

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

**RECEIVED**  
AUG 17 2020  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Facility/Project Identification**

Facility Name: OSF Little Company of Mary Medical Center – Discontinuation of Service		
Street Address: 2800 W. 95 <sup>th</sup> Street		
City and Zip Code: Evergreen Park 60805		
County: Suburban Cook	Health Service Area 7	Health Planning Area: A-04

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

Exact Legal Name: OSF Healthcare System d/b/a OSF Little Company of Mary Medical Center
Street Address: 800 N.E. Glen Oak Avenue
City and Zip Code: Peoria 61603
Name of Registered Agent: Sister Theresa Ann Brazeau, OSF
Registered Agent Street Address: 1175 Saint Francis Lane
Registered Agent City and Zip Code: East Peoria 61611
Name of Chief Executive Officer: Robert Sehring
CEO Street Address: 800 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria 61603
CEO Telephone Number: 309-655-2850

**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: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

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

Name: Michael Henderson
Title: Corporate Counsel
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603
Telephone Number: 309-655-2590
E-mail Address: michael.b.henderson@osfhealthcare.org
Fax Number: 309-655-4847

**Post Exemption Contact**

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

Name: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System
Address of Site Owner: 800 N.E. Glen Oak Avenue Peoria, IL 61603
Street Address or Legal Description of the Site: 2800 E. 95 <sup>th</sup> Street Evergreen Park, IL 60805
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: OSF Healthcare System d/b/a Little Company of Mary Medical Center		
Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**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.**

### 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.

OSF Healthcare Little Company of Mary Medical Center (LCMMC), 2800 West 95<sup>th</sup> Street, Evergreen Park, Illinois, 60805, proposes to discontinue its twenty-four (24) bed, fifteen (15) room, in-patient Acute Mental Illness (AMI) unit. LCMMC's Behavioral Health Program (service) provides both inpatient services (AMI) and a robust Partial Hospitalization Program (PHP) as well as an Intensive Outpatient Program (IOP). LCMMC will continue to provide PHP / IOP Behavioral Health Services upon the AMI discontinuation. There is no capitalized project cost associated with the proposed AMI Bed Category of Service discontinuation.

Discontinuation is predicated on two factors:

1. Declining inpatient AMI Bed utilization (due primarily to LCMMC's robust PHP / IOP Behavioral Health service program) which in CY 2015 had an ADC of 8.9 patients, declining to 7.0 in CY 2019. Before suspending the service the AMI 2020 census was 2 patients. The AMI Bed occupancy percentage, over this period, declined from 37.1% to approximately 8.3%, annually. These occupancy percentages are well below the 85 percent target occupancy for AMI units.
2. LCMMC's COVID-19 Emergency Preparedness Response which reallocated, or converted, the 24-bed, 15 room, AMI unit to 15 Med / Surg beds to manage the pandemic crisis. (Please refer to the associated June 9, 2020 and August 10, 2020 notification letters to the IHFSRB and IDPH). When the AMI beds were converted to Med / Surg beds, the AMI Bed Category of Service was suspended.

Subsequent to the AMI Bed Category of Service suspension, the decision was made to focus LCMMC's Behavioral Health Program (service) on its robust PHP / IOP component due, in part, to excess AMI bed capacity in the service area, A-04, and the region, as well as LCMMC's current AMI inpatient referrals to, by way of example, Ingalls Memorial, Riveredge Hospital, Chicago Behavioral Health, and Hartgrove Hospital. Thus, this COE Permit proposes to permanently discontinue LCMMC's AMI Bed Category of Service.

Post-discontinuation, there will be a calculated excess of AMI Beds in Planning Area A-04, notwithstanding well over 100 excess AMI Beds in the contiguous Planning Area A-03, as profiled in this narrative.

#### AMI Bed Need Determinations (9/1/2019)

##### Planning Area A-04

2022 Excess AMI Beds (Bed Inventory need calculation)	81	
MIRA Behavioral Health approval (9/17/19)	<u>30</u>	
Calculated excess (7/15/20)	<u>111</u>	AMI Beds
Less:		
Metro South Discontinuation	(14)	
LCMMC Discontinuation (on approval)	<u>(24)</u>	
Bed Discontinuations	<u>(38)</u>	AMI Beds
Calculated Excess Capacity – A-04	<u>73</u>	AMI Beds

The suspended 24-bed AMI Bed Category of Service will be permanently discontinued upon IHFSRB approval which is expected no later than its November 5, 2020 meeting. Use of the unit/facility will continue to be fifteen (15) Med/ Surg beds to support LCMMC's COVID-19 response. Long-term facility use is undetermined at this time. LCMMC's Behavioral Health Program (service) will focus on the PHP/IOP Programs in the future.

This is a substantive project in that it proposed to discontinue a Bed Category of Service (AMI).

### Project Status and Completion Schedules

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No \_\_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

16-010 OSF St. Mary Medical Center-Surgery/Lab Expansion – Yes

18-032 OSF Little Company of Mary Medical Center – ED Renovation – No (approved pre-change of ownership)

18-041 OSF Healthcare System-Allied Agencies Relocation – No

19-057 OSF Saint Francis Medical Center-Comprehensive Cancer Center/Proton Beam - No

**Anticipated exemption completion date** (refer to Part 1130.570): upon approval from IHFSRB

### 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 being deemed incomplete.**

**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 OSF Healthcare 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.**

Robert Sehning  
SIGNATURE

Robert Sehning  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

Michael Cruz, MD  
SIGNATURE

Michael Cruz, MD  
PRINTED NAME

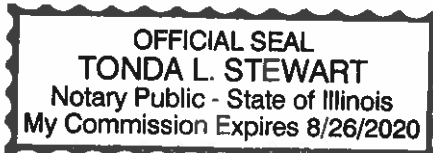
Chief Operating Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 12<sup>th</sup> day of August, 2020

Tonda L. Stewart  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 6 day of August, 2020

Rebecca J. Heisler  
Signature of Notary

Seal



\*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 OSF Little Company of Mary Medical 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.**

*A.J. Querciagrossa*  
SIGNATURE

A.J. Querciagrossa  
PRINTED NAME

Chief Executive Officer Metro Region  
PRINTED TITLE

*Kathleen Kinsella*  
SIGNATURE

Kathleen Kinsella  
PRINTED NAME

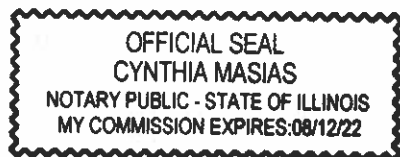
President  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 4 day of August 2020

*Cynthia Masias*  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 4 day of August 2020

*Cynthia Masias*  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

**SECTION II. DISCONTINUATION****Type of Discontinuation**

☒ Discontinuation of a single category of service

**Criterion 1130.525 and 1110.290 - Discontinuation**

**READ THE REVIEW CRITERION and provide the following information:**

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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



**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 1110.130(b) for examples.

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

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

**APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION III. BACKGROUND**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.**

**SECTION IV. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [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 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 9.**

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

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

**SECTION V. CHARITY CARE INFORMATION**

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 10.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

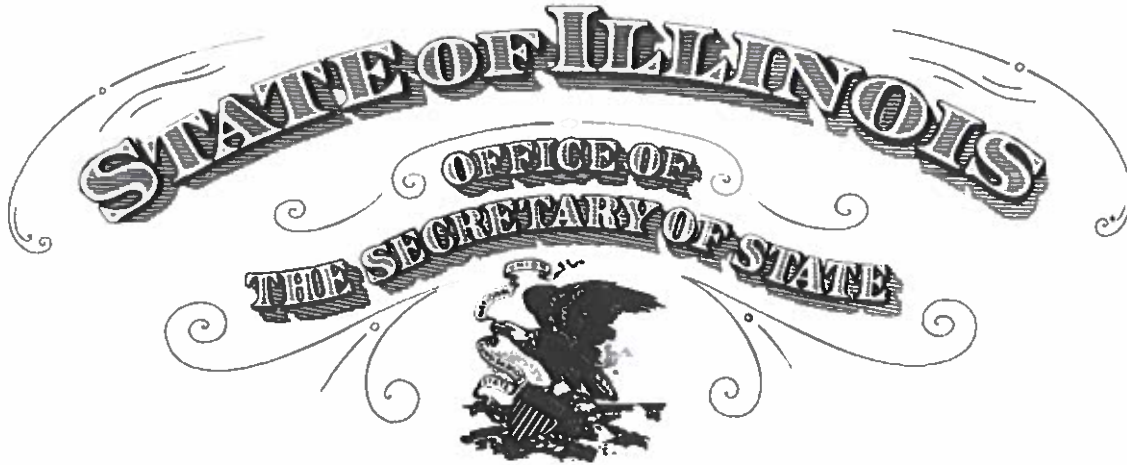
After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		14
2	Site Ownership		15
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		16
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		17
5	Discontinuation General Information Requirements		18-19
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9	Safety Net Impact Statement		30-31
10	Charity Care Information		32

## Certificate of Good Standing for OSF Healthcare System

**File Number**

0107-414-8

***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***

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2018801026 verifiable until 07/08/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 6TH  
day of JULY A.D. 2020 .***


*Jesse White*

SECRETARY OF STATE

Attachment 1

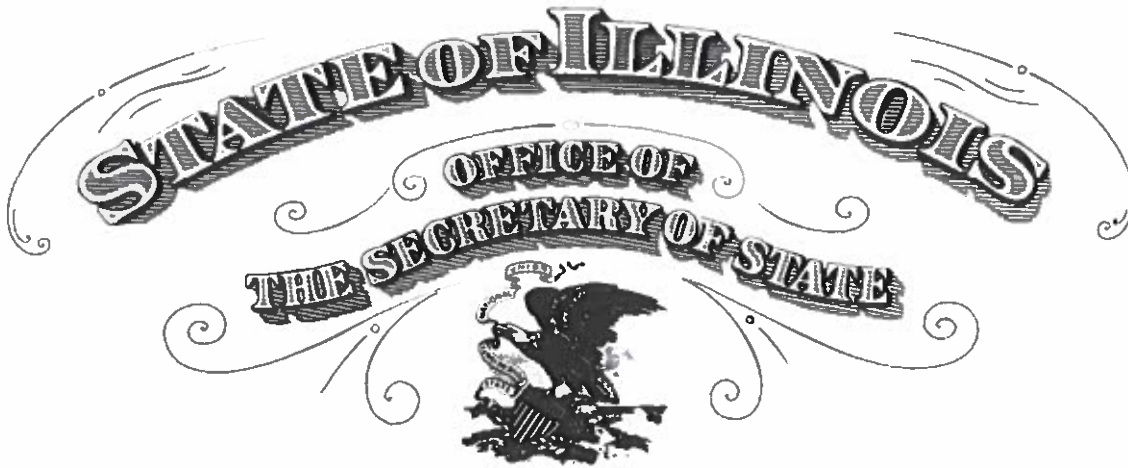
**PROOF OF SITE OWNERSHIP**

I, Robert Sehring, do hereby attest the site of OSF Little Company of Mary Medical Center, which is located at 2800 W. 95<sup>th</sup> Street, Evergreen Park, Illinois is owned by OSF Healthcare System.

  
Robert Sehring, CEO  
OSF Healthcare System

File Number

0107-414-8



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***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***

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

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my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 6TH  
day of JULY A.D. 2020 .***

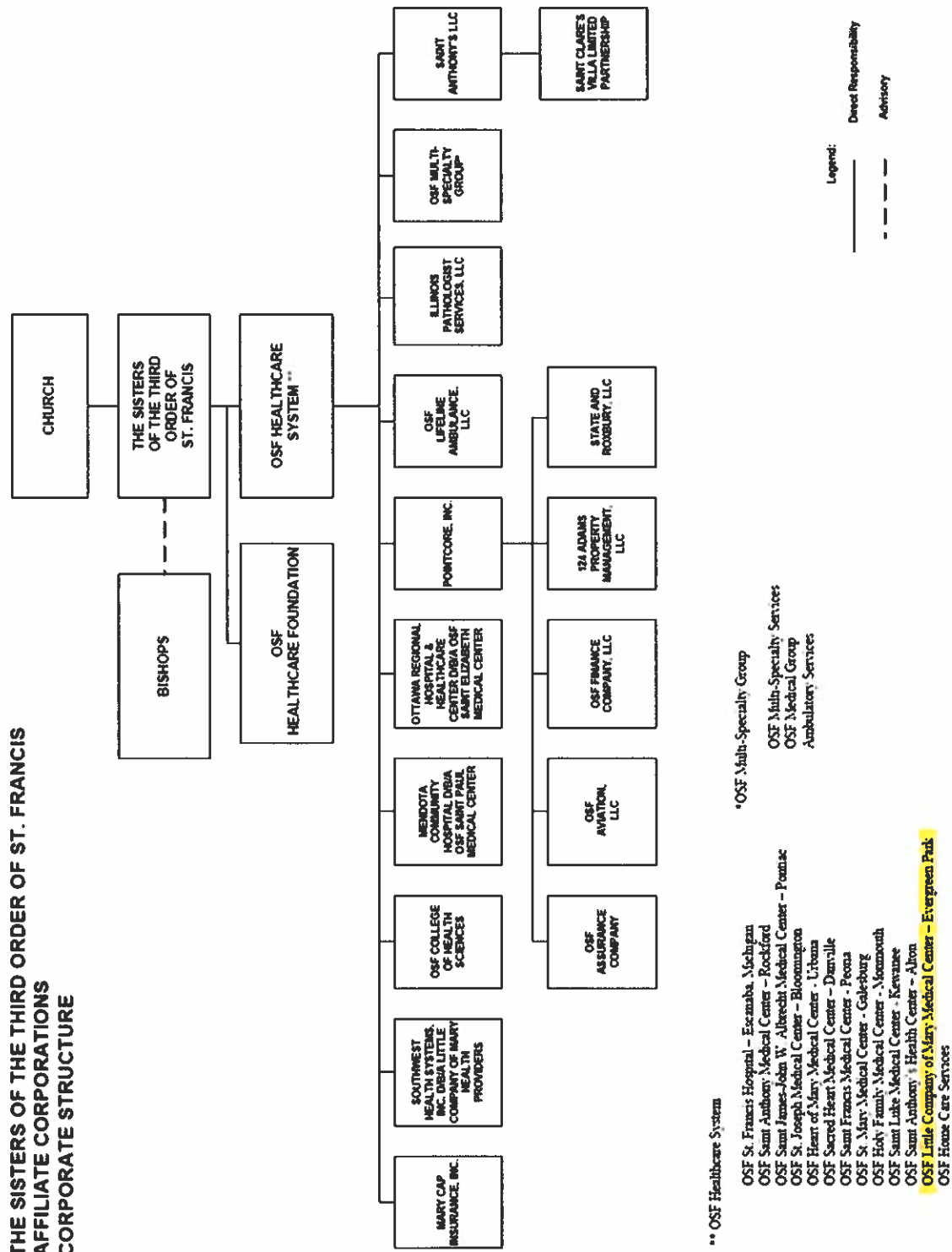
*Jesse White*

SECRETARY OF STATE

Attachment 3



## Organizational Chart



## DISCONTINUATION

### GENERAL INFORMATION REQUIREMENTS

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

***OSF Little Company of Mary Medical Center proposes to discontinue the twenty-four (24) bed Acute Mental Illness category of service.***

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

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

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

***Upon approval from IHFSRB***

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

***Use of the unit / facility will continue to be fifteen (15) Med / Surg beds to support LCMMC's COVID-19 response. Long-term facility use is undetermined at this time.***

5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

***OSF Little Company of Mary Medical Center will distribute a classified ad to the Chicago Tribune, Chicago New Sun, Evergreen Park Patch, and Daily Herald-Evergreen Park edition in August. See attestation and copy of the notice in Attachment 5.***

OSF Healthcare System d/b/a Little Company of Mary Medical Center does hereby attest that the required notice of the category of service closure (see below) will be sent to the Chicago Tribune, Chicago New Sun, Evergreen Park Patch, and Daily Herald-Evergreen Park edition.

Public Notice/Classifieds

OSF Little Company of Mary Medical Center (OSF LCMMC) in Evergreen Park, Illinois intends to discontinue the Acute Mental Illness (AMI) licensed bed "category of service" for its twenty-four (24) bed inpatient AMI unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF LCMMC will continue to provide a robust Behavioral Health Services Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) upon the AMI discontinuation.


OSF intends to submit the required Certificate of Exemption application to the IHFSRB in August and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. Anticipated discontinuation of the service is expected to occur after approval by the Health Facilities Planning Board, which would be no later than November 5, 2020.

For further information, please contact Kathleen Kinsella at 708-229-6443 at OSF Little Company of Mary Medical Center.

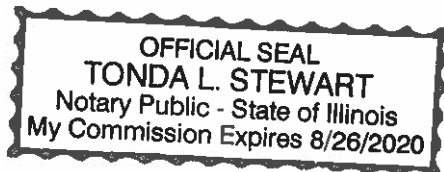
  
Robert C. Sehring, CEO

Subscribed and sworn to before me

This 12<sup>th</sup> day of August, 2020

  
Tonda L. Stewart  
Notary Public

<seal>



**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 1110.130(b) for examples.

***OSF Little Company of Mary Medical Center has provided quality AMI care services to the community and its patients for over 40+ years. However, utilization of those services has declined over the past several years to the point that it no longer appears the services are necessary for a separate AMI Unit, and are being provided elsewhere in the community.***

***The AMI unit has had relatively low and declining average daily census (ADC) and occupancy for the last several years. The last five years, the AMI Unit has seen an ADC and occupancy % as follows:***

2015: ADC	<u>8.9</u>	Occ%	<u>37.1</u>	%
2016: ADC	<u>8.6</u>	Occ%	<u>35.7</u>	%
2017: ADC	<u>8.5</u>	Occ%	<u>35.5</u>	%
2018: ADC	<u>7.0</u>	Occ%	<u>29.1</u>	%
2019: ADC	<u>6.5</u>	Occ%	<u>27.1</u>	%

***Subsequent to the AMI Bed Category of Service suspension, the decision was made to focus LCMMC's Behavioral Health Program (service) on its robust PHP / IOP component due, in part, to excess AMI bed capacity in the service area, A-04, and the region, as well as LCMMC's current AMI inpatient referrals to, by way of example, Ingalls Memorial, Riveredge Hospital, Chicago Behavioral Health, and Hartgrove Hospital. Thus, this COE Permit proposes to permanently discontinue LCMMC's AMI Bed Category of Service. Post-discontinuation, there will be a calculated excess of AMI Beds in Planning Area A-04, notwithstanding well over 100 excess AMI Beds in the contiguous Planning Area A-03, as profiled in this narrative.***

***The discontinuation of the Acute Mental Illness Unit at OSF Little Company of Mary Medical Center will help reduce the excess beds, which is consistent with the goals of the Health Facilities Services Review Board.***

**IMPACT ON ACCESS**

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

**AMI Bed Need Determinations (9/1/2019)**  
**Planning Area A-04**

<b>2022 Excess AMI Beds (Bed Inventory need calculation)</b>	<b>81</b>	
<b>MIRA Behavioral Health approval (9/17/19)</b>	<b>30</b>	
<b>Calculated excess (7/15/20)</b>	<b><u>111</u></b>	<b>AMI Beds</b>
<b>Less:</b>		
<b>    Metro South Discontinuation</b>	<b>(14)</b>	
<b>    LCMMC Discontinuation (on approval)</b>	<b>(24)</b>	
<b>    Bed Discontinuations</b>	<b><u>(38)</u></b>	<b>AMI Beds</b>
<b><u>Calculated Excess Capacity – A-04</u></b>	<b><u>73</u></b>	<b>AMI Beds</b>

***From that information and data, it is apparent that sufficient AMI services are available in the OSF Little Company of Mary Medical Center market area and that the discontinuation of the AMI Beds will not materially or adversely affect the ability of the residents of Evergreen Park, Illinois or broader Suburban Cook County area to obtain AMI Services.***

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

***Impact notification letters were sent to facilities, with AMI beds, within A-04 Hospital Planning Area and near OSF Little Company of Mary Medical Center, August 12, 2020. See Attachment 7.***



August 12, 2020

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTEDRichard Heim, President  
Advocate Christ Medical Center  
4440 W. 95<sup>th</sup> Street  
Oak Lawn, IL 60453

Dear Mr. Heim:

Per Section 110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF Little Company of Mary Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 24-bed Acute Mental Illness (AMI) category of service. OSF intends to submit the required COE application to the IHFSRB sometime in August. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF Little Company of Mary Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2016	2017	2018
AMI	627	602	492

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Little Company of Mary Medical Center's AMI caseload.
- Explanation of any restrictions or limitations precluding providing AMI services to the residents of OSF Little Company of Mary Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of AMI beds will not have an adverse impact on your organization.

Please direct your response to the following:  
OSF Little Company of Mary Medical Center  
Kathleen Kinsella, President  
2800 W. 95<sup>th</sup> Street  
Evergreen Park, IL 60805

I greatly appreciate your assistance regarding this requirement and the continuation of AMI services in our area. If you have any questions, please direct them to my attention at 708-229-6443 or email [kathleen.m.kinsella@osfhealthcare.org](mailto:kathleen.m.kinsella@osfhealthcare.org).

Sincerely,

Kathleen M. Kinsella  
President

OSF HealthCare Little Company of Mary Medical Center | 2800 95<sup>th</sup> St., Evergreen Park, IL 60805 | (708) 422-6200

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article described by: Richard Heim, President Advocate Christ Medical Center 4440 W. 95<sup>th</sup> Street Oak Lawn, IL 60453</p> <p>2. Article Number (Transfer from service label) 7019 2970 0001 6470 0632</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail®  <input type="checkbox"/> Insured Mail Restricted Delivery  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail®  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation®  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>	

9590 9-02 5714 9346 5467 07

Domestic Return Receipt

Attachment 7



August 12, 2020

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Donnica Austin-Cathey, Chief Administrative Officer  
Holy Cross Hospital  
2701 W. 68<sup>th</sup> Street  
Chicago, IL 60629

Dear Ms. Austin-Cathey:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF Little Company of Mary Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 24-bed Acute Mental Illness (AMI) category of service. OSF intends to submit the required COE application to the IHFSRB sometime in August. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF Little Company of Mary Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2016	2017	2018
AMI	627	602	492

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Little Company of Mary Medical Center's AMI caseload.
- Explanation of any restrictions or limitations precluding providing AMI services to the residents of OSF Little Company of Mary Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of AMI beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Little Company of Mary Medical Center  
Kathleen Kinsella, President  
2800 W. 95<sup>th</sup> Street  
Evergreen Park, IL 60805

I greatly appreciate your assistance regarding this requirement and the continuation of AMI services in our area. If you have any questions, please direct them to my attention at 708-229-6443 or email [kathleen.m.kinsella@osfhealthcare.org](mailto:kathleen.m.kinsella@osfhealthcare.org).

Sincerely,

Kathleen M. Kinsella  
President

OSF HealthCare Little Company of Mary Medical Center | 2800 95<sup>th</sup> St., Evergreen Park, IL 60805 | (708) 422-6200

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Description (see Donnica Austin-Cathey, Chief Administrative Officer, Holy Cross Hospital, 2701 W. 68<sup>th</sup> Street, Chicago, IL 60629)</p> <p>9590 9402 5714 9346 5466 77</p> <p>2. Article Number (Transfer from service label) 7019 2970 0001 6470 0663</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation®  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery         </p>	
PS Form 3811, July 2015 PSN 7530-02-000-8063		Domestic Return Receipt	

Attachment 7



**OSF HEALTHCARE**  
Little Company of Mary  
Medical Center

August 12, 2020

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Brian Sinotte, President  
Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426

Dear Mr. Sinotte:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF Little Company of Mary Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 24-bed Acute Mental Illness (AMI) category of service. OSF intends to submit the required COE application to the IHFSRB sometime in August. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF Little Company of Mary Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2016	2017	2018
AMI	627	602	492

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Little Company of Mary Medical Center's AMI caseload.
- Explanation of any restrictions or limitations precluding providing AMI services to the residents of OSF Little Company of Mary Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of AMI beds will not have an adverse impact on your organization.

Please direct your response to the following:  
OSF Little Company of Mary Medical Center  
Kathleen Kinsella, President  
2800 W. 95<sup>th</sup> Street  
Evergreen Park, IL 60805

I greatly appreciate your assistance regarding this requirement and the continuation of AMI services in our area. If you have any questions, please direct them to my attention at 708-229-6443 or email [kathleen.m.kinsella@osfhealthcare.org](mailto:kathleen.m.kinsella@osfhealthcare.org).

Sincerely,

Kathleen M. Kinsella  
President

OSF HealthCare Little Company of Mary Medical Center | 2800 95<sup>th</sup> St., Evergreen Park, IL 60805 | (708) 422-6200

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Brian Sinotte, President Ingalls Memorial Hospital One Ingalls Drive Harvey, IL 60426</p> <p>2. Article Number (Transfer from service label) 7019 2970 0001 6470 0649</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) G. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail®  <input type="checkbox"/> Insured Mail Restricted Delivery  <input type="checkbox"/> Registered Mail®  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>4. Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Attachment 7





**OSF HEALTHCARE**  
**Little Company of Mary**  
**Medical Center**

August 12, 2020

VIA CERTIFIED MAIL  
 RETURN RECEIPT REQUESTED

Terrene Moisan, MD, Chief Executive Officer  
 Palos Community Hospital  
 12251 South 80<sup>th</sup> Avenue  
 Palos Heights, IL 60463

Dear Dr. Moisan:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF Little Company of Mary Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 24-bed Acute Mental Illness (AMI) category of service. OSF intends to submit the required COE application to the IHFSRB sometime in August. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF Little Company of Mary Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2016	2017	2018
AMI	627	602	492

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Little Company of Mary Medical Center's AMI caseload.
- Explanation of any restrictions or limitations precluding providing AMI services to the residents of OSF Little Company of Mary Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of AMI beds will not have an adverse impact on your organization.

Please direct your response to the following:  
 OSF Little Company of Mary Medical Center  
 Kathleen Kinsella, President  
 2800 W. 95<sup>th</sup> Street  
 Evergreen Park, IL 60805

I greatly appreciate your assistance regarding this requirement and the continuation of AMI services in our area. If you have any questions, please direct them to my attention at 708-229-6443 or email [kathleen.m.kinsella@osfhealthcare.org](mailto:kathleen.m.kinsella@osfhealthcare.org).

Sincerely,

Kathleen M. Kinsella  
 President

OSF HealthCare Little Company of Mary Medical Center | 2800 95<sup>th</sup> St., Evergreen Park, IL 60805 | (708) 422-6200

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><b>A. Signature</b></p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p><b>1. Article Description for:</b></p> <p>Terrence Moisan, MD            Chief Executive Officer            Palos Community Hospital            12251 South 80<sup>th</sup> Avenue            Palos Heights, IL 60463</p>		<p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b></p>	
<p><b>2. Article Number (Transfer from service label)</b></p> <p>7017 2970 0001 6470 0656</p>		<p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>If YES, enter delivery address below:</p>	
<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail<sup>SM</sup></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail<sup>SM</sup> <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation<sup>SM</sup></p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><b>4. Priority Mail Express<sup>SM</sup></b></p> <p><input type="checkbox"/> Registered Mail<sup>SM</sup></p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation<sup>SM</sup></p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2018 PSN 7530-02-000-9053

Domestic Return Receipt

Attachment 7

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. **See Attachment 8**
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application. **See Attachment 8**
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. **See Attachment 8.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, 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.

**OSF Healthcare System List of Facilities in Illinois****OSF HealthCare Holy Family Medical Center**

1000 W. Harlem Avenue  
 Monmouth, Illinois 61462  
 License #: 0005439, Expiration 4/11/21  
 JCAHO: Critical Access Hospital-no JCAHO Certificate

**OSF HealthCare Saint Francis Medical Center**

530 NE Glen Oak Avenue  
 Peoria, Illinois 61637  
 License #: 0002394, Expiration 12/31/20  
 JCAHO: 4/8/17, 36 months: **Due to the Pandemic, survey not completed**

**OSF HealthCare Saint Anthony's Health Center**

One Saint Anthony's Way  
 Alton, Illinois 62002-0340  
 License #: 0005942, Expiration 10/31/20  
 JCAHO: 12/2/17, 36 months

**OSF HealthCare Saint James-John W. Albrecht Medical Center**

2500 W. Reynolds Street  
 Pontiac, Illinois 61764  
 License #: 0005264, Expiration 3/2/21  
 JCAHO: 12/20/2019, 36 months

**OSF HealthCare St. Joseph Medical Center**

2200 E. Washington Street  
 Bloomington, Illinois 61701  
 License #: 0002535, Expiration 12/31/20  
 JCAHO: 12/14/19, 36 months

**OSF HealthCare Saint Anthony Medical Center**

5666 E. State Street  
 Rockford, Illinois 61108-2472  
 License #: 0002253, Expiration 12/31/20  
 JCAHO: 11/23/19, 36 months

**OSF HealthCare Saint Luke Medical Center**

1051 West South Street  
 Kewanee, Illinois 61443  
 License #: 0005926, Expiration 3/31/21  
 JCAHO: Critical Access Hospital-no JCAHO Certificate

**OSF HealthCare Saint Elizabeth Medical Center**

1100 E. Norris Drive  
 Ottawa, Illinois 61350  
 License #: 0005520, Expiration 5/14/21  
 JCAHO: 7/14/20, 36 months

**OSF HealthCare St. Mary Medical Center**

3333 N. Seminary Street  
 Galesburg, Illinois 61401  
 License #: 0002675, Expiration 12/31/20  
 JCAHO: 11/1/2019, 36 months

**OSF Healthcare System List of Facilities in Illinois Continued****OSF HealthCare Saint Paul Medical Center**

1401 E. 12th Street  
Mendota, Illinois 61342  
License #: 0005819, Expiration 12/6/20  
JCAHO: Critical Access Hospital-no JCAHO Certificate

**OSF Healthcare Sacred Heart Medical Center**

812 N. Logan Avenue  
Danville, Illinois 61832  
License #: 0006072, Expiration 2/1/21  
JCAHO: 2/28/20, 36 months

**OSF HealthCare Heart of Mary Medical Center**

1400 W. Park Street  
Urbana, Illinois 61801  
License #: 0006080, Expiration 2/1/21  
JCAHO: 6/3/17, 36 months: **Due to the Pandemic, have not been surveyed**

**OSF Saint Elizabeth Medical Center Freestanding Emergency Center**

111 Spring Street  
Streator, Illinois 61364  
License #: 22006, Expiration 8/8/21  
JCAHO: 7/14/20, 36 months (included with Saint Elizabeth Medical Center)

**OSF Little Company of Mary Medical Center**

2800 W. 95<sup>th</sup> Street  
Evergreen Park, Illinois 60805  
License #: 0006163, Expiration 1/31/2021  
JCAHO: 4/27/19, 36 months

**Background of Applicant**

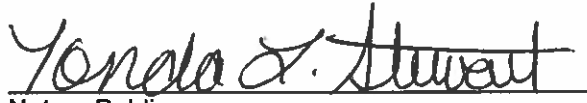
OSF Healthcare System does hereby attest no adverse action, as that term is defined in the rules of the Illinois Health Facilities and Services Review Board, has been taken against it in the three (3) years preceding this application.

In addition, it authorizes the HFSRB and IDPH to access information necessary to verify information submitted in this application.

  
Robert C. Sehring, CEO

Subscribed and sworn to before me

This 12<sup>th</sup> day of August, 20~~19~~<sup>20</sup>

  
Notary Public

<seal>



**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED 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.

***OSF Little Company of Mary Medical Center believes that the availability of AMI beds around Evergreen Park, Illinois, the Suburban Cook County Planning Area, and Health Service Area 7 are sufficient to ensure that this project will not have a material impact on essential safety net services in the community.***

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

***Given that OSF Little Company of Mary Medical Center served a relatively small number of AMI inpatients in Evergreen Park, Illinois and the Suburban Cook County Planning Area for the past several years, OSF Little Company of Mary Medical Center believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.***

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

***We believe given the excess of beds in the area, other providers of Inpatient AMI services will be positively impacted, as the services will be more effectively utilized.***

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

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

***See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of charity care provided by OSF Little Company of Mary Medical Center. Charity care information pertaining to OSF Little Company of Mary Medical Center and OSF Healthcare System as a whole are included in Attachment 10.***

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

***See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of Medicaid care provided by OSF Little Company of Mary Medical Center.***

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

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

***OSF Little Company of Mary Medical believes that the available supply of AMI Beds near Evergreen Park, Illinois, the Suburban Cook County Planning Area, and the Health Service Area 7 are sufficient to ensure that residents of these areas will continue to have access to these services.***

**A table in the following format must be provided as part of Attachment 9.**

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Inpatient	76	32	46
Outpatient	2,688	878	1,115
<b>Total</b>	<b>2,764</b>	<b>910</b>	<b>1,161</b>
<b>Charity (cost in dollars)</b>			
Inpatient	1,870,496	1,717,570	2,037,884
Outpatient	3,696,456	3,095,736	4,052,887
<b>Total</b>	<b>5,566,952</b>	<b>4,813,306</b>	<b>6,090,771</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Inpatient	2,119	2,069	2,554
Outpatient	29,646	26,382	27,567
<b>Total</b>	<b>31,765</b>	<b>28,451</b>	<b>30,121</b>
<b>Medicaid (revenue)</b>			
Inpatient	16,703,450	15,454,855	16,009,427
Outpatient	30,591,995	27,929,610	27,655,993
<b>Total</b>	<b>47,295,445</b>	<b>43,384,465</b>	<b>43,665,420</b>

**Charity Care**

<b>OSF LITTLE COMPANY OF MARY MEDICAL CENTER CHARITY CARE</b>			
	2017	2018	2019
<b>Net Patient Revenue</b>	202,590,300	183,187,191	188,187,191
<b>Amount of Charity Care (charges)</b>	30,424,744	26,424,198	34,967,419
<b>Cost of Charity Care</b>	5,586,000	4,813,306	6,090,771

<b>OSF HEALTHCARE SYSTEM CHARITY CARE</b>			
	2017	2018	2019
<b>Net Patient Revenue</b>	\$2,057,383,657	\$2,321,396,516	\$2,356,033,923
<b>Amount of Charity Care (charges)</b>	\$123,255,304	\$145,025,489	\$180,316,461
<b>Cost of Charity Care</b>	\$26,127,456	\$30,452,288	\$30,470,508





# OSF HEALTHCARE

**RECEIVED**

AUG 17 2020

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

August 14, 2020

Ms. Courtney Avery, Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: OSF Little Company of Mary Medical Center, Evergreen Park  
Discontinuation of Acute Mental Illness (AMI) Category of Service

Dear Ms. Avery:

Enclosed is a certificate of exemption for discontinuation of Acute Mental Illness (AMI) category of service for OSF Little Company of Mary Medical Center, Evergreen Park. Also enclosed is the application filing fee of \$2,500.00, check number 0050261576.

If you have any questions, please contact me at 309-308-9656 or  
[mark.e.hohulin@osfhealthcare.org](mailto:mark.e.hohulin@osfhealthcare.org).

Sincerely,

*Mark Hohulin*

Mark E. Hohulin, Senior Vice President  
OSF Healthcare System

c: ✓ Mike Constantino, Supervisor, Project Review Section  
A.J. Querciagrossa, Chief Executive Officer Metro Region, OSF Healthcare System  
Kathleen Kinsella, President, OSF Little Company of Mary Medical Center

Enclosures