

21-024

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

Facility/Project Identification

Facility Name: Decatur Memorial Hospital	AUG 08 2021
Street Address: 2300 N Edward Street	
City and Zip Code: Decatur, IL 62526	HEALTH FACILITIES & SERVICES REVIEW BOARD
County: Macon	Health Service Area: 4 Health Planning Area: D-4

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

Exact Legal Name: Decatur Memorial Hospital
Street Address: 2300 N Edward Street
City and Zip Code: Decatur, IL 62526
Name of Registered Agent: Anna Evans
Registered Agent Street Address: 701 N First Street
Registered Agent City and Zip Code: Springfield, IL 62781
Name of Chief Executive Officer: Drew M. Early
CEO Street Address: 2300 N Edward Street
CEO City and Zip Code: Decatur, IL 62526
CEO Telephone Number: 217-876-8121

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	Partnership
<input type="checkbox"/> For-profit Corporation	Joint Venture
<input type="checkbox"/> Limited Liability Partnership	Other
<input type="radio"/> Corporate standing <input type="radio"/> Partnership address	an Illinois certificate of good they are organized and the name and general or limited partner.
APPEND DOCUMENTS TO APPLICATION FORM	ORDER AFTER THE LAST PAGE OF THE

Primary Contact

Name: Dana Moll	
Title: System Director	
Company Name: MHSIL	
Address: 701 N First Street	
Telephone Number: 217-527-3267	
E-mail Address: dmoll@mhsl.com	
Fax Number: 217-527-3267	

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

Name: Michael Copelin
Title: President
Company Name: Copelin Healthcare Consulting
Address: 42 Birch Lake Drive, Sherman, IL 62684
Telephone Number: 217-496-3712
E-mail Address: micball1@aol.com
Fax Number: 217-788-5520

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Decatur Memorial Hospital		
Street Address: 2300 N Edward Street		
City and Zip Code: Decatur, IL 62526		
County: Macon	Health Service Area: 4	Health Planning Area: D-4

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

Exact Legal Name: Memorial Health System		
Street Address: 701 N First Street		
City and Zip Code: Springfield, IL 62781		
Name of Registered Agent: Anna Evans		
Registered Agent Street Address: 701 N First Street		
Registered Agent City and Zip Code: Springfield, IL 62781		
Name of Chief Executive Officer: Edgar Curtis		
CEO Street Address: 701 N First Street		
CEO City and Zip Code: Springfield, IL 62781		
CEO Telephone Number: 217-788-3340		

Type of Ownership of Applicants

<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"> ○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ 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: Dana Mollohan
Title: System Director, Business Development and Planning
Company Name: Memorial Health System
Address: 701 N First Street, Springfield, IL 62781
Telephone Number: 217-788-4263
E-mail Address: mollohan.dana@mhsil.com
Fax Number: 217-527-3267

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

Name: Michael Copelin
Title: President
Company Name: Copelin Healthcare Consulting
Address: 42 Birch Lake Drive, Sherman, IL 62684
Telephone Number: 217-496-3712
E-mail Address: micball1@aol.com
Fax Number: 217-788-5520

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: Dana Molohan
Title: System Director, Business Development and Planning
Company Name: Memorial Health System
Address: 701 North First St, Springfield, IL 62781
Telephone Number: 217-788-4263
E-mail Address: molohan.dana@mshil.com
Fax Number: 217-527-3267

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Memorial Health System
Address of Site Owner: 701 N First Street, Springfield, IL 62781
Street Address or Legal Description of the Site: 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: Decatur Memorial Hospital			
Address: 2300 N Edward Street, Decatur, IL 62526			
<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 **NOT APPLICABLE – Does not involve construction or modernization**
[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>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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.] **NOT APPLICABLE – Does not involve construction or modernization**

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.

Decatur Memorial Hospital (DMH) located at 2300 N. Edward St. Decatur, IL 62526 proposes the discontinuation of Open Heart Surgery Services (Open Heart) and the discontinuation of its 20-bed Acute Mental Illness (AMI) unit. The discontinuations will be effective after approval is received from the Illinois Health Facilities and Services Review Board (IHFSRB).

DMH provided notice to the IHFSRB on April 29, 2020 that the Open Heart services would temporarily be suspended. On June 19, 2020, DMH provided notice to the IHFSRB that the AMI unit would temporarily suspend inpatient psychiatry services. On March 16, 2021, the IHFSRB approved an additional six month extension time period that allowed DMH to continue to temporarily suspend these categories of service. At DMH's July 2021 Board of Directors meeting, the decision was made to request permission from the IHFSRB to make the temporary suspensions permanent. Monthly status reports have been provided as required for both Open Heart and AMI suspensions.

This project does not include the construction, demolition or modernization of any existing buildings and there are not any cost associated with the project.

This is a substantive project because it proposes the discontinuations of two designated categories of service.

Project Costs and Sources of Funds NOT APPLICABLE – No project costs

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

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

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

☐ Yes ☒ No

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

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

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, 2022

Memorial Health System is a co-applicant on the Taylorville Memorial Hospital Facility Modernization Project (Permit 18-003) That project is on-going and will not be completed by the time this application is filed.

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 **NOT APPLICABLE – No project costs**

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.**

Not Reviewable Space [i.e. non-clinical]: means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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: Decatur Memorial Hospital		CITY: Decatur, IL			
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	204	4,341	22,370		204
Obstetrics	26	701	1,397		26
Pediatrics	18	61	155		18
Intensive Care	32	2,226	8,495		32
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	20	138	2,437	-20	0
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	300	7,467	34,854		280

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 Decatur Memorial Hospital *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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.



SIGNATURE

Drew M. Early
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of August



Signature of Notary




SIGNATURE

Larry F. Altenbaumer
PRINTED NAME

Chairman of the Board of Directors
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of August



Signature of Notary



CERTIFICATION

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

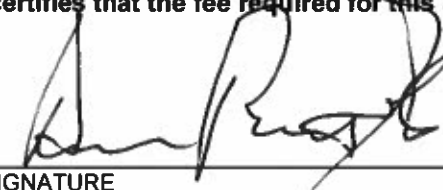
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its 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 Memorial 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.


SIGNATURE

Edgar J. Curtis
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

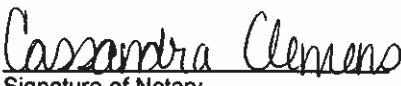

SIGNATURE

Dean Robert Jr.
PRINTED NAME

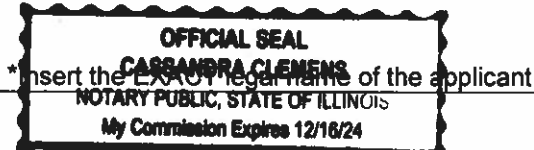
Chair of the Board of Directors
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of August 2021


Signature of Notary

Seal

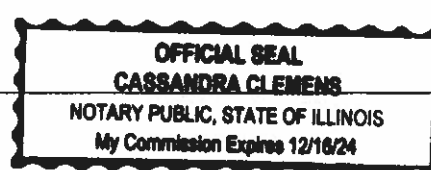


Notarization:

Subscribed and sworn to before me
this 14th day of August 2021


Signature of Notary

Seal



SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the 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 Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

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 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, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. 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 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.

Or
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:

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 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.
 - 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 can 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 Not Applicable – discontinuation only and no project costs

- 1) Identify ALL 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

NOT APPLICABLE – no shell space

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

NOT APPLICABLE – discontinuation only

SECTION VI. 1120.120 - AVAILABILITY OF FUNDS

NOT APPLICABLE – discontinuation only no project costs

SECTION VII. 1120.130 - FINANCIAL VIABILITY

NOT APPLICABLE – discontinuation only no project costs

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

NOT APPLICABLE – discontinuation only no project costs

SECTION IX. SAFETY NET IMPACT STATEMENT

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, **including the impact on racial and health care disparities 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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
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 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

NOT APPLICABLE – discontinuation only no project costs

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	21-23
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	25-27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required (Project Status & Completion Schedules)	29-30
9	Cost Space Requirements	
10	Discontinuation	31-37
11	Background of the Applicant	38-41
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13	Alternatives to the Project	
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15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
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22	Cardiac Catheterization	
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25	Selected Organ Transplantation	
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28	Community-Based Residential Rehabilitation Center	
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30	Clinical Service Areas Other than Categories of Service	
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	Financial and Economic Feasibility:	
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
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37	Safety Net Impact Statement	45-46
38	Charity Care Information	47-48
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ATTACHMENT 1

Applicant Information

The Certificates of Good Standing for Decatur Memorial Hospital and Memorial Health System are attached at ATTACHMENT 1.

File Number

0871-246-8



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

DECATUR MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 09, 1902, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



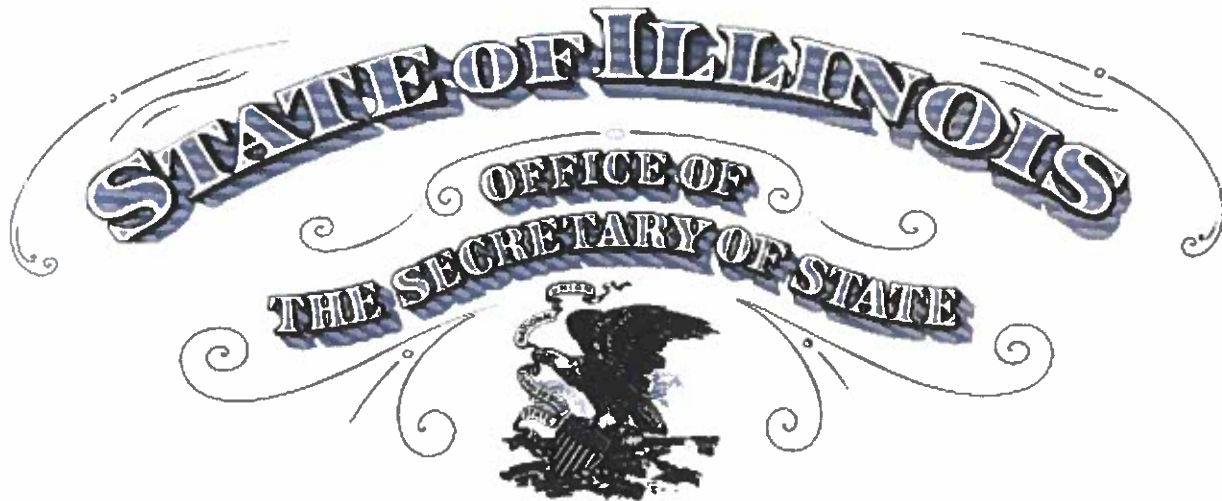
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JULY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2120000558 verifiable until 07/19/2022

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



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

MEMORIAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1981, 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 #: 2120000584 verifiable until 07/19/2022
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 19TH
day of JULY A.D. 2021 .***

Jesse White

SECRETARY OF STATE



August 6, 2021

Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street - Second Floor
Springfield, IL 62761-0001

Re: Site Ownership of Decatur Memorial Hospital

Dear Ms. Avery:

This letter attests to Memorial Health System's site ownership and control of Decatur Memorial Hospital located at 2300 N Edward Street, Decatur, IL 62526.

Memorial Health System's address is 701 North First Street, Springfield, IL 62781.

Please contact me at 217-788-3340 if you have any questions.

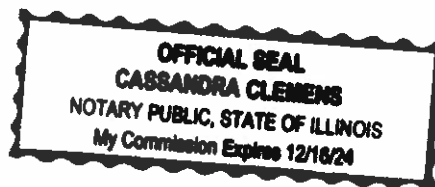
Sincerely,

Edgar J. Curtis
President and Chief Executive Officer
Memorial Health System

SUBSCRIBED AND SWORN

To before me this 6th day of August, 2021

Cassandra Clemens
Notary Public



ATTACHMENT 3

Persons with 5% or greater ownership interest

The Certificates of Good Standing for Decatur Memorial Hospital and Memorial Health System are attached at ATTACHMENT 3.

Ownership > 5%

The following Persons own a 5% or greater interest in Decatur Memorial Hospital:

Name	Percentage Interest
Memorial Health System	100%

The following Persons own a 5% or greater interest in Memorial Health System:

Name	Percentage Interest
Memorial Health System	100%

File Number

0871-246-8



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

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Jesse White

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Authentication #: 2120000584 verifiable until 07/19/2022

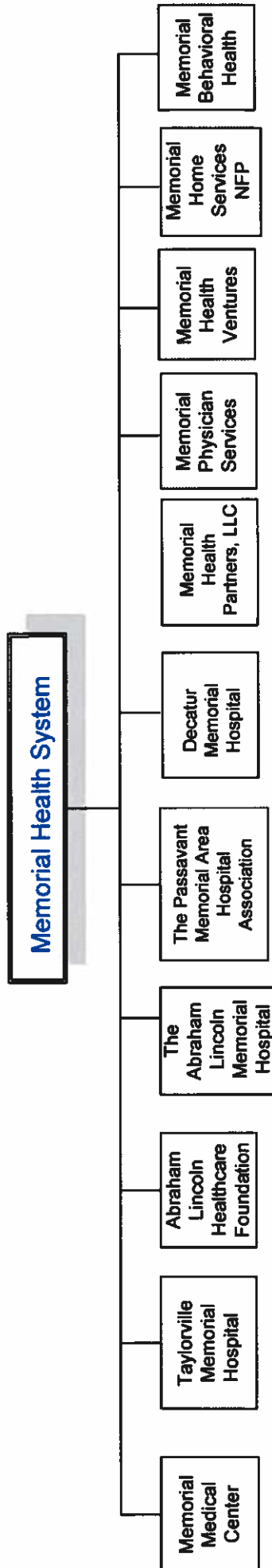
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 19TH
day of JULY A.D. 2021 .***

Jesse White

SECRETARY OF STATE

Organizational Relationships



ATTACHMENT 8

Project Status and Completion Schedules

Memorial Health System is a co-applicant on the Taylorville Memorial Hospital Facility Modernization Project (Permit 18-003) That project is on-going and will not be completed by the time this application is filed. The project was financially committed on May 9, 2018. The letter from the IHFSRB acknowledging the financial commitment is attached on the following page.

All annual progress reports have been submitted on time as required by State Board Rule 1130.760. The final report for project 18-003 will be filed no later than June 30, 2022.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

June 29, 2018

Michael A. Curtis, Administrator
Business Development and Strategic Planning
Memorial Health System
701 North First Street
Springfield, Illinois 62781-0001

**RE: Section 1130.720 – Financial Commitment
Permit #18-003 – Taylorville Memorial Hospital
Permit Holder: Taylorville Memorial Hospital, Memorial Health System**

Dear Mr. Curtis:

On June 29, 2018 we received notice that Permit #18-003 had been financially committed. Our records will reflect that the financial commitment date for this project is May 9, 2018 the date Memorial Health System committed the financial resources to fund the project.

Should you have any questions or concerns please contact me at 217-782-3516 or mike.constantino@illinois.gov.

Sincerely,

Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board

ATTACHMENT 10

Discontinuation – General Information Requirements

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

Decatur Memorial Hospital (DMH) is discontinuing Open Heart Surgery Services and also discontinuing their 20-bed Acute Mental Illness Unit.

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

No other clinical services are being discontinued.

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

The decision to temporarily suspend the Open Heart Surgery Services occurred on April 7, 2020. Notice was provided to the Illinois Health Facilities and Services Review Board (IHFSRB) on April 29, 2020 and monthly status reports have been filed as required.

The decision to temporarily suspend the Acute Mental Illness unit occurred on June 12, 2020. Notice was provided to the Illinois Health Facilities and Services Review Board on June 19, 2020 and monthly status reports have been filed as required.

The IHFSRB at its March 16, 2021 meeting approved an additional six month time period for DMH to continue temporarily suspending these categories of service and to allow time to make a decision to reopen or to discontinue services. The DMH Board of Directors at its July 2021 meeting voted to seek a permanent discontinuation of these categories of service.

Permanent discontinuation of these services will occur as soon as approval is received from the IHFSRB and is anticipated to occur no later than September 15, 2021.

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

All existing equipment will be utilized in other clinical areas and the current space occupied by the AMI unit will be used for storage and maintained for future clinical needs. The surgical rooms where Open Heart Surgery Services were provided will be utilized for other cardiac and medical procedures currently being provided.

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

All medical records will be retained in the electronic health record system and retained for the length of time required by licensing entities.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Decatur Memorial Hospital provided notice on July 24, 2021 in the Decatur Herald and Review. A copy of the notice is provided as part of ATTACHMENT 10.

ATTACHMENT 10

Discontinuation – General Information Requirements - continued

7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**

Not applicable – not seeking the discontinuation of an entire facility.

8. **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.**

Not applicable – not seeking the discontinuation of an entire facility.

ATTACHMENT 10

Discontinuation – #6 Publication Notice

Pets & Supplies

ACHSHUND puppy, foaliver dapples, 11 wks old and dewormed \$900 7-543-2159



AKC BULLDOG Pups, 1st AKC Registered, pure champion bloodline, are 11 weeks old. Each \$1800. Email: 34tonny@gmail.com or 7-422-1033

ASKAN Klee Kai pup, blue eyed, cute, and ready for their new ICA Reg. Up to date on and dewormers, call and message 217-543-3600

AUSSIE Doodle male pups, Merle with a blue eye, 2 sets of half, approx 14 lb. of birth 3/19/21 \$850. 66-3344

AUSSIE pups, blue merle, red merle male and female, cute and healthy, shots, wormed, health intact, vet examination, to go June 23, call or 17-216-9718

AUSSIEDOODLE mix, up-to-date on shots, healthy and ready for a home, call or text 508-3189

POODLE Puppies, Would great for kids or older dogs \$900.00 each 292-7677

SCHNOODLE puppies for one beautiful little girl for her forever home 818-292-7677 any time

KEETS FOR sale \$15 Love Birds, \$75 each Ph. 827-9162

ingram's

Wanted to Buy

WANT TO buy older Backhoe Ph. 217-276-4158, Charleston.

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

Auction Sales

AUG. 21 (Sat) 9:00 a.m. Public Auction, 302 S. Champaign St. Bement, IL. Vintage toys, furniture, collectibles, glassware, decor and some household. View all listings at centralillinoisauctions.net

AUG. 7 (Sat) 9 a.m. Large Public Auction of Vintage Tool Collection and Household 101 North-west St., Oreana, IL. View all listings at centralillinoisauctions.net

AUGUST 7TH, Sat. at 8:30 A.M. Ameron Fleet & Equipment Auction at Martin Auction, Clinton, IL. Farm Close-out, Bucket & Service Trucks - Trailers. Quality consignments are welcome - call today 217-935-3245, Clinton, IL. www.martinauction.com

JULY 24 (Sat) 9:00 a.m. Excess inventory of Decatur Public School. Auction held at Oak Grove School, 2160 W. Center St., Decatur. View all listings at centralillinoisauctions.net

Antiques-Collector's Cars

1952 CHEVROLET COE cabover truck, 2 Model A Fords, 1 Fast Tire bicycle. All selling due to health. Call from 5 p.m. to 9 p.m. 217-433-4243

Automotive

LOOK

HYUNDAI 2012 Sonata Lmt'd, leather roof, \$5988, M&M Motors, 429-2000

LOOK

HYUNDAI 2012 Sonata Lmt'd, leather roof, \$5988, M&M Motors, 429-2000

LINCOLN 2003 Town Car, Signature Series, Good Condition. 440-0000

Motorcycles-ATV-Golf Carts

2004 HARLEY Davidson 1200 custom, 29,000 miles, Frankenstein trike kit, smoky gold & black, with original parts, \$8000, call 217-273-8384



2015 HARLEY Davidson FLD Switchback \$11,700. One owner, 7440 mi, garage stored. Like-new condition. Full service history available. Size large Harley Davidson helmet and cover included. Mysterious Red paint color. Kelly Blue Book \$12,200. Call or text 217-849-1030.

Parts & Accessories

1980 CHEVROLET Model 3 1/2 ton 4 wheel drive rolling chassis \$700 Ph. 217-821-0279

Toppers & Trailers

CARGO TRAILER, 2016 Interstate, includes ramp, mounted generator, propane tank, air conditioner, refrigerator, oven, battery converter and charger. Dual axle, approx 14' high. Length 14' width 6'8" \$10,000. Call 217-433-8585

Legal Inside

Notice to Disadvantaged Businesses

Open Road Paving Company LLC, 1414 W Anthony Drive, Urbana, IL 61802 (217) 356-7280, is seeking disadvantaged businesses for the July 30, 2021 IDOT Letting, Item 03A-VE055 Vermilion Co Airport, Realign Taxiway A, Phase 1.

Project for subcontracting opportunities in the following areas: Seeding/Sodding, Milling, Underdrain, Construction Lay-out.

All disadvantaged businesses should submit their written

LEGAL NOTICE

Owner: Argenta Oreana CUSD #1

500 North Main Street
Argenta, Illinois 62501
Architect: BLDD Architects, Inc.
100 Merchant Street
Decatur, IL 62523-1217
(844) 764-4440

Contractors are invited to submit an offer for the Argenta Oreana CUSD #1 for the athletic out-building on the high school campus. Offers will be received at the District Office before 2:00 p.m. local prevailing time on August 4, 2021. Bids will be publicly opened and read aloud at that time.

The project consists of a concessions, restrooms, and storage building that will serve the athletic fields on the high school campus.

A single stipulated sum bid will be received for all Work.

Contact BLDD Architects for a complete listing of location that have Bid Documents on file or visit www.bldd.com to view project bid documents online.

Copies of the Bid Documents may be obtained as of 12 July 2021 at Decatur Blueprint, 230 West Wood, Decatur, IL 62523, by depositing (refundable) \$75 per set, which includes a digital set. "Central Illinois Builders' Non-Cash Security Method for Request of Documents" will be accepted on this project.

Checks shall be made payable to Argenta Oreana CUSD #1. Digital-only copy of bid documents is available for \$50 non-refundable cost.

A Bid Bond and Performance and Payment Bond will be required.

The Owner reserves the right to accept or reject any or all offers, or to waive any informalities in the bidding.

The successful bidder must agree to conform to the current rules and regulations of the Fair Employment Practices Commission.

Attention is called to the provisions of Equal Employment Opportunity. Contractor shall not pay less than the prevailing rates of wages as determined by the Illinois Department of Labor to all laborers, workers and mechanics performing work under this contract, and shall comply with the requirements of the Illinois Prevailing Wage Act (820 ILCS 130/1-12).

No Pre-Bid Conference will be held. Persons interested in visiting the site shall contact Damien Jones at

Storage Tank project for subcontracting opportunities in the following areas: Painting, Electrical, Processing Piping, Utility Work, Earthwork, & Seeding. All disadvantage business should contact, in writing (certified letter return receipt requested) Mr. Todd Leander to discuss the subcontracting opportunities.

All negotiations must be completed prior to bid opening on September 2, 2021. Criteria for evaluation of proposals:

1. Lowest Responsible bidder
2. Previous Experience
3. Scheduling of Work

112296

Public Notice

Decatur Memorial Hospital intends to discontinue open heart surgery services and to close its 20 bed acute mental illness unit after receiving approval by the Illinois Health Facilities and Services Review Board (IHFSRB). Open heart surgery services were temporarily suspended in April 2020 and the acute mental illness unit temporarily suspended operations in June 2020 in response to the COVID-19 pandemic. The hospital intends to submit the required Certificate of Need (CON) application on or around August 6, 2021. After submission, a copy of the CON application and information about the discontinuation of the unit may be found on the IHFSRB website at illinois.gov/iahs/hfsrb. You may also contact Dana Molohan at 217-788-4263 at Memorial Health System with any questions or concerns. 112213

Notice of Self Storage Sale

Please take notice Red Dot Storage 36 - Decatur located at 5485 US Hwy 36, Decatur, IL 62521 intends to hold an auction of the goods stored in the following units in default for non-payment of rent. The sale will occur as an online auction via www.storageauctions.com on 8/3/2021 at 9:30 am. Unless stated otherwise the description of the contents are household goods and furnishings. Corey Walton Unit #E138, Torrance Adams Unit #B048, Semone Williams Unit #B055. All property is being stored at the above self-storage facility. This sale may be withdrawn at any time without notice. Certain terms and conditions apply. See manager for details. 110727

ATTACHMENT 10

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.

Decatur Memorial Hospital (DMH) made the decision to temporarily suspend the Open Heart Surgery Services (Open Heart) on April 7, 2020. The decision to discontinue the Open Heart program was due to low utilization and to the constraint of physician and other clinical resources due to COVID-19. In the calendar year prior to the temporary suspension of the Open Heart program, DMH had only performed 21 Open Heart surgeries. DMH and Memorial Health System (MHS) leadership believe these patients can continue to be treated within the health system as Memorial Medical Center (MMC) a MHS affiliate located 40 miles west of DMH performs over 300 open heart surgeries annually and has the physician and operating capacity to absorb the DMH patient volume. There are also four other Health Service Area 4 (HAS-4) hospitals that also provide open heart services if a patient does not wish to travel to MMC. The HAS-4 providers per the most recent Inventory of Health Care Facilities and Services and Needs Determination report date September 1, 2019 is shown below.

Hospital	City	2017 Open Heart Surgeries	
		Pediatric Age 0-14	Adult Age 15+
Advocate BroMenn Medical Center	Normal	0	22
Carle Foundation Hospital	Urbana	0	303
Decatur Memorial Hospital	Decatur	0	69
OSF Heart of Mary Medical Center	Urbana	0	84
St. Joseph Medical Center	Bloomington	0	98
Planning Area Totals		0	576

DMH made the decision to temporarily suspend the 20-bed Acute Mental Illness (AMI) unit on June 12, 2020. This inpatient AMI unit specialized in treating geriatric patients. This population was considered at higher risk due to the COVID-19 pandemic and the average daily census had dropped to only 3 patients a day by May 2020. Psychiatric physician resources is also a constraint to be able to reopen the unit. DMH and MHS leadership believe these patients can continue to be treated within the health system at MMC has a 36 bed AMI unit that can absorb the DMH patient volume. There are also five other HAS-4 hospitals that also provide AMI inpatient services if a patient does not wish to travel to MMC. The HAS-4 providers per the most recent Inventory of Health Care Facilities and Services and Needs Determination report date September 1, 2019 is shown below.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois Department of Public Health										9/1/2019 Page E- 6	
ACUTE MENTAL ILLNESS Category of Service											
Acute Mental Illness Planning Area: 04											
Hospital		City						2017 Utilization			
				Beds	Admissions	Patient Days					
Advocate BroMenn Medical Center		Normal		19	549	3,490					
Decatur Memorial Hospital		Decatur		20	357	4,331					
OSF Heart of Mary Medical Center		Urbana		30	1,003	4,178					
Sarah Bush Lincoln Health Center		Mattoon		18	985	4,650					
9/1/2017 Bed Change		Facility discontinued 2 Acute Mental Illness beds; facility now has 18 Acute Mental Illness beds.									
St. Mary's Hospital		Decatur		56	1,079	10,533					
The Pavilion Foundation		Champaign		72	2,224	20,471					
3/13/2017 Bed Change		Added 3 Acute Mental Illness beds; facility now has 72 Acute Mental Illness beds.									
				Planning Area Totals				215	6,197	47,653	
Estimated 2017 Total Population	Minimum Beds per 1,000	Minimum AMI Bed Need	Experienced AMI Use Rate	Projected 2022 Total Population	Projected Patient Days	Days in Year 2022	Projected Average Daily Census	Target Occupancy Rate	Calculated Bed Need	Planned Bed Need	Excess Beds
827,500	0.11	91	57.6	823,100	47,400	365	129.9	0.85	153	153	62

ATTACHMENT 10

Discontinuation - 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.

Decatur Memorial Hospital (DMH) does not believe the discontinuation of the 20-bed Acute Mental Illness (AMI) unit will have an adverse effect upon access to care for patients in its market area. DMH leadership believes this patient population has been able to access services over the last year via telehealth and through outpatient services still offered by DMH. For patients that need access to inpatient services, Memorial Medical Center (MMC), a hospital 40 miles to the west of DMH also owned by Memorial Health System has a 36-bed inpatient unit. There are also other providers in DMH's health service area providing inpatient AMI services. The Inventory of Health Care Facilities and Services and Need Determinations report date September 1, 2019 indicated an excess of 62 AMI beds in Health Service Area 4 (HAS-4).

DMH also does not believe that the discontinuation of the Open Heart Surgery Services category of service will have an adverse effect upon access to care for patients in its market area. There are 4 other facilities in Health Service Area 4 (HAS-4) that perform Open Heart Surgical Services. DMH leadership also believes that this population of patients can easily be treated within Memorial Health System at MMC.

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.

According to section 1100.510(d), Decatur Memorial Hospital (DMH) would have to provide notices to health care facilities providing similar services within a 21 mile radius. There are not any health facilities providing Open Heart Surgery Services in this radius. St. Mary's Hospital in Decatur is the only other health facility providing Acute Mental Illness inpatient services in this radius. Notice has been provided to St. Mary's and a copy is attached.

DMH treated 60 Open Heart Surgery patients in the 24 months prior to the temporary closure in April 2020. DMH had 576 AMI inpatients in the 24 months prior to the temporary closure in June 2020.



A Memorial Health System Affiliate

2300 N. Edward St. • Decatur, Illinois 62526
Phone 217-876-8121 • DMHCares.com

July 21, 2021

Theresa Rutherford
HSHS St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, IL 62521-3883

Re: Discontinuation of twenty (20) Acute Mental Illness Beds

Dear Ms. Rutherford:

I am writing to inform you that Decatur Memorial Hospital will soon be filing a Certificate of Need (CON) Application with the Illinois Health Facilities and Services Review Board to discontinue twenty (20) Acute Mental Illness (AMI) Beds. The CON application requires that we request letters from each hospital located within 21 miles from our hospital stating what impact closing our unit may have on your facility. The discontinuation of the AMI category of service should not have an impact on access to care in the Health Service Area 4 as there is currently an excess of AMI beds available, and furthermore, should not have any negative impact on your facility.


Enclosed is a sample letter that we prepared for your reference and editing, as appropriate. Please return your letter in the enclosed stamped envelope on your facility's letterhead by July 31, in order for us to include your letter in our CON application. If you do not respond, we will assume the discontinuation has no impact on your facility.

If you have questions, please contact me (217-876-8121 or early.drew@mhsil.com) or Dana Molohan, who is preparing our CON application (217-788-4263 or mollohan.dana@mhsil.com). Thank you.


Sincerely,

Drew M. Early
President and CEO
Decatur Memorial Hospital

enc. Sample Letter
Return Envelope

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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ATTACHMENT 11

Background of the Applicant

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Decatur Memorial Hospital (DMH) is a community hospital with 300 beds located in Decatur, Illinois. DMH is a fully owned affiliate of Memorial Health System (MHS)

MHS is an Illinois Not for Profit corporation and is the sole corporate member of the following Illinois health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

The identification numbers of each of these health care facilities is shown below, along with their names and locations.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Passavant Area Hospital Jacksonville, Illinois	Illinois License ID # 1792 Joint Commission ID # 7362
Memorial Medical Center Springfield, Illinois	Illinois License ID # 1487 Joint Commission ID # 7431
Abraham Lincoln Medical Center Lincoln, Illinois	Illinois License ID # 5728 Joint Commission ID # 7373
Taylorville Memorial Hospital Taylorville, Illinois	Illinois License ID # 5447 Joint Commission ID # 4745
Decatur Memorial Hospital Decatur, Illinois	Illinois License ID # 0471 Joint Commission ID # 4632

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.

See above list. ATTACHMENT 11 Background of Applicant # 1.

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.
 - 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.

There have been no adverse actions taken against any facility owned or operated in Illinois by DMH or MHS in the three (3) year period prior to the filing of this 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.

There have not been any criminal charges taken against any facility owned or operated in Illinois by either applicant, DMH or MHS.

- c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

There have not been any fraudulent conduct or any act involving moral turpitude charges taken against any facility owned or operated in Illinois by either applicant, DMH or MHS.

- d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

There are not any unsatisfied judgements against either applicant, DMH or MHS.

- 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.

Neither applicant, DMH or MHS, is in default in the performance or discharge of any duty or obligation imposed by a judgement, 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.**

Letters certifying the above information and granting access to the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health for DMH and MHS are included in ATTACHMENT 11.

- 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

Neither applicant, DMH or MHS, have submitted another CON or COE application in the last calendar year.



A Memorial Health System Affiliate

2300 N. Edward St. • Decatur, Illinois 62526
Phone 217-876-8121 • DMHCares.com

August 3, 2021

Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street - Second Floor
Springfield, IL 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 W. Jefferson Street - Second Floor
Springfield, IL 62761-0001

Re: Authorization to Access Information and Statement of No Adverse Action

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code Section 1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Decatur Memorial Hospital with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

I also certify that there has been no adverse action taken against any Illinois facility owned and/or operated by the Decatur Memorial Hospital in the three years prior to the filing of this application for a Certificate of Exemption Permit.

Please contact me at 217-876-8121 if you have any questions.

Sincerely,

Drew M. Early
President and Chief Executive Officer
Decatur Memorial Hospital

SUBSCRIBED AND SWORN
To before me this 3rd day of August, 2021

Notary Public



August 6, 2021
Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street - Second Floor
Springfield, IL 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 W. Jefferson Street - Second Floor
Springfield, IL 62761-0001

Re: Authorization to Access Information and Statement of No Adverse Action

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code Section 1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Memorial Health System with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

I also certify that there has been no adverse action taken against any Illinois facility owned and/or operated by the Memorial Health System in the three years prior to the filing of this application for a Certificate of Exemption Permit.

Please contact me at 217-788-3340 or curtis.ed@mhsil.com if you have any questions.

Sincerely,

Edgar J. Curtis
President and Chief Executive Officer
Memorial Health System

SUBSCRIBED AND SWORN
To before me this 6th day of August, 2021

Cassandra Clemens
Notary Public



ATTACHMENT 12

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.

Decatur Memorial Hospital (DMH) seeks authority from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue Open Heart Surgery Services (Open Heart) and the 20-bed Acute Mental Illness (AMI) inpatient unit. These services were temporally suspended in April and June 2020, respectively due to decreased utilization, physician resource constraints and patient care concerns arising from COVID-19. DMH leadership believes patients in its primary service area that need these services are able to be treated in alternate methods as an outpatient or via telemedicine. Patients still requiring inpatient treatment are able to be treated in Memorial Health System (MHS) by receiving services at Memorial Medical Center that is 40 miles to the west of DMH or by another provider in HAS-4.

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

DMH defines Macon County as its primary service area with the 5 surrounding counties, DeWitt, Piatt, Moultrie, Shelby and Christian as its secondary service area. MHS has 5 hospitals in Central Illinois and has a 10-county primary service area and an additional 30 county area identified as its secondary service area. 40 total Central Illinois counties are what MHS considers to be its market area. A map identifying these counties is attached as part of ATTACHMENT 12.

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

DMH leadership does not feel patient care or access to these services will negatively be affected by making the discontinuation of these categories of service permanent as both Open Heart and AMI services have been suspended for over a year. Patients have access to outpatient services and telemedicine at DMH and access to inpatient services through MHS at Memorial Medical Center. There are also 4 other providers of Open Heart services in HAS-4 and there are 5 other providers of AMI services in HAS-4. There is also an excess of 62 AMI beds in the HAS-4.

4. Cite the sources of the documentation.

The information from the HAS-4 referenced in this CON application is per the Inventory of Health Care Facilities and Services and Needs Determination reported dated September 1, 2019. DMH is in HAS-4 and the area on the last inventory report showed an excess of 62 AMI beds. Even with the permanent discontinuation of the 20 AMI beds at DMH, the HAS-4 will still have an extra 42 beds. The other providers offering AMI services in HAS-4 are Advocate BroMenn Medical Center in Normal, OSF Heart of Mary Medical Center in Urbana, Sarah Bush Lincoln Health Center in Mattoon, St. Mary's Hospital in Decatur and The Pavilion Foundation in Champaign. Patients wishing to continue to see their physician for outpatient psychiatry services at DMH can still do so and if they need inpatient services and wish to

continue to be treated in the Memorial Health System, they would have access to Memorial Medical Center's 36 bed inpatient AMI unit.

For Open Heart Services, the 4 other providers of these services in HAS-4 are Advocate BroMenn Medical Center in Normal, Carle Foundation Hospital in Urbana, OSF Heart of Mary Medical Center in Urbana and St. Joseph Medical Center in Bloomington. The volume of Open Heart surgery cases at DMH had declined over the last couple of years. Patients needing this treatment and wishing to stay within the Memorial Health System can have these procedures done at Memorial Medical Center and continue to see their cardiologist at DMH for other cardiac related services.

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

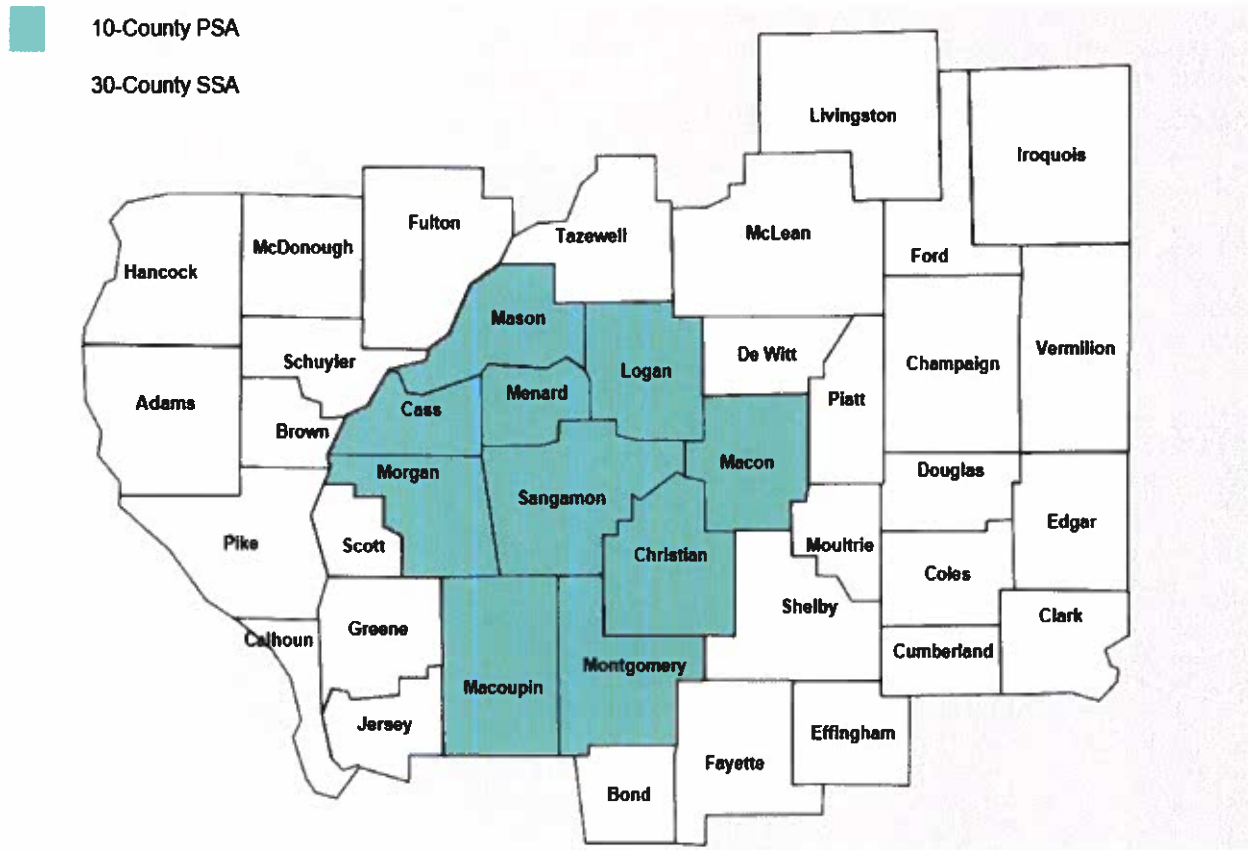
The temporary suspension of the Open Heart and AMI categories of service at DMH over the last year has allowed constrained physician resources to be centralized at Memorial Medical Center still allowing for DMH patients to be seen within MHS and allowing DMH to focus on other areas of patient care and to expand treatment options through telehealth and other outpatient methods. Making the temporary suspensions permanent should not have an impact in the market area on patient care or access to services.

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

The Open Heart and AMI categories of service at DMH have stopped under the temporary suspensions for over a year. The permanent discontinuation will be completed as soon as approved by the IHFSRB and is anticipate to not be later than September 15, 2021.

ATTACHMENT 12

Memorial Health System Primary and Secondary Market Service Areas



ATTACHMENT 37

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.

Decatur Memorial Hospital (DMH) does not believe the discontinuations will have an adverse effect upon access to care for patients in its market area. The Inventory of Health Care Facilities and Services and Need Determinations report date September 1, 2019 indicated an excess of 62 AMI beds in Health Service Area 4 (HAS-4). Even with discontinuing the DMH 20 bed unit, the HAS-4 will still have an excess of 42 beds. With regard to the Open Heart Surgical services, in the last year patients have had access to see their cardiologist at DMH for all cardiac services other than Open Heart Surgery and Memorial Health System has sufficient cardiac resources at Memorial Medical Center to handle any Open Heart procedures that would have been done at DMH. There are also 4 other providers of Open Heart Services in HAS-4.

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.

This project will not materially impact the ability of other providers or health care systems to subsidize safety net services. The Open Heart Surgery Services at DMH have been temporarily suspended since April 2020 and the Acute Mental Illness service at DMH has been temporarily suspended since June 2020 with no noticeable adverse impact on safety net providers.

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

DMH and MHS remain committed to serving this patient population by continuing to offer services at other Health System affiliate hospitals and by maintaining ties with other health providers in our community. As mentioned above, the Open Heart Surgery Services and the 20 bed AMI unit at DMH has been temporarily suspended for over a year with no noticeable impact on safety net providers.

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.

Please see the table below in ATTACHMENT 9.

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.

Please see the table below in ATTACHMENT 9.

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

Decatur Memorial Hospital and Memorial Health System believe there are sufficient Open Heart Surgery Services and AMI resources in the local area and that patients will continue to have access to care. This project is not expected to have any impact on safety net services or other health care services in the area.

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

Safety Net Information per PA 96-0031 – Decatur Memorial Hospital			
CHARITY CARE			
Charity (# of patients)	Year 2020	Year 2019	Year 2018
Inpatient	417	479	538
Outpatient	<u>12,129</u>	<u>12,346</u>	<u>9,587</u>
Total	<u>12,546</u>	<u>12,825</u>	<u>10,125</u>
Charity (cost in dollars)			
Inpatient	\$ 561,753	\$ 1,055,040	\$ 762,604
Outpatient	<u>1,741,297</u>	<u>2,231,229</u>	<u>2,420,894</u>
Total	<u>\$2,303,050</u>	<u>\$3,286,269</u>	<u>\$2,420,894</u>
MEDICAID			
Medicaid (# of patients)	Year 2020	Year 2019	Year 2018
Inpatient	1,551	1,597	1,805
Outpatient	<u>54,495</u>	<u>60,831</u>	<u>61,128</u>
Total	<u>56,046</u>	<u>62,428</u>	<u>62,933</u>
Medicaid (revenue)			
Inpatient	\$ 8,583,190	\$11,373,825	\$ 6,766,566
Outpatient	<u>2,833,686</u>	<u>4,051,168</u>	<u>7,817,980</u>
Total	<u>\$11,416,876</u>	<u>\$15,424,993</u>	<u>\$14,584,546</u>

ATTACHMENT 38**Charity Care – Passavant Area Hospital**

The amount of charity care provided by Passavant Hospital for the last three audited fiscal years, the cost of charity care and the ratio of charity care cost to net patient revenue are shown below. 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 – Decatur Memorial Hospital			
	Fiscal Year 2020	Fiscal Year 2019	Fiscal Year 2018
Net Patient Revenue	\$257,553,525	\$293,165,646	\$296,433,641
Amount of Charity Care (charges)	\$12,016,000	\$14,184,399	\$10,405,063
Cost of Charity Care	\$2,303,050	\$3,286,269	\$2,420,894
Ratio of Cost of Charity Care to Net Patient Service Revenue	0.89%	1.12%	0.82%

Charity Care – Memorial Health System

The amount of charity care provided by Memorial Health System Affiliates (excluding Decatur Memorial Hospital) – Memorial Medical Center, Taylorville Memorial Hospital, Abraham Lincoln Memorial Hospital and Passavant Area Hospital - for the last three audited fiscal years, the cost of charity care and the ratio of charity care cost to net patient revenue are shown below.

CHARITY CARE – Memorial Medical Center			
	Fiscal Year 2020	Fiscal Year 2019	Fiscal Year 2018
Net Patient Revenue	\$647,652,008	\$660,131,355	\$639,404,124
Amount of Charity Care (charges)	\$25,095,000	\$31,781,000	\$25,976,000
Cost of Charity Care	\$5,639,100	\$7,180,092	\$6,048,765
Ratio of Cost of Charity Care to Net Patient Service Revenue	0.87%	1.09%	0.95%

CHARITY CARE – Abraham Lincoln Memorial Hospital			
	Fiscal Year 2020	Fiscal Year 2019	Fiscal Year 2018
Net Patient Revenue	\$50,893,534	\$56,116,624	\$52,183,949
Amount of Charity Care (charges)	\$2,956,000	\$2,451,000	\$2,418,000
Cost of Charity Care	\$631,876	\$676,335	\$724,833
Ratio of Cost of Charity Care to Net Patient Service Revenue	1.24%	1.21%	1.39%

CHARITY CARE – Taylorville Memorial Hospital			
	Fiscal Year 2020	Fiscal Year 2019	Fiscal Year 2018
Net Patient Revenue	\$45,203,315	\$47,923,978	\$45,613,924
Amount of Charity Care (charges)	\$1,989,000	\$2,238,000	\$2,096,000
Cost of Charity Care	\$488,039	\$606,355	\$636,460
Ratio of Cost of Charity Care to Net Patient Service Revenue	1.08%	1.27	1.40%

CHARITY CARE – Passavant Area Hospital			
	Fiscal Year 2020	Fiscal Year 2019	Fiscal Year 2018
Net Patient Revenue	\$88,123,071	\$107,213,517	\$111,944,138
Amount of Charity Care (charges)	\$5,392,000	\$7,211,000	\$6,985,000
Cost of Charity Care	\$1,261,142	\$1,798,630	\$1,735,849
Ratio of Cost of Charity Care to Net Patient Service Revenue	1.43%	1.68%	1.55%