and State of Illinois.

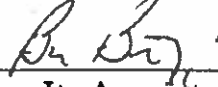
SUBJECT TO:

1. Taxes, or special assessments, if any, not shown as existing liens by the public records, including taxes for the year 2019 (P.I.N. 03-11-020-096 and P.I.N. 03-11-020-097) not yet due and payable.
2. Rights of way for drainage ditches, drain tiles, feeders, laterals, and underground pipes, if any.
3. Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highways.
4. Conditions contained in the Warranty Deed dated August 29, 1958, and recorded March 7, 1960, in Book 319 page 480, made by Katherine K. Koester, a widow, to the State of Illinois, for the use of the Department of Public Works and Buildings, wherein the Grantors bargained, sold, conveyed and relinquished to the Grantee all existing, future or potential easements or rights of access, crossing, light, air or view, to, from or over the premises therein described and the public highway identified as FAI Route 7 from or to any remaining real property of the Grantors abutting said premises or said public highway whether consisting of one tract or contiguous parcels.
5. Agreement Concerning Land for a Stream Channel Change dated August 29, 1958, and recorded March 7, 1960, in Book 321 page 171, made by Katherine K. Koester, a widow, to the State of Illinois, acting by and through the Director of the Department of Public Works and Buildings.
6. Reservation of a non-exclusive easement for the purpose of pedestrian and vehicular ingress and egress as contained in the Warranty Deed and Trust dated September 4, 1979, and recorded September 5, 1979, in Book 604 page 262, made by Harlan R. Dulaney and Margaret M. Dulaney to First National Bank of Effingham, as Trustee under the provisions of a Trust Agreement dated the 28th day of August, 1979, known as Trust 162 (and more specifically shown on the Replat of Lot 1 of WIGGINS SUBDIVISION, reference made to Plat #67-C and Plat Book 13 page 65 in the Recorder's Office of Effingham County.) (Affects Tr. #1, Parcel 2)
7. Easement dated June 4, 1981, and recorded June 4, 1981, in Book 647 page 80, made by First National Bank of Effingham, a National Banking Association of Effingham, Illinois, as Trustee under provisions of a Trust Agreement dated August 28, 1979, and known as Trust No. 162, to City of Effingham, as amended by Easement Amendment with License, dated October 9, 2000, and recorded November 2, 2000, in Book 1578 page 187 in the Recorder's Office of Effingham County.
8. Easements as shown on the plat of Wiggins Subdivision recorded in Plat Book 12 page 149, Plat #48-B.

- 9. Easements as shown on the Replat of Lot 1 of Wiggins Subdivision recorded in Plat Book 13 page 65, Plat #67-C.
- 10. Easement as established by the plat of Anderson's Gem Stone Subdivision, recorded in Book 1160 page 200, Plat #195-D.
- 11. Terms, provisions and conditions relating to the easement described as Tract # 1 Parcel 2, contained in the instrument creating such easement.
- 12. Rights of the adjoining owner or owners to the concurrent use of the easement.
- 13. Right of Way Permit dated July 26, 1990, and recorded July 30, 1990, in Book 907 page 134, made by Robert D. Anderson to Illinois Consolidated Telephone Company.
- 14. Right of Way Grant dated October 30, 1995, and recorded October 30, 1995, in Book 1172 page 235, made by Robert D. Anderson to Illinois Consolidated Telephone Company.

DATED February 20, 2020

EVERGREEN HOLDINGS, LLC, an
Illinois Limited Liability Company

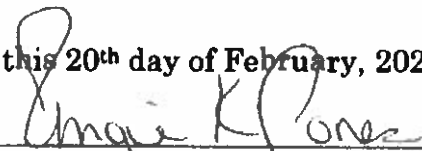
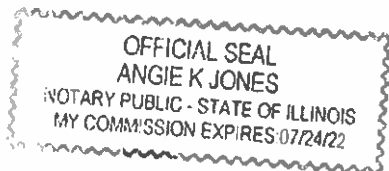


Its Appointed Agent on behalf of
the sole Member and Manager

State of Illinois)
) SS.
County of Effingham)

The foregoing instrument was acknowledged before me this 20th day of February, 2020, by Boris Bonutti, personally known to me and known to me to be the Appointed Agent of Evergreen Holdings, LLC, an Illinois Limited Liability Company, on behalf of the Company, appeared before me this date and affirmed his intention to sign the foregoing instrument to bind Evergreen Holdings, LLC in accordance with the terms of this instrument.

GIVEN under my hand and notarial seal this 20th day of February, 2020.



Notary Public

3

MAIL TAX BILLS TO:
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

"Exempt under provisions of 35 ILCS 200/31-45(b)(3)
Real Estate Transfer Tax Law."

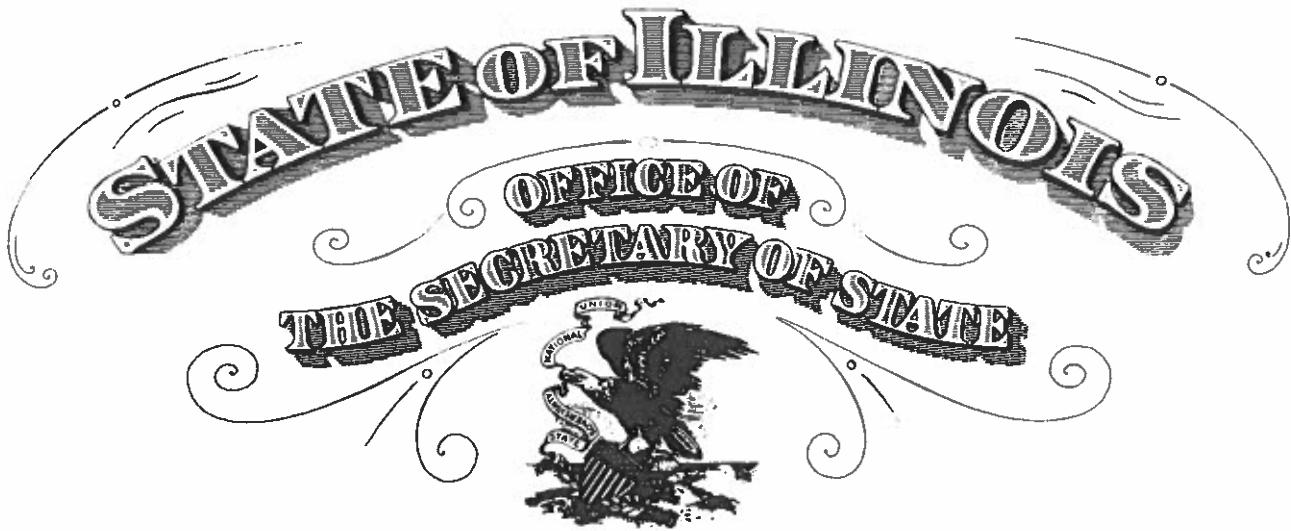
2/20/2020 B. B.
Date Buyer, Seller or Representative

Prepared by: Gregory C. Ray
Of Craig & Craig, LLC
1807 Broadway Avenue
P.O. Box 689
Mattoon, IL 61938
Telephone: 217/234-6481
gcr@craiglaw.net

ACT
D. M. ...

File Number

4966-526-1



To all to whom these Presents Shall Come, Greeting:

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

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of APRIL A.D. 2020 .

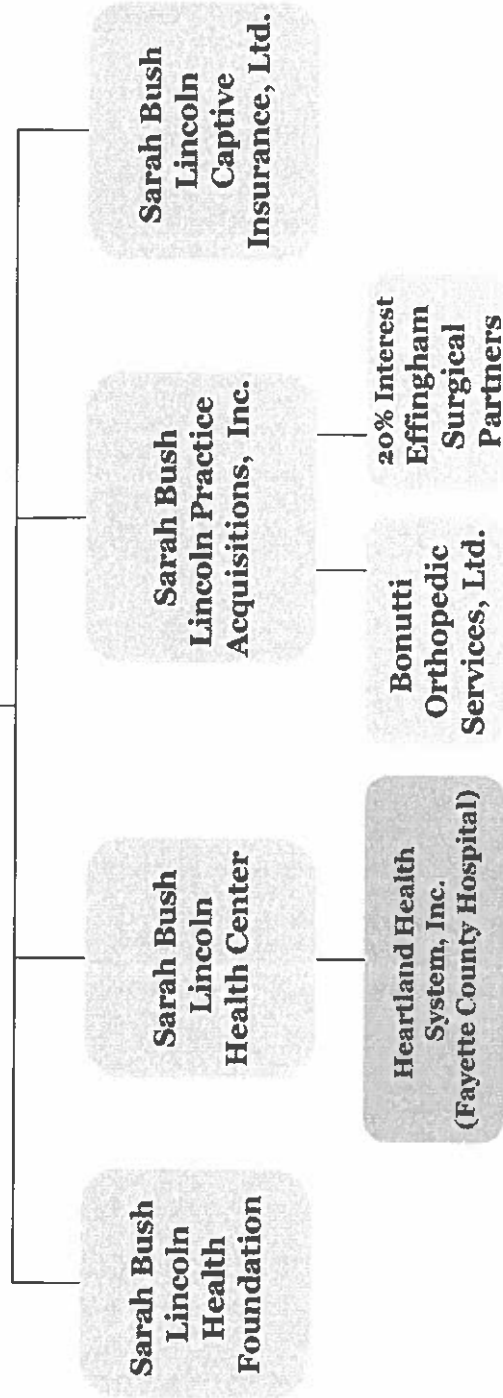


Authentication #: 2010503220 verifiable until 04/14/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Sarah Bush Lincoln Health System





June 25, 2020

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Compliance with Requirements of Illinois Executive Order #2006-5

Dear Ms. Avery,

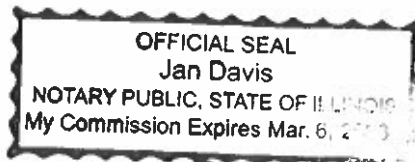
I am the applicant representative of Sarah Bush Lincoln Health Center. Sarah Bush Lincoln Health Center is the owner of the proposed site for a medical office building located in the city of Effingham, IL.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map. This location complies with the requirements of Illinois Executive Order #2006-5.

Sincerely,

A handwritten signature in cursive script that reads "Jerry Esker".

Jerry Esker
President and Chief Executive Officer



A handwritten signature in cursive script that reads "Jan Davis" followed by the date "6/25/2020".



Federal Emergency Management Agency
Washington, D.C. 20472

**LETTER OF MAP REVISION
DETERMINATION DOCUMENT**

COMMUNITY AND REVISION INFORMATION		PROJECT DESCRIPTION	BASIS OF REQUEST
COMMUNITY	City of Effingham Effingham County Illinois	NO PROJECT	HYDRAULIC ANALYSIS HYDROLOGIC ANALYSIS NEW TOPOGRAPHIC DATA
	COMMUNITY NO.: 170229		
IDENTIFIER	Evergreen Holdings, LLC	APPROXIMATE LATITUDE & LONGITUDE: 39.133, -88.562 SOURCE: Other DATUM: NAD 27	
ANNOTATED MAPPING ENCLOSURES		ANNOTATED STUDY ENCLOSURES	
TYPE: FIRM*	NO.: 170229B DATE: July 18, 1985	NO REVISION TO THE FLOOD INSURANCE STUDY REPORT	

Enclosures reflect changes to flooding sources affected by this revision.
 * FIRM - Flood Insurance Rate Map; ** FBFM - Flood Boundary and Floodway Map; *** FHBM - Flood Hazard Boundary Map

FLOODING SOURCE(S) & REVISED REACH(ES)

Unnamed Tributary to Little Wabash River - from approximately 200 feet downstream of Keller Drive to approximately 1,900 feet upstream of Keller Drive

SUMMARY OF REVISIONS

Flooding Source	Effective Flooding	Revised Flooding	Increases	Decreases
Unnamed Tributary to Little Wabash River	Zone A	Zone A	NONE	YES
	Zone C	Zone C	YES	NONE

* BFEs - Base Flood Elevations

DETERMINATION

This document provides the determination from the Department of Homeland Security's Federal Emergency Management Agency (FEMA) regarding a request for a Letter of Map Revision (LOMR) for the area described above. Using the information submitted, we have determined that a revision to the flood hazards depicted in the Flood Insurance Study (FIS) report and/or National Flood Insurance Program (NFIP) map is warranted. This document revises the effective NFIP map, as indicated in the attached documentation. Please use the enclosed annotated map panels revised by this LOMR for floodplain management purposes and for all flood insurance policies and renewals in your community.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Information Exchange (FMIXESC) toll free at 1-877-336-2627 (1-877-FEMA MAP) or by letter addressed to the LOMC Clearinghouse, 7390 Coca Cola Drive, Ste 204, Hanover, MD 21076. Additional Information about the NFIP is available on our website at <http://www.fema.gov/nfip>.

David N. Bascom
 David N. Bascom, CFM, Program Specialist
 Engineering Management Branch
 Federal Insurance and Mitigation Administration

62



Federal Emergency Management Agency
Washington, D.C. 20472

**LETTER OF MAP REVISION
DETERMINATION DOCUMENT (CONTINUED)**

COMMUNITY INFORMATION

APPLICABLE NFIP REGULATIONS/COMMUNITY OBLIGATION

We have made this determination pursuant to Section 206 of the Flood Disaster Protection Act of 1973 (P.L. 93-234) and in accordance with the National Flood Insurance Act of 1968, as amended (Title XIII of the Housing and Urban Development Act of 1968, P.L. 90-448), 42 U.S.C. 4001-4128, and 44 CFR Part 65. Pursuant to Section 1361 of the National Flood Insurance Act of 1968, as amended, communities participating in the NFIP are required to adopt and enforce floodplain management regulations that meet or exceed NFIP criteria. These criteria, including adoption of the FIS report and FIRM, and the modifications made by this LOMR, are the minimum requirements for continued NFIP participation and do not supersede more stringent State/Commonwealth or local requirements to which the regulations apply.

COMMUNITY REMINDERS

We based this determination on the 1-percent-annual-chance discharges computed in the submitted hydrologic model. Future development of projects upstream could cause increased discharges, which could cause increased flood hazards. A comprehensive restudy of your community's flood hazards would consider the cumulative effects of development on discharges and could, therefore, indicate that greater flood hazards exist in this area.

Your community must regulate all proposed floodplain development and ensure that permits required by Federal and/or State/Commonwealth law have been obtained. State/Commonwealth or community officials, based on knowledge of local conditions and in the interest of safety, may set higher standards for construction or may limit development in floodplain areas. If your State/Commonwealth or community has adopted more restrictive or comprehensive floodplain management criteria, those criteria take precedence over the minimum NFIP requirements.

We will not print and distribute this LOMR to primary users, such as local insurance agents or mortgage lenders; instead, the community will serve as a repository for the new data. We encourage you to disseminate the information in this LOMR by preparing a news release for publication in your community's newspaper that describes the revision and explains how your community will provide the data and help interpret the NFIP maps. In that way, interested persons, such as property owners, insurance agents, and mortgage lenders, can benefit from the information.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Information Exchange (FMIXESC) toll free at 1-877-336-2627 (1-877-FEMA MAP) or by letter addressed to the LOMC Clearinghouse, 7390 Coca Cola Drive, Ste 204, Hanover, MD 21076. Additional Information about the NFIP is available on our website at <http://www.fema.gov/nfip>.

David N. Bascom CFM, Program Specialist
Engineering Management Branch
Federal Insurance and Mitigation Administration



Federal Emergency Management Agency
Washington, D.C. 20472

**LETTER OF MAP REVISION
DETERMINATION DOCUMENT (CONTINUED)**

We have designated a Consultation Coordination Officer (CCO) to assist your community. The CCO will be the primary liaison between your community and FEMA. For information regarding your CCO, please contact:

Ms. Christine Stack
Director, Mitigation Division
Federal Emergency Management Agency, Region V
536 South Clark Street, Sixth Floor
Chicago, IL 60605
IN,MI,OH:(312)408-5364 WI:(312) 408-5529 MN,IL:(312)408-5500

STATUS OF THE COMMUNITY NFIP MAPS

We will not physically revise and republish the FIRM and FIS report for your community to reflect the modifications made by this LOMR at this time. When changes to the previously cited FIRM panel(s) and FIS report warrant physical revision and republication in the future, we will incorporate the modifications made by this LOMR at that time.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Information Exchange (FMIXESC) toll free at 1-877-336-2627 (1-877-FEMA MAP) or by letter addressed to the LOMC Clearinghouse, 7390 Coca Cola Drive, Ste 204, Hanover, MD 21076. Additional Information about the NFIP is available on our website at <http://www.fema.gov/nfip>.

David N. Bascom, CFM, Program Specialist
Engineering Management Branch
Federal Insurance and Mitigation Administration

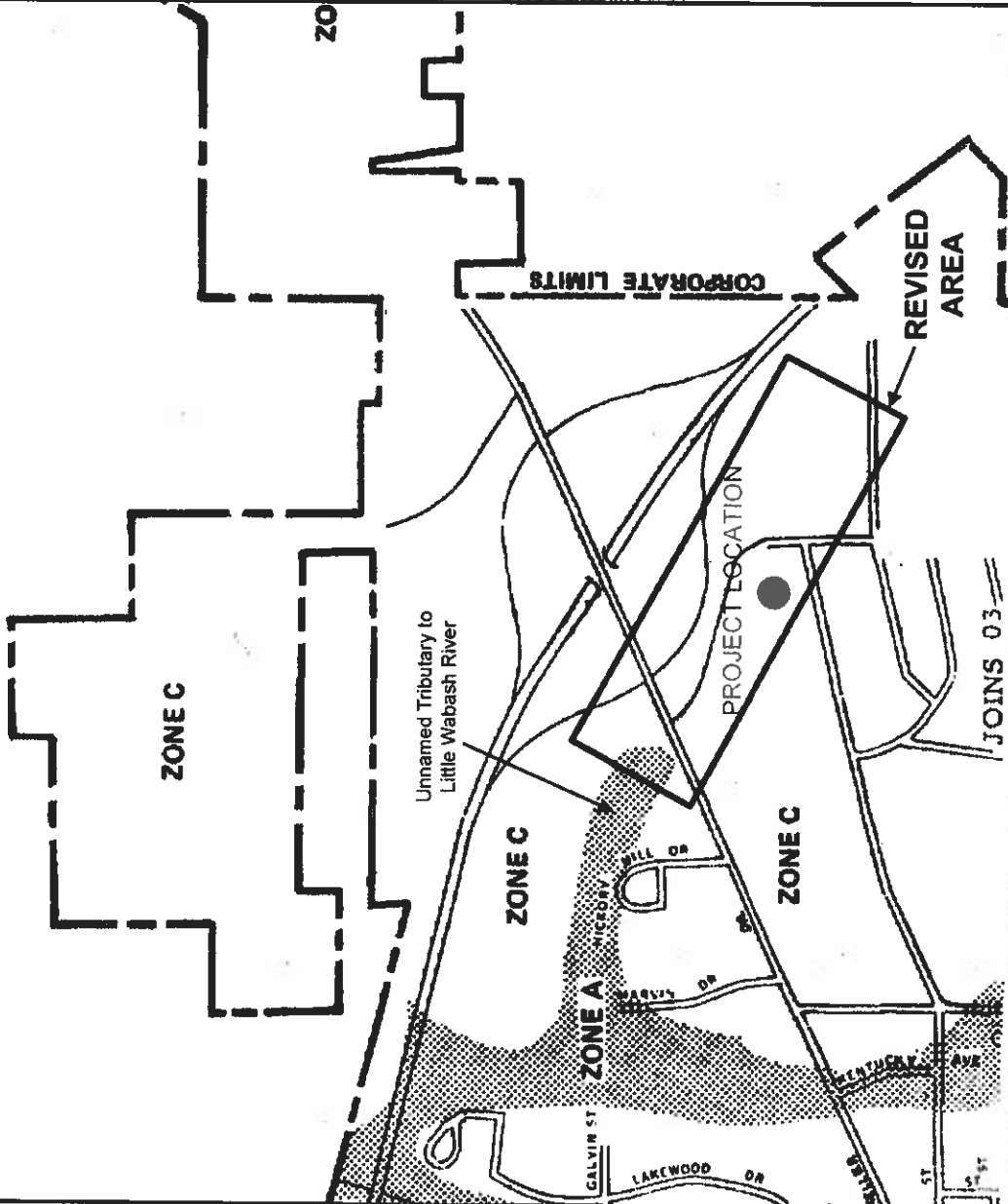
FEDERAL EMERGENCY MANAGEMENT AGENCY
CITY OF EFFINGHAM, IL
EFFINGHAM COUNTY

JULY 18, 1985

EFFECTIVE DATE:



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



**REVISED TO REFLECT
 LOMR EFFECTIVE
 JULY 24, 2012**



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor
Colleen Callahan, Director

FAX (217) 524-7525

Effingham County

Effingham

CON - Demolition and New Construction of a Medical Office Building

1303 W. Evergreen Ave., 1401 W. Evergreen Ave.

SHPO Log #008051820

June 4, 2020

Kim Uphoff

Sarah Bush Lincoln Health Center

1000 Health Center Dr.

P.O. Box 372

Mattoon, IL 61938-0372

Dear Ms. Uphoff:

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

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman

Deputy State Historic

Preservation Officer

Effingham Medical Office Building Itemized Project Costs

#20-030

<u>USE OF FUNDS</u>	<u>Clinical</u>	<u>Non-Clinical</u>	<u>TOTAL</u>
Pre-Planning Costs:	\$0	\$0	\$0
Site Survey and Soil Investigation:	\$0	\$0	\$0
Site Preparation:	\$0	\$0	\$0
Off-Site Work:			
Demolition	\$0	\$118,203	\$118,203
Excavation & Grading	\$0	\$986,229	\$986,229
Utilities	\$0	\$443,042	\$443,042
Paving	\$0	\$820,076	\$820,076
Landscaping	\$0	\$291,933	\$291,933
Total Off Site Work	\$0	\$2,659,483	\$2,659,483
New Construction Contracts	\$18,507,069	\$6,759,291	\$25,266,360
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$517,954	\$263,601	\$781,555
Architectural and Engineering Fees:	\$1,522,184	\$630,871	\$2,153,055
Consulting and Other Fees:			
CON Application Processing Fee	\$56,560	\$23,440	\$80,000
Total Consulting and Other Fees	\$56,560	\$23,440	\$80,000
Movable or Other Equipment			
MRI Equipment	\$1,391,027	\$0	\$1,391,027
CT Equipment	\$605,112	\$0	\$605,112
X-Ray Equipment	\$611,660	\$0	\$611,660
General Radiology Equipment, Furniture/Furnishings	\$518,950	\$0	\$518,950
Physical Therapy Equipment	\$200,000	\$0	\$200,000
Laboratory Equipment	\$50,000	\$0	\$50,000
Patient Exam Rooms Equipment, Furniture/Furnishings	\$275,000	\$0	\$275,000
General Equipment, Furniture/Furnishings and Artwork	\$0	\$475,000	\$475,000
Total Movable or Other Equipment	\$3,651,749	\$475,000	\$4,126,749
Bond Issuance Expense (Project Related)	\$123,723	\$51,277	\$175,000
Net Interest Expense During Construction (Project Related)	\$742,338	\$307,662	\$1,050,000
Fair Market Value of Leases 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	\$25,121,577	\$11,170,625	\$36,292,202

Active CON Permits

Sarah Bush Lincoln does not have any active CON Permits.

Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Patient Exam Rooms & Provider Work Areas	\$12,326,158	0	26,860	26,860	0	0	0
Diagnostic Imaging Services:							
X-ray	\$1,342,266	0	1,360	1,360	0	0	0
CT	\$1,063,579	0	825	825	0	0	0
MRI	\$2,246,363	0	1,500	1,500	0	0	0
Ultrasound	\$126,393	0	289	289	0	0	0
Radiology Common Spaces	\$2,167,871	0	3,800	3,800	0	0	0
Clinical Laboratory Services	\$610,939	0	1,231	1,231	0	0	0
Rehabilitation Services (PT/OT/ST)	\$5,238,008	0	10,372	10,372	0	0	0
Total Clinical	\$25,121,577	0	46,237	46,237	0	0	0
NON REVIEWABLE							
Mechanical & Other Building Systems	\$1,078,125	0	1,875	1,875	0	0	0
Sitework	\$2,659,483	0	0	0	0	0	0
Other Non-Clinical	\$7,433,017	0	17,288	17,288	0	0	0
Total Non-clinical	\$11,170,625	0	19,163	19,163	0	0	0
TOTAL PROJECT	\$36,292,202	0	65,400	65,400	0	0	0

Criterion 1110.290 – Discontinuation

The applicants do not propose the discontinuation of a health care facility or a category of service therefore this section is not applicable.



June 25, 2020

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Attachment 11 – Background of Applicant

Dear Ms. Avery,

The following information address the five points of criterion 1110.110(a):

1. The health care facilities owned or operated by the applicants include:

Sarah Bush Lincoln Health Center
Illinois Hospital License ID# 0003392
The Joint Commission ID# 7257

Proof of current licensure and accreditation for Sarah Bush Lincoln Health Center is attached.

In addition, Sarah Bush Lincoln Health Center (SBLHC) owns and operates Heartland Health System, Inc who operates Fayette County Hospital. SBLHC also has 20% interest in Effingham Surgical Partners.

2. There are no additional health care facilities currently owned and/or operated by corporate officers or directors, LLC members, partners, or owners.
3. There has been no adverse actions taken against the health care facilities owned or operated by the applicants during the three years prior to the filing of this application.
4. This letter serves as authorization permitting the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to information in order to verify any documentation or information submitted, including but not limited to official records of IDPH or other state agencies; licensing or certification records of other states; and the records of nationally recognized accreditation organizations.

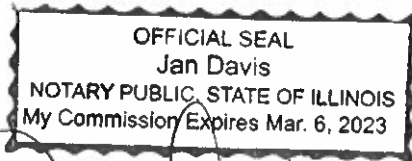
ATTACHMENT 11

- 5. This item is not applicable to this application because the requested materials are being submitted as part of this application.

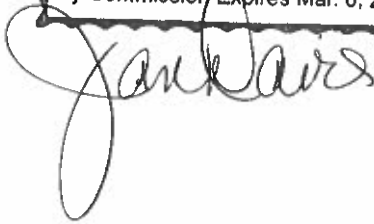
Sincerely,



Jerry Esker
President and Chief Executive Officer



6/25/20



#20-030



**Illinois Department of
PUBLIC HEALTH**

HF 119128

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0003392
General Hospital		
Effective: 01/01/2020		

Exp. Date 12/31/2020

Lic Number 0003392

Date Printed 10/22/2019

Sarah Bush Lincoln Health Center
1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

Sarah Bush Lincoln Health Center
1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

FEE RECEIPT NO.



November 27, 2019

Jerry Esker
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 11/27/2019

Dear Mr. Esker:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning August 17, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



November 27, 2019

Jerry Esker
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon , IL 61938

Joint Commission ID #: 7257
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 11/27/2019

Dear Mr. Esker:

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

- **Comprehensive Accreditation Manual for Home Care**

This accreditation cycle is effective beginning August 17, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in cursive script that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Section III.

Criterion 1110.110(b) – 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.

This project will improve the health care and well-being of the market area by replacing Sarah Bush Lincoln Health Center's undersized and outdated medical office building with a two-story freestanding medical office building located in Effingham County, Illinois. The medical office building will include medical providers specializing in orthopedics, occupational health, pain management and primary care.

The medical office building will provide the patients of Sarah Bush Lincoln Health Center's 10-county market area with a wide range of services in appropriately sized and configured facilities. The new medical office building will also provide patients with the opportunity to access healthcare services in one convenient location by consolidating several services into a centralized building.

The clinical services that will be included in medical office building include the following:

- Patient Exam Rooms and Physician Work Areas
- Diagnostic Imaging services
 - General Radiology
 - CT
 - MRI
 - Ultrasound
 - Radiology Common Spaces
- Clinical laboratory services
- Rehabilitation Services
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

This project is needed and appropriate to address Sarah Bush Lincoln Health Center's growth in the Effingham market area. In the past three years, Sarah Bush Lincoln has acquired the medical practices of numerous medical providers who were practicing in the Effingham County area. Many of these providers were practicing in outdated facilities or leased facilities therefore this permanent building will provide them with the opportunity to better serve their patients.

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

Sarah Bush Lincoln Health Center serves a 10-county region including Coles, Clark, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby counties. This market area includes the state-designated Planning Areas of D-01, D-04, D-05, F-

02 and F-03. A map of Sarah Bush Lincoln Health Center service area is included with Attachment 12. Patient origin data for inpatient discharges at Sarah Bush Lincoln Health Center from January 2019 through December 2019 are also found in Attachment 12. This 10-county service area accounted for over 94% of the total discharges to Sarah Bush Lincoln Health Center during this 12 month period.

3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

The need for this project is based upon the following:

a. Increasing demand and growth has resulting in the need for additional space

As indicated in Table 1110.110a below, the number of Sarah Bush Lincoln Health Center's employed medical staff practicing in the Effingham County market has grown by over 600% in the last three years. This is due to the acquisition of numerous provider practices. This project will relocate and consolidate these employed medical staff providers into one centralized location. This will improve access to care for Sarah Bush Lincoln Health Center's patients in the Effingham geographic area.

Table 1110.110a: Number of Sarah Bush Lincoln Health Center (SBLHC) employed medical staff practicing in the Effingham County market		
Year	Total SBLHC employed medical staff practicing in Effingham County	Annual Growth
2017	3	
2018	12	300%
2019	20	66%
2020	23	15%

In addition to growth in the employed medical staff providers in Effingham, Sarah Bush Lincoln Health Center has also experienced growth in the number of patients choosing SBLHC for inpatient care. In the past three years, we have experienced a thirty percent increase in the number of inpatient admissions from patients residing in the Effingham County area. This proposed medical office building will provide those patients with the opportunity to access ancillary services and follow-up care closer to home, therefore improving the patient experience.

b. Limitations of Current Spaces

The existing physical building configuration is not ideal for current and projected provider office patient volumes. As indicated in Table 1110.110b below, the number of provider office visits in the Effingham-based practices continues to increase. Due to this increase, there are an insufficient number of exam rooms available to treat the

volume of patients seen. As a result, patients experience delays in care, resulting in decreased patient satisfaction. The waiting rooms and support spaces of the current building also can't support the increased volumes.

Fiscal Year	Number of Office Visits	Annual Growth
2017	7,684	
2018	15,007	95%
2019	38,352	155%
2020*	40,143	5%

*FY20 is based on annualized numbers of July 2019 through May 2020. During the Covid-19 pandemic, our practices reduced capacity, resulting in a decrease in office visits.

4. Cite the sources of the documentation.

The sources of information provided as documentation are the following:

- a. 77 Ill Adm. Code 1100.520 for identification of counties in Planning areas
- b. Illinois Health and Hospital Association, COMPdata Informatics for hospital discharge data
- c. Hospital records regarding the current medical staff and provider office visit volumes

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

This project will address and improve the health care of residents in the market area, specifically Effingham County, by providing patients with a new facility that is appropriately designed, sized and configured to deliver exceptional patient care. Patients will be able to access numerous services, including primary and specialty care as well as laboratory, diagnostic imaging and rehabilitation services, in one convenient location.

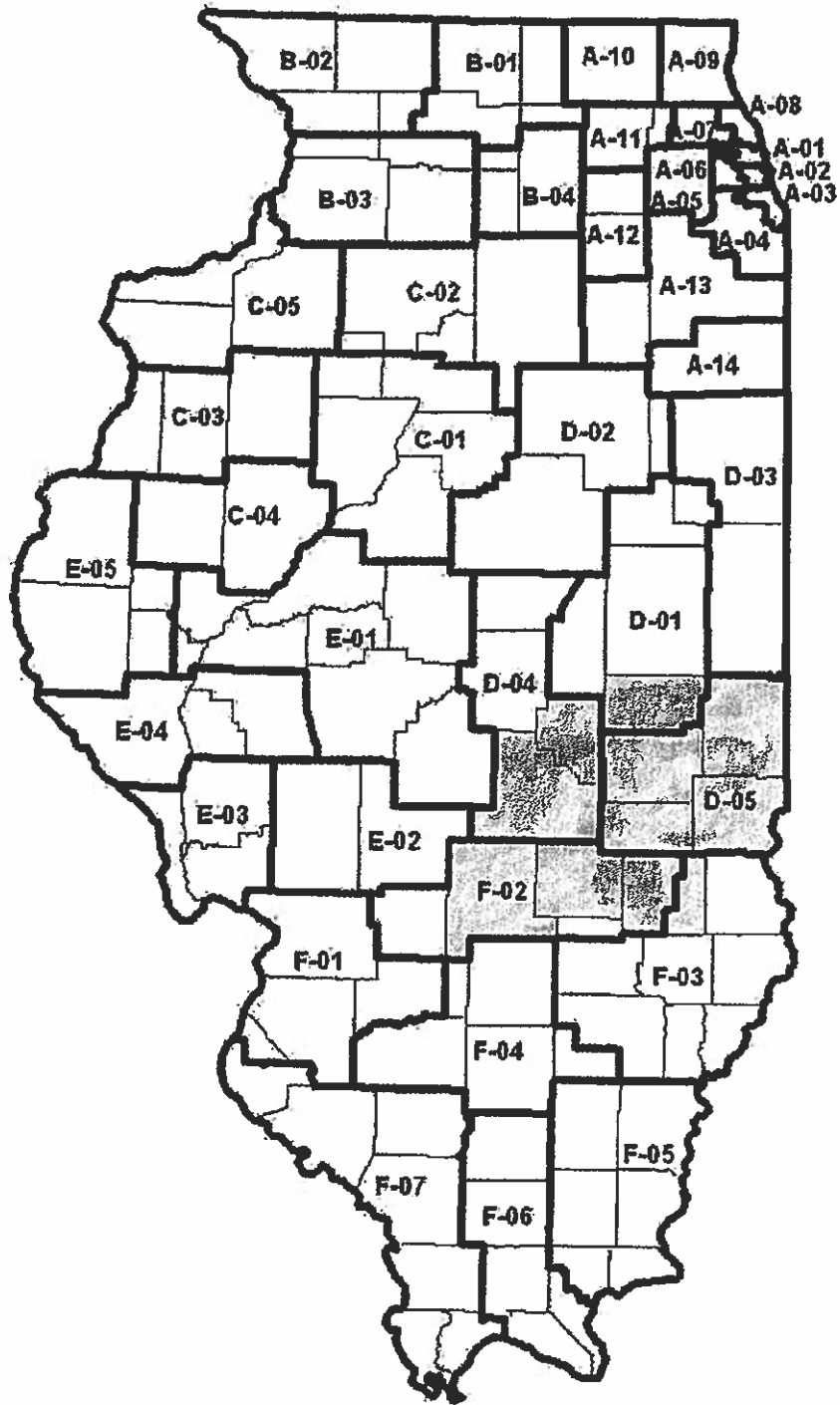
6. Provide goals with quantified and measureable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

Sarah Bush Lincoln Health Center's mission is to provide exceptional care for all and to create healthy communities. Specifically, the goals of this Project are:

- To meet the increased demand for services in the Effingham County market
- Address the shortage of physical space available to accommodate the growth in the southern market

- Improve the patient experience by expanding access to health care services to those living and working within the market area

These goals can be achieved within the timeframe for Project completion.



**SARAH BUSH LINCOLN HEALTH CENTER
INPATIENT DISCHARGES BY COUNTY
CY 2019**

<u>County</u>	<u>Discharges</u>	<u>Percent of Discharges</u>
COLES COUNTY, IL	4,393	55.11%
CUMBERLAND COUNTY, IL	698	8.76%
DOUGLAS COUNTY, IL	546	6.85%
CLARK COUNTY, IL	455	5.71%
SHELBY COUNTY, IL	341	4.28%
MOULTRIE COUNTY, IL	326	4.09%
EFFINGHAM COUNTY, IL	317	3.98%
EDGAR COUNTY, IL	263	3.30%
JASPER COUNTY, IL	106	1.33%
FAYETTE COUNTY, IL	67	0.84%
PINELLAS COUNTY, FL	43	0.54%
CHAMPAIGN COUNTY, IL	43	0.54%
MACON COUNTY, IL	24	0.30%
CRAWFORD COUNTY, IL	20	0.25%
CLAY COUNTY, IL	19	0.24%
SALT LAKE COUNTY, UT	16	0.20%
VERMILION COUNTY, IL	15	0.19%
COOK COUNTY, IL	13	0.16%
VIGO COUNTY, IN	11	0.14%
HARRIS COUNTY, TX	11	0.14%
MARION COUNTY, IL	10	0.13%
DOUGLAS COUNTY, NE	10	0.13%
OTHER COUNTIES	225	0.11%
TOTAL ADMISSIONS FROM SERVICE AREA	7,512	94.2%
TOTAL ADMISSIONS OUTSIDE SERVICE AREA	460	5.8%
TOTAL ADMISSIONS	7,972	100.0%

ATTACHMENT 12

Section III.

Criterion 1110.110(d) – Alternatives

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two story outpatient medical office building in Effingham County. The Applicants believe that the proposed project is the most effective and least costly alternative to the other alternatives considered. The following narrative compares the proposed project to the alternative options.

Sarah Bush Lincoln Health Center considered the following alternatives:

A. Proposing a project of greater or lesser scope and cost.

Project of Lesser Scope: Do Nothing

This option would not address the growth Sarah Bush Lincoln Health Center has experienced in the Effingham County market. It would prohibit the applicants from centralizing medical office practices into one location and would not address the existing constraints of the current building layout which negatively impact patient satisfaction and operational efficiency. In addition, this option would not address the major repairs needed to the mechanical systems and the roof of the current building. For these reasons, this alternative was rejected.

B. Pursuing a joint venture of 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.

This project involves core healthcare services and would not be appropriate for joint venture arrangements. For this reason, this alternative was rejected.

C. Utilizing other health care resources that are available to service all or a portion of the population proposed to be served by the project.

Renovate Existing Spaces

In this scenario, Sarah Bush Lincoln Health Center would invest over \$26,000,000 to achieve suboptimal results. This alternative would expand the current medical office building size of 28,000 square feet to approximately 63,000 square feet to accommodate Sarah Bush Lincoln Health Center's current volumes, but there would not be space for future expansion. As a result, this would be a costly capital project for Sarah Bush Lincoln Health Center since the facilities might need to be replaced if provider growth continues in the Effingham market.

The modernization and expansion of the existing medical office building would also not address the sub-optimal configuration of the current medical office building.

The construction would create substantial noise and disrupt operations of the existing medical office departments as well as create an unpleasant environment for patients.

During construction, a temporary facility would need to be utilized to maintain current operations. For these reasons, this alternative was rejected.

D. Construct a free-standing, two story outpatient medical office building (Proposed).

The chosen option will centralize Sarah Bush Lincoln Health Center's healthcare operations in the Effingham County market. It will improve patient access with adequate medical office space to meet forecasted volumes. It will also improve operational efficiency and patient satisfaction. For these reasons, this option was chosen for the proposed project.

Section IV.
Criterion 1110.120 – Project Scope, Utilization

Size of Project

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two story outpatient medical office building located in Effingham County, Illinois.

Appendix B of Section 1110 of the Administrative Code documents the established standards for certain departments, clinical service areas, and facilities.

The tables below summarize the departments, proposed dgsf, applicable state standards and project compliance with the state standards.

General radiology is a department that has an established State standard of 1,300 dgsf/unit. Sarah Bush Lincoln Health Center proposes to have three x-ray units to occupy 1,360 dgsf. This proposed dgsf per x-ray unit of 453 dgsf is within the state standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Radiology (X-ray)	453 dgsf/unit	1,300 dgsf/unit	847 dgsf under the standard	Yes

CT is a department that has an established State standard of 1,800 dgsf/unit. Sarah Bush Lincoln Health Center proposes to have one CT unit occupying 825 dgsf. This proposed dgsf is within the state standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
CT Scan	825 dgsf/unit	1,800 dgsf/unit	975 dgsf under the standard	Yes

MRI is a department that has an established State standard of 1,800 dgsf/unit. Sarah Bush Lincoln Health Center proposed to have one MRI unit occupying 1,500 dgsf. This proposed dgsf is within the state standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
MRI	1,500 dgsf/unit	1,800 dgsf/unit	300 dgsf under the standard	Yes

Ultrasound is a department that has an established State standard of 900 dgsf/unit. Sarah Bush Lincoln Health Center proposes to have one ultrasound unit occupying 289 dgsf.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Ultrasound	289 dgsf/unit	900 dgsf/unit	611 dgsf under the standard	Yes

The proposed project will also involve the construction of patient exam rooms and physician work areas, clinical laboratory services and rehabilitation services. The patient exam rooms and physician work areas will encompass 26,860 dgsf. The clinical laboratory services will encompass 1,231 dgsf and the rehabilitation services will encompass 10,372 dgsf. There are no size standards for these departments under the State Board's rules.

Project schematics and building renderings are included in Attachment 14.

BSA

LA

LA Architects
1425 W. Lawrence
Suite 2000, 6000 S.
Enterprise, IL 62421

LA ARCHITECTS ARCHITECTS P.C.

MCCARTHY

184 Eastwood Plaza Drive
Columbia, IL 62234
PH 618 344 4142 FAX 618 551 7722
www.mccarthy.com

IMEG

53 28th Avenue
P.O. Box 11000
Moline, IL 61702-1000
PH 309 746 3887
www.imeg.com

MS

1001 N. 11th
Moline, IL 61702
PH 309 746 3887
www.ms.com

Sarah Bush Lincoln

1111 East 4th Street, Suite 100
Moline, IL 61702

EFFINGHAM CLINIC

DESIGN DOCUMENTS SET:
30 JUNE 2020



KEYPLAN

MARK	DATE	DESCRIPTION

#20-030

NOT FOR CONSTRUCTION
ARCHITECTURAL PLAN
FIRST FLOOR - AREA A

PROJECT NO. 20-030
SHEET NO. A121A



BSA

LA

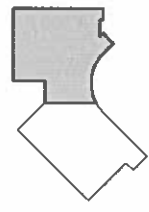
MCCARTHY
1801 Eastway Plaza Drive
Columbia, IL 62234
PH 618.344.4142 F 618.551.2727
www.mccarthy.com

IMEG
133 N. 7th Avenue
Rock Island, IL 61201
PH 309.788.9973 F 309.788.5887
www.imeg.com

SA
1000 N. 11th
Rock Island, IL 61201
PH 309.788.9973 F 309.788.5887
www.imeg.com

**Sarah Bush
Lincoln**
The First Comprehensive Care

EFFINGHAM CLINIC
DESIGN DOCUMENTS SET:
30 JUNE 2020

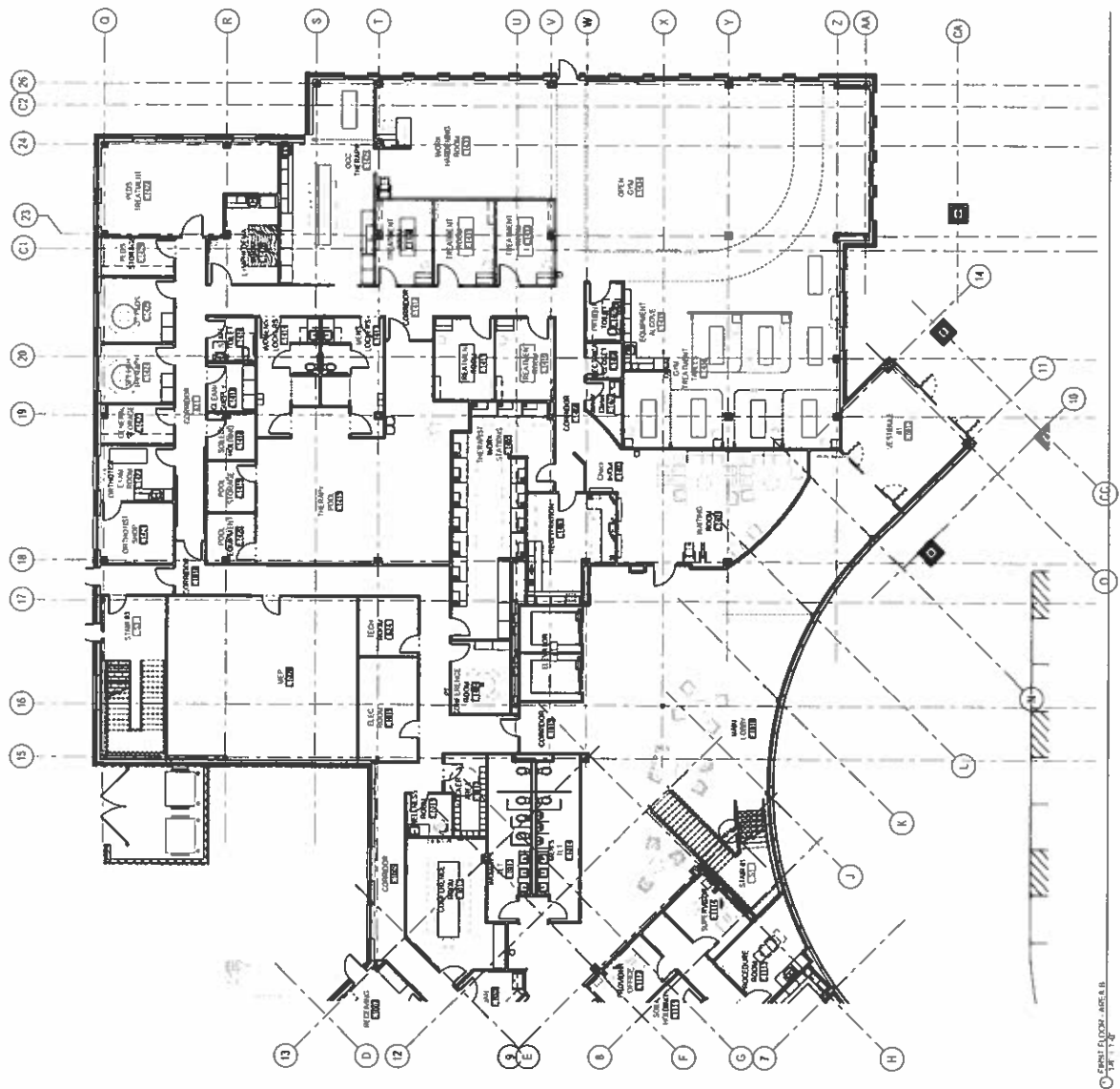


KEYPLAN

NO.	DATE	DESCRIPTION

#20-030
NOT FOR CONSTRUCTION
MULTI-PHASE DRAWINGS
ARCHITECTURAL PLAN -
FIRST FLOOR - AREA B

PROJECT NO. _____
DATE _____
DRAWN BY _____
CHECKED BY _____
SCALE _____
A121B



○ FIRST FLOOR - AREA B

BSA

177 Associates
1903 North 42nd St.
Effingham, IL 62420

LA

177 Associates
1903 North 42nd St.
Effingham, IL 62420

MCCARTHY

1801 Eastport Plaza Drive
Cullman, IL 62524
PH 618.344.4142 F 618.551.2722
www.mccarthy.com

IMEG

633 7th Avenue
Rochester, IL 61071
PH 800.788.0923 F 800.788.5882
www.imeg.com

WALSH

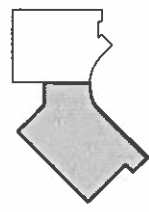
1000 N. 1st
1000 N. 1st
Effingham, IL 62420
PH 618.344.4142 F 618.551.2722
www.walsh.com

Sarah Bush Lincoln

1000 N. 1st
Effingham, IL 62420

EFFINGHAM CLINIC

DESIGN DOCUMENTS SET:
30 JUNE 2020



NO.	DATE	DESCRIPTION

#20-030

PRELIMINARY DRAWINGS
NOT FOR CONSTRUCTION
ARCHITECTURAL PLAN -
SECOND FLOOR - AREA 030

PROJECT NO.	DATE	SCALE

A122A

Department Legend



BSA

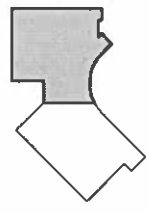
UA

MCCARTHY
1000 Eastwood Plaza Drive
Columbus, IL 62334
PH 618 344 4142 F 618 351 4722
www.mccartmy.com

IMEG
633 N.W. 10th Ave
Fort Lauderdale, FL 33304
PH 305 788 0973 F 305 788 5387
www.imeg.com

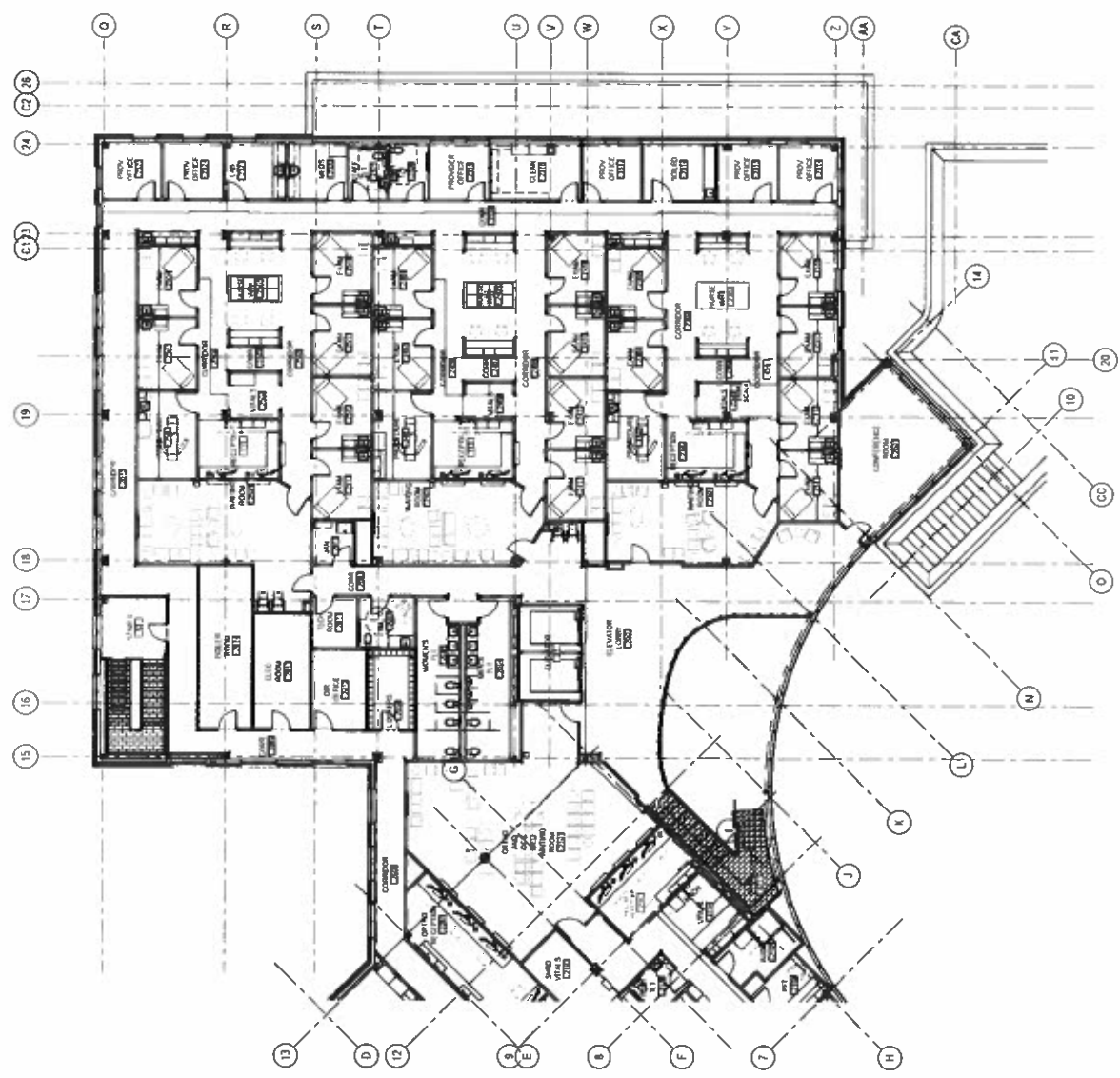
**Sarah Bush
Lincoln**
The First in Comprehensive Care

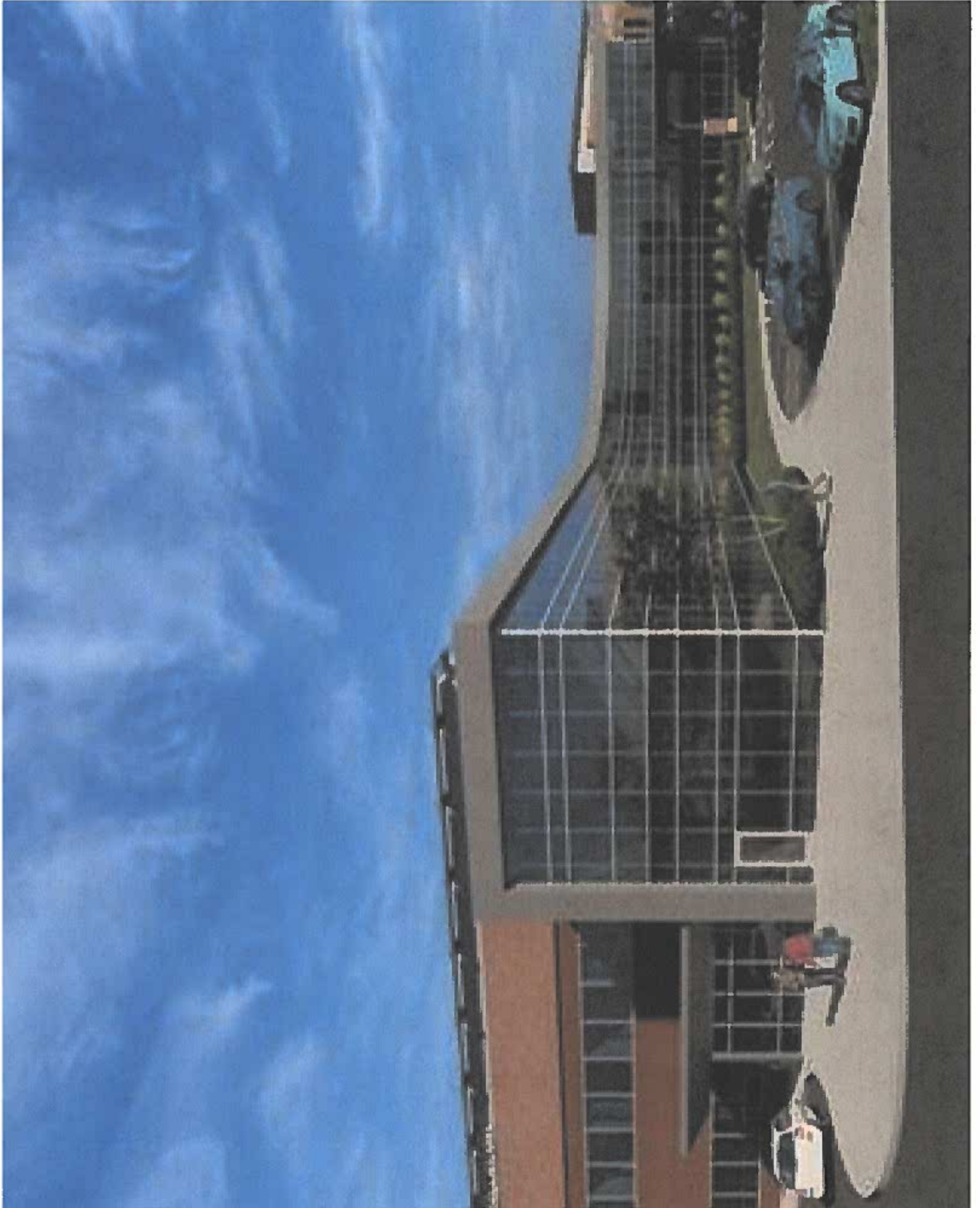
EFFINGHAM CLINIC
DESIGN DOCUMENTS SET
30 JUNE 2020



MARK	DATE	DESCRIPTION
KEYPLAN		

#20-030
NOT FOR CONSTRUCTION
ARCHITECTURAL PLAN - AREA
SECOND FLOOR - AREA
A122B







Section IV.
 Criterion 1110.120 – Project Scope, Utilization

Project Services Utilization

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two story outpatient medical office building located in Effingham County, Illinois.

Appendix B of Section 1110 of the Administrative Code documents the established utilization standards for certain departments, clinical service area, and facilities.

For the outpatient medical office building, the Applicants propose:

- **Three general x-ray units**

In the proposed medical office building, the first floor will consist of a primary care walk-in clinic while the second floor includes an orthopedic clinic, occupational medicine clinic, pain management clinic and primary care clinics. Current utilization in the orthopedic clinic justifies the need for two x-ray units. Due to the configuration of the proposed building, a third x-ray unit is needed on the first floor to support the primary care walk-in clinic patients. Without this unit on the first floor, patients would be transferred to the second floor for x-ray services which would cause significant disruption in the orthopedic clinic.

Assuming a 3.3% growth rate, Sarah Bush Lincoln Health Center's Year 1 utilization is projected to be 9,292 procedures. Sarah Bush Lincoln Health Center's Year 2 utilization is projected to be 9,595 procedures. Utilization in both years is projected to exceed the minimum state standard to justify two x-ray units. As stated above, in order to support efficient operations as well as address the care experience for the patient, a third x-ray unit is proposed. Based on growth trends for provider office visits, Sarah Bush Lincoln Health Center projects that volumes will continue to grow in the future.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	General Radiology	8,995 procedures (FY 20 Annualized)	9,292 procedures	8,000 procedures	No
YEAR 2	General Radiology		9,598 procedures	8,000 procedures	No

- **One CT Scan unit**

Sarah Bush Lincoln Health Center proposes to provide CT services in the medical office building. This is not a service currently provided in the market area by Sarah Bush Lincoln Health Center therefore historical utilization is not available. Projected utilization

was determined based on estimated referral patterns for the Sarah Bush Lincoln Health Center employed general surgeons and otolaryngologists who practice in the Effingham market and from those providers who will be practicing at the new proposed medical office building.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	CT	N/A	1,000 visits	7,000 visits	Yes
YEAR 2	CT		1,030 visits	7,000 visits	Yes

- **One MRI unit**

Sarah Bush Lincoln Health Center currently leases a MRI unit on a mobile truck to provide MRI services to the Effingham market. With the projected growth of the orthopedic practice and the permanent placement of a MRI unit, volumes are projected to grow 8% annually.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	MRI	1,292 (FY 20 Annualized)	1,395 procedures	2,500 procedures	Yes
YEAR 2	MRI		1,507 procedures	2,500 procedures	Yes

- **One Ultrasound unit**

Sarah Bush Lincoln Health Center proposes to provide Ultrasound services in the medical office building. This is not a service currently provided in the existing medical office building therefore historical utilization is not available. Projected utilization was determined based on review of ultrasound utilization at other established Sarah Bush Lincoln Health Center medical office building locations.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	Ultrasound	N/A	300 visits	3,100 visits	Yes
YEAR 2	Ultrasound		350 visits	3,100 visits	Yes

- **62 patient exam and procedure rooms**

There are no associated standards for utilization of patient exam and procedure rooms. The number of rooms is based on the current number of providers who will be practicing in the proposed medical office building as well as projected number of rooms need to accommodate ongoing recruitment of additional providers. In order to have efficient throughput of patients, each provider will have three to four patients using an exam room at any given time.

- **1,231 square feet of space for Clinical Laboratory Services**

There is no associated standard for utilization for laboratory services. The size of this area was determined based on provider office visit volumes and associated laboratory needs. The space includes three blood draw bays/rooms, a work room and support spaces.

- **10,372 square feet of space for Rehabilitation Services**

There is no associated standard for utilization for rehabilitation services. The size of this area was determined based on review of historical volumes as well as projected future demand. The space includes ten treatment rooms and a therapy gym where physical therapists will provide injury prevention and rehabilitation services. It also includes an in-ground therapy pool, work hardening room, offices and support areas.

Section IV.
Criterion 1110.120 – Unfinished/Shell Space

The proposed project does not include unfinished or shell space therefore Attachment 16 and Attachment 17 are not applicable.

Section V. Service Specific Review Criteria

This project does not involve any of the following services therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care (Attachment 18)
- Comprehensive Physical Rehabilitation (Attachment 19)
- Acute Mental Illness and Chronic Mental Illness (Attachment 20)
- Open Heart Surgery (Attachment 21)
- Cardiac Catheterization (Attachment 22)
- In-Center Hemodialysis (Attachment 23)
- Non-Hospital Based Ambulatory Surgery (Attachment 24)
- Selected Organ Transplantation (Attachment 25)
- Kidney Transplantation (Attachment 26)
- Subacute Care Hospital Model (Attachment 27)
- Community-Based Residential Rehabilitation Center (Attachment 28)
- Long Term Acute Care Hospital (Attachment 29)
- Freestanding Emergency Center Medical Services (Attachment 31)
- Birth Center (Attachment 32)

Section V, Service Specific Review Criteria

Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Deteriorated Facilities and/or Necessary Expansion

Sarah Bush Lincoln Health Center (SBLHC) proposes to construct a freestanding, two story outpatient medical office building. The proposed building is necessary to address the ongoing costly repairs to the current facility as well as growing volumes, as described below and in Attachment 12.

2. Utilization – Service or Facility

The proposed medical office building includes the following clinical service areas:

- Patient Exam Rooms and Physician Work Areas
- Diagnostic Imaging services
 - General Radiology
 - CT
 - MRI
 - Ultrasound
 - Radiology Common Spaces
- Clinical laboratory services
- Rehabilitation Services
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

The Diagnostic Imaging services have State standards for utilization, as illustrated in Attachment 15. The other clinical areas in this building do not have associated standards for utilization.

The proposed medical office building is necessary to accommodate the growth in SBLHC employed medical staff in Effingham County, the growth in the number office visits at the SBLHC Effingham-based practices and to address the projected demand for future services. SBLHC office visits in the Effingham area have increased over 400% in the last 3 years. This is due to provider recruitment in the area as well as increased demand for outpatient healthcare services. As illustrated in Table 1110.270 below, Sarah Bush Lincoln Health Center anticipates volumes will continue to grow. The growth projections do not anticipate referrals from providers who currently do not refer to Sarah Bush Lincoln Health Center therefore no provider referral letters have been submitted.

Table 1110.1270: Historical & Projected Utilization Provider office visits at Effingham-based practices		
Fiscal Year	Number of Office Visits	Annual Growth
2017	7,684	
2018	15,007	95%
2019	38,352	155%
2020*	40,143	5%
Projected 2021	42,953	7%
Projected 2022	45,960	7%
Projected 2023	49,177	7%

*FY20 is based on annualized numbers of July 2019 through May 2020. During the Covid-19 pandemic, our practices reduced capacity, resulting in a decrease in office visits.

Section 1120.120 – Availability of Funds

The Applicants have A+ bond rating from Standard & Poor's (December 2019) therefore are not required to address this section of the application.

A copy of the December 2019 ratings report is included as part of Attachment 33.

RatingsDirect®

Sarah Bush Lincoln Health Center, Illinois; Hospital

Primary Credit Analyst:

Chloe A Pickett, Centennial (1) 303-721-4122; Chloe.Pickett@spglobal.com

Secondary Contact:

Marc Bertrand, Chicago (1) 312-233-7116; marc.bertrand@spglobal.com

Table Of Contents

Rationale

Outlook

Enterprise Profile: Adequate

Financial Profile: Very Strong

Credit Snapshot

Sarah Bush Lincoln Health Center, Illinois; Hospital

Credit Profile

Illinois Fin Auth (Sarah Bush Lincoln Hlth Ctr) ICR

Long Term Rating

A+/Stable

Current

Rationale

S&P Global Ratings' issuer credit rating (ICR) on Sarah Bush Lincoln Health Center (Sarah Bush), Ill. is 'A+'. The ICR applies to Sarah Bush's general creditworthiness and is not specific to any bond issue. The outlook is stable.

The rating reflects Sarah Bush's dominant market share, consistently healthy financial performance, and robust balance sheet. The hospital has also demonstrated proactive movement by strengthening its physician base and market position through investments in physician practices in the area. Sarah Bush also acquired Fayette County Hospital as of July 2019 in an effort to further its reach in the southern portion of its primary service area (PSA) and strengthen its relationships with physicians in the area. Although Sarah Bush is a consistent market leader and performer, the hospital's limited service area, highlighted by its small population that is projected to fall, and projected employment decline, preclude a higher rating. The rating also reflects a positive adjustment due to the hospital's extraordinarily high unrestricted reserves as measured by days' cash on hand and unrestricted reserves-to-long-term debt, which are well in excess of medians for the rating level.

The rating further reflects our view of Sarah Bush's:

- Dominant business position as the leading provider in Coles County;
- Healthy operating margins and cash flow, generating solid maximum annual debt service (MADS) coverage despite some decline from historical levels;
- High unrestricted reserves, as measured by days' cash on hand and cash-to-debt, exceeding rating medians, which we expect to remain stable as capital plans are modest; and
- Good payer mix, which benefits from Medicaid expansion and favorable commercial rates.

Partially offsetting the above strengths, in our view, are Sarah Bush's:

- Limited economic base that leaves the system vulnerable to payer mix and population changes;
- Increased contingent liability debt, with events of default that could result in immediate acceleration of debt, although this is tempered by strong reserves; and
- Modest reliance on the state's provider tax funds.

Outlook

The stable outlook reflects our view that Sarah Bush will maintain its leading market position, supported by a stable employed physician base, and benefit from management's attention to cost, productivity, and service. We also expect that Sarah Bush will continue to generate healthy operations and maintain its balance sheet strength.

Downside scenario

We could revise the outlook to negative or lower the rating if margins deteriorate and coverage drops below medians for the rating level consistently, or if the balance sheet weakens materially with lower unrestricted reserves.

Furthermore, a sizable addition of debt could result in a negative rating action.

Upside scenario

We are unlikely to raise the rating over the outlook period due to the inherent risks of being a relatively small stand-alone provider in a service area with a small population. Given the projected declines in population and employment, we do not expect any improvement in the service area over the outlook period or over the longer term.

Enterprise Profile: Adequate

Limited PSA with projected population and employment decline

Coles County, Sarah Bush's PSA, is composed of a small population just below 52,000 as of 2019. Given the limited economic growth in the service area, we expect slight declines in population over the next five years. In addition, employment is expected to decline over the next five years. The area is home to Eastern Illinois University, with a strong student population.

Dominant market position strengthened in past years through physician acquisition and alignment

With limited competition in the immediate service area, Sarah Bush retains a leading market share of over 70%, which has steadily improved year over year. There are two small hospitals in the secondary service area, both with fewer than 50 beds, although there is outmigration to Urbana and Champaign, mainly to the Carle Foundation for tertiary services. Sarah Bush is part of the BJC Collaborative--an eight-hospital multistate collaborative that covers mostly Missouri and Southern Illinois--which is preparing for some of the changes related to health care reform. Management indicated the relationship has been beneficial as these organizations come together to drive population health initiatives.

The system has focused on improving its facilities, expanding services through its own employed physicians, and continuing its culture of service excellence in cooperation with other regional providers. In fiscal 2018, Sarah Bush acquired the Bonutti Orthopedic Service physician group to expand the orthopedic service line, which it identified as a service with strong demand in its service area. Sarah Bush's clinic expansion, strong primary care network, and increased specialist coverage have resulted in stable inpatient volume. The hospital has also identified some capacity issues with surgical services and plans to build a new surgery center to better meet demand. Sarah Bush employs approximately 102 primary care and specialist physicians, which management estimates are responsible for about three-quarters of annual admissions.

Sarah Bush acquired Fayette County Hospital as of July 2019, a district-owned hospital previously operated by Heartland Health System Inc. Fayette is a critical-access hospital in the southern portion of the hospital's service area that also maintains approximately 65 long-term care beds. Fayette will be fully consolidated into Sarah Bush, and although Fayette is not expected to materially affect financial performance, management expects the acquisition will strengthen the hospital's market position and physician relationships in the area.

Management and governance

Management is well tenured and we expect stability over the outlook period. The governance structure is largely stable, with a self-perpetuating board serving term limits of eight years. Recently, Sarah Bush's management has focused on improving patient quality care and safety, as well as building the physician base to strengthen its market position, which has been successful. We view positively management's ability to maintain healthy operations while increasing services, and we will continue to monitor its capital spending practices in the upcoming years.

Table 1

Sarah Bush Lincoln Health Center -- Enterprise Statistics				
	--Fiscal year ended June 30--			
	2019	2018	2017	2016
PSA population	51,979	51,979	53,783	53,873
PSA market share (%)	72.8	72.2	N.A.	70.3
Inpatient admissions	5,912	6,203	6,605	6,517
Equivalent inpatient admissions	22,663	25,877	26,129	25,472
Emergency visits	36,257	37,422	36,243	37,715
Inpatient surgeries	1,384	1,267	1,170	1,202
Outpatient surgeries	5,513	4,910	5,237	5,363
Medicare case mix index	1.4047	1.4192	1.3912	1.4128
FTE employees	2,120	2,082	2,005	1,915
Active physicians	125	125	N.A.	111
Top 10 physicians admissions (%)	40.6	N.A.	N.A.	33.1
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	29.7	30.5	26.7	26.4
Medicaid (%)	12.0	9.4	12.6	10.4
Commercial/Blues (%)	56.4	58.7	60.0	59.6

N.A.--Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile: Very Strong

Financial performance remains healthy despite incremental year-over-year declines

Sarah Bush has historically generated very robust operating margins. Although margins have somewhat softened over the past few years, they remain healthy for the rating level. Operating margins weakened in fiscal 2019 due to admission declines; however, projections for fiscal 2020 call for stability as surgical volumes continue to grow, offsetting declining inpatient admission. Depreciation has also increased due to multiple capital projects in recent years. Despite weaker margins, MADS coverage continues to be very healthy year over year. Debt service is

front-loaded due to a seven-year term loan relating to an IT conversion. We expect coverage to remain healthy; however, we note that it won't likely return to its historically robust levels until after the IT loan is paid off. Management conservatively budgeted for a 3% operating margin for fiscal 2020, and given Sarah Bush's track record of outperforming budget, we expect the hospital to generate margins at or near budgeted expectations.

Liquidity and financial flexibility remains a key credit strength

The balance sheet is characterized by robust levels of unrestricted reserves, generating consistently healthy days' cash on hand and unrestricted reserves-to-long-term debt. We expect to see stability or minimal growth in unrestricted reserves based on moderate capital spending on planned projected over the next several years, as the capital expenditures will be funded through operating cash flow. Most of the capital spending over the outlook period will go toward building a new surgery center to address capacity issues with surgical procedures. We expect unrestricted reserves relative to operating expenses and debt will remain healthy and above rating level medians; however, if cash flow weakens and unrestricted reserves become stressed, this would likely pressure the rating.

Debt and contingent liabilities

Total long-term debt was \$53.2 million as of fiscal 2019, with modest leverage for the rating level. The debt portfolio is largely contingent, with over 83% considered contingent as of fiscal 2019, which we consider a higher-than-average level of risk. There is an optional tender on the fixed series 2011 bonds on March 18, 2021, and a mandatory tender on the variable-rate series 2015 bonds on Nov. 24, 2020. Sarah Bush's series 2011 fixed-rate debt is directly placed with JPMorgan Chase. The series 2015 variable-rate bond series is directly placed with Bank of America Public Capital Corp. (part of Bank of America N.A.). The terms of both agreements contain various event-of-default provisions, remedies to which may accelerate the bond payments if efforts to cure the event are not underway within 30 days. Certain events of default could lead to debt acceleration immediately, including financial covenants and a rating trigger, but most of those would be known in advance and financial covenants are measured on specific dates, with debt service coverage measured quarterly and days' cash on hand semiannually. Although some termination risk is associated with the potential for payment acceleration, Sarah Bush's healthy unrestricted reserves demonstrate capacity to support a liquidity event associated with the bonds.

The hospital has no plans for additional debt at this time and is not party to any swap agreements.

Table 2

	--Fiscal year ended June 30--				---Medians for 'A+' rated stand-alone hospital---
	2019	2018	2017	2016	2018
Financial performance					
Net patient revenue (\$000s)	333,537	326,887	304,403	293,010	631,268
Total operating revenue (\$000s)	351,343	336,597	314,147	300,680	MNR
Total operating expenses (\$000s)	340,513	318,367	293,019	270,678	MNR
Operating income (\$000s)	10,830	18,230	21,128	30,002	MNR
Operating margin (%)	3.08	5.42	6.73	9.98	3.80
Net nonoperating income (\$000s)	8,602	15,704	11,775	(4,408)	MNR
Excess income (\$000s)	19,432	33,934	32,903	25,594	MNR

Table 2

	--Fiscal year ended June 30--				--Medians for 'A+' rated stand-alone hospital--
	2019	2018	2017	2016	2018
Excess margin (%)	5.40	9.63	10.10	8.64	7.50
Operating EBIDA margin (%)	10.08	11.97	12.83	15.44	10.50
EBIDA margin (%)	12.23	15.89	15.98	14.18	13.70
Net available for debt service (\$000s)	44,024	55,992	52,073	42,002	89,353
Maximum annual debt service (\$000s)	7,844	7,844	7,844	7,844	MNR
Maximum annual debt service coverage (x)	5.61	7.14	6.64	5.35	5.60
Operating lease-adjusted coverage (x)	5.47	7.00	6.47	5.35	4.70
Liquidity and financial flexibility					
Unrestricted reserves (\$000s)	261,386	250,973	224,614	215,241	525,272
Unrestricted days' cash on hand	300.3	307.4	297.6	307.0	324.60
Unrestricted reserves/total long-term debt (%)	491.0	428.7	348.6	396.0	240.10
Unrestricted reserves/contingent liabilities (%)	592.8	506.0	419.0	528.1	740.60
Average age of plant (years)	7.4	7.4	7.7	8.4	10.10
Capital expenditures/depreciation and amortization (%)	105.9	163.2	226.5	321.9	120.80
Debt and liabilities					
Total long-term debt (\$000s)	53,240	58,539	64,426	54,347	MNR
Long-term debt/capitalization (%)	10.3	11.8	14.0	13.5	23.70
Contingent liabilities (\$000s)	44,097	49,599	53,604	40,754	MNR
Contingent liabilities/total long-term debt (%)	82.8	84.7	83.2	75.0	28.50
Debt burden (%)	2.18	2.23	2.41	2.65	2.50
Defined-benefit plan funded status (%)	N/A	N/A	N/A	N/A	79.80

MNR--Median not reported.

This report does not constitute a rating action.

Credit Snapshot

- Security pledge: A gross revenue pledge from the obligated group, which consists solely of the health center, secures the bonds.
- Group rating methodology: Core.
- Organization description: Sarah Bush Lincoln Health System is the parent entity of the health center that operates a 128-bed acute-care facility in Mattoon, in east-central Illinois, approximately 50 miles south of Champaign. Other subsidiaries include a foundation and a captive insurance company. Our analysis is based on the entire system unless otherwise noted.

Copyright © 2019 by Standard & Poor's Financial Services LLC. All rights reserved.

No content (including ratings, credit-related analyses and data, valuations, model, software or other application or output therefrom) or any part thereof (Content) may be modified, reverse engineered, reproduced or distributed in any form by any means, or stored in a database or retrieval system, without the prior written permission of Standard & Poor's Financial Services LLC or its affiliates (collectively, S&P). The Content shall not be used for any unlawful or unauthorized purposes. S&P and any third-party providers, as well as their directors, officers, shareholders, employees or agents (collectively S&P Parties) do not guarantee the accuracy, completeness, timeliness or availability of the Content. S&P Parties are not responsible for any errors or omissions (negligent or otherwise), regardless of the cause, for the results obtained from the use of the Content, or for the security or maintenance of any data input by the user. The Content is provided on an "as is" basis. S&P PARTIES DISCLAIM ANY AND ALL EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE, FREEDOM FROM BUGS, SOFTWARE ERRORS OR DEFECTS, THAT THE CONTENT'S FUNCTIONING WILL BE UNINTERRUPTED OR THAT THE CONTENT WILL OPERATE WITH ANY SOFTWARE OR HARDWARE CONFIGURATION. In no event shall S&P Parties be liable to any party for any direct, indirect, incidental, exemplary, compensatory, punitive, special or consequential damages, costs, expenses, legal fees, or losses (including, without limitation, lost income or lost profits and opportunity costs or losses caused by negligence) in connection with any use of the Content even if advised of the possibility of such damages.

Credit-related and other analyses, including ratings, and statements in the Content are statements of opinion as of the date they are expressed and not statements of fact. S&P's opinions, analyses and rating acknowledgment decisions (described below) are not recommendations to purchase, hold, or sell any securities or to make any investment decisions, and do not address the suitability of any security. S&P assumes no obligation to update the Content following publication in any form or format. The Content should not be relied on and is not a substitute for the skill, judgment and experience of the user, its management, employees, advisors and/or clients when making investment and other business decisions. S&P does not act as a fiduciary or an investment advisor except where registered as such. While S&P has obtained information from sources it believes to be reliable, S&P does not perform an audit and undertakes no duty of due diligence or independent verification of any information it receives. Rating-related publications may be published for a variety of reasons that are not necessarily dependent on action by rating committees, including, but not limited to, the publication of a periodic update on a credit rating and related analyses.

To the extent that regulatory authorities allow a rating agency to acknowledge in one jurisdiction a rating issued in another jurisdiction for certain regulatory purposes, S&P reserves the right to assign, withdraw or suspend such acknowledgment at any time and in its sole discretion. S&P Parties disclaim any duty whatsoever arising out of the assignment, withdrawal or suspension of an acknowledgment as well as any liability for any damage alleged to have been suffered on account thereof.

S&P keeps certain activities of its business units separate from each other in order to preserve the independence and objectivity of their respective activities. As a result, certain business units of S&P may have information that is not available to other S&P business units. S&P has established policies and procedures to maintain the confidentiality of certain non-public information received in connection with each analytical process.

S&P may receive compensation for its ratings and certain analyses, normally from issuers or underwriters of securities or from obligors. S&P reserves the right to disseminate its opinions and analyses. S&P's public ratings and analyses are made available on its Web sites, www.standardandpoors.com (free of charge), and www.ratingsdirect.com (subscription), and may be distributed through other means, including via S&P publications and third-party redistributors. Additional information about our ratings fees is available at www.standardandpoors.com/usratingsfees.

STANDARD & POOR'S, S&P and RATINGSDIRECT are registered trademarks of Standard & Poor's Financial Services LLC.

Section 1120.130 – Financial Viability

The Applicants have A+ bond rating from Standard & Poor's (December 2019) therefore are not required to address this section of the application.

Section 1120.140 – Economic Feasibility**A. Reasonableness of Financing Arrangements**

The Applicants have A+ bond rating from Standard & Poor's (December 2019) therefore subsection (a) doesn't need to be addressed in the application.

B. Conditions of Debt Financing

See attestation letter included in Attachment 36.

C. Reasonableness of Project and Related Costs

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 New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Patient Exam Rooms & Provider Work Areas	\$388.03	N/A	26,860	N/A	0	N/A	\$10,422,506	\$0	\$10,422,506		
General Radiology	\$455.30	N/A	1,360	N/A	0	N/A	\$619,207	\$0	\$619,207		
CT	\$462.51	N/A	825	N/A	0	N/A	\$381,567	\$0	\$381,567		
MRI	\$469.17	N/A	1,500	N/A	0	N/A	\$703,758	\$0	\$703,758		
Ultrasound	\$383.00	N/A	289	N/A	0	N/A	\$110,687	\$0	\$110,687		
Radiology Common Spaces	\$369.31	N/A	3,800	N/A	0	N/A	\$1,403,377	\$0	\$1,403,377		
Clinical Laboratory Services	\$393.52	N/A	1,231	N/A	0	N/A	\$484,418	\$0	\$484,418		
Rehabilitation Services	\$422.44	N/A	10,372	N/A	0	N/A	\$4,381,549	\$0	\$4,381,549		
Contingency							\$517,954	\$0	\$517,954		
TOTALS	\$411.47	N/A	46,237	N/A	0	N/A	\$19,025,023	\$0	\$19,025,023		

D. Projected Operating Costs**E. Total Effect of the Project on Capital Costs**

The table below provides information regarding costs as they relate to 100,703 equivalent patient days.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

Review Criteria – Economic Feasibility		
1	Equivalent Patient Days (FY24 Projected)	100,703
2	Total Capital Cost (FY24 Projected)	\$29,762,657
3	Total Operating Cost (FY24 Projected)	\$336,887,523
4	Capital Cost per Equivalent Patient Day	\$295.55
5	Operating Cost per Equivalent Patient Day	\$3,345.36



June 25, 2020

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Attachment 36 – Conditions of Debt Financing

Dear Ms. Avery,

The undersigned, as authorized representatives of Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, in accordance with 77 Ill. Adm. Code 1120.140, hereby attest to the following:

This project will be financed through the use of the following sources of funds: taxable revenue bonds;

The selected form of debt financing for this project will be taxable revenue bonds issued through the Illinois Finance Authority;

The selected form of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of June 25, 2020

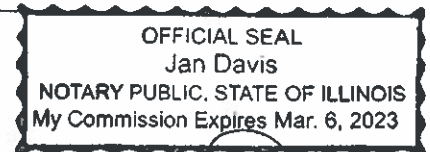
Sarah Bush Lincoln Health Center
Sarah Bush Lincoln Health System
Illinois Not-for-Profit Corporations

By: *James P. Howard*

Title and Co-Applicant: *CFO AND VP OF FINANCE*

By: *Jan Davis*

Title and Co-Applicant: *President & CEO*



Jan Davis 6/25/20
ATTACHMENT 36

Section IX. Safety Net Impact Statement

This project is non-substantive therefore this criterion is not applicable.

Section X. Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Sarah Bush Lincoln Health Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

CHARITY CARE			
	FY2016	FY2017	FY2018
Net Patient Revenue	\$285,226,918	\$299,646,327	\$261,723,470
Amount of Charity Care (charges)	\$11,370,376	\$11,730,142	\$11,610,929
Cost of Charity Care	\$1,557,384	\$1,703,514	\$2,101,472
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	3.99%	3.91%	4.44%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	0.55%	0.57%	0.80%

2. This chart reports data for Sarah Bush Lincoln Health Center. The charity costs and patient revenue are only for Sarah Bush Lincoln Health Center and are not consolidated with any other entities that are part of Sarah Bush Lincoln Health System or any other entity.
3. Because Sarah Bush Lincoln Health Center is an existing facility, the data are reported for the latest three audited fiscal years.

**RECEIVED**

JUL 02 2020

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mike:

Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System hereby submit the attached Certificate of Need application to construct a two-story medical office building in Effingham, Illinois. For your review, I have attached the following:

1. An original and one copy of the completed application for permit
2. A check for \$2,500 for the application processing fee

If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Erica Stollard'. The signature is written in a cursive style with a large, looped 'E' and 'S'.

Erica Stollard
Director of Planning & Business Development
Sarah Bush Lincoln Health Center