

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: HSHS Holy Family Hospital – Discontinue Behavioral Health Services		
Street Address: 200 Health Care Dr.		
City and Zip Code: Greenville, 62246		
County: Bond	Health Service Area : 5	Health Planning Area: F-02

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

Exact Legal Name: HSHS Holy Family Hospital, Inc.
Street Address: 200 Health Care Dr.
City and Zip Code: Greenville, 62246
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Kelly Sager
CEO Street Address: 220 Health Care Drive
CEO City and Zip Code: Greenville, 62246
CEO Telephone Number: (618) 690-3601

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	

☐ 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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sister Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: 217-523-0542

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

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago, IL 60606
Telephone Number: 312-214-4861 (Direct)
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

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: Julie Goebel
Title: Vice President, Strategy
Company Name: Hospital Sisters Health System Illinois
Address: 850 E Madison St, Springfield, IL 62702
Telephone Number: 217-814-7079
E-mail Address: Julie.Goebel@hshs.org
Fax Number:

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Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 Laverna Rd.
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

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	<input type="checkbox"/>

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- 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.

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Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HSHS Holy Family Hospital, Inc.

Address of Site Owner: 220 Health Care Drive, Greenville, IL 62246

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: HSHS Holy Family Hospital, Inc.

Address: 220 Health Care Drive, Greenville, IL 62246

- ☒ Non-profit Corporation
☐ For-profit Corporation
☐ Limited Liability Company
☐ Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

- 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.

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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.

HSHS Holy Family Hospital, Inc., 220 Health Care Drive, Greenville, 62246, proposes the discontinuation of its 10-bed inpatient Acute Mental Illness ("AMI") service. The discontinuation will be effective shortly after approval by the Illinois Health Facilities and Services review Board.

The AMI service has been temporarily suspended since April 4th, 2020 pursuant notice and monthly reports to the Review Board.

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

This is a substantive project because it proposes the discontinuation of a designated category of service.

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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 ___ No X . 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.

HSHS Holy Family Hospital has no open permits or exemptions. One other HSHS facility (St. John's Hospital, Springfield) has one open permit.

1. 19-042 – HSHS St. John's Hospital, Springfield

Anticipated exemption completion date (refer to Part 1130.570): April 4, 2021

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.

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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 HSHS Holy Family Hospital, Inc.* 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

E.J. Kuiper

PRINTED NAME

CEO

PRINTED TITLE

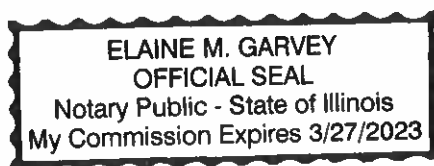
Notarization:

Subscribed and sworn to before me
this 26th day of February 2021

Elaine M. Garvey

Signature of Notary

Seal



SIGNATURE

Ann Carr

PRINTED NAME

Treasurer

PRINTED TITLE

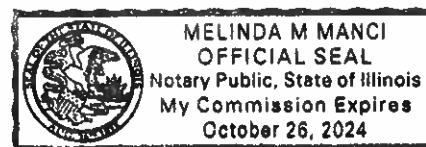
Notarization:

Subscribed and sworn to before me
this 26 day of February 2021

Melinda M. Mancini

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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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 Hospital Sisters 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.

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Ann M. Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 26 day of February 2021

Melinda M. Mancini
Signature of Notary

Seal

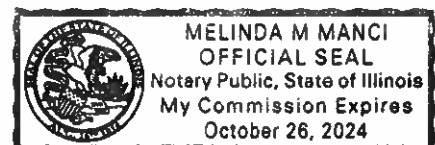


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*Insert the EXACT legal name of the applicant

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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.

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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.

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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.

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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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year

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	Inpatient				
	Outpatient				
	Total				

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

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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
Net Patient Revenue			
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.

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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		17-18
2	Site Ownership		19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		20
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		21
5	Discontinuation General Information Requirements		22-24
6	Reasons for Discontinuation		25
7	Impact on Access		26
8	Background of the Applicant		27-31
9	Safety Net Impact Statement		32-33
10	Charity Care Information		34

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Attachment 1 – Certificate of Good Standing

File Number 3598-185-3



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

HSHS HOLY FAMILY HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 03, 1956, 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 #: 2034900524 verifiable until 12/14/2021
Authenticate at: <http://www.cyberinveillinois.com>

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

Jesse White
SECRETARY OF STATE

Attachment 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number 5163-355-5



To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2034900564 verifiable until 12/14/2021
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 14TH day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Attachment 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Attachment 2 – Site Ownership



Attachment 2

Site Ownership Attestation Statement

My name is Kelly Sager, and I am the President and CEO of HSHS Holy Family Hospital.

I certify and attest that HSHS Holy Family Hospital of the Hospital Sisters of the Third Order of St. Francis, owns the site and physical plant known as HSHS Holy Family Hospital, 200 Healthcare Drive, Greenville, Illinois, 62246.

Having personal knowledge of the facts attested to, in this sworn affidavit, I attest that all matters herein are truthful to the best of my knowledge and belief.

Attested by: Kelly Sager
Kelly Sager
President & CEO
HSHS Holy Family Hospital

Notarization:

Subscribed and sworn to before me
this 10th day of February

Donna M. Dethager
Signature of Notary

Donna M. Dethager
Printed Name
Seal



200 HEALTHCARE DRIVE GREENVILLE, IL 62246
hshsholyfamily.org 618-664-1230

Attachment 2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 3 – Licensee Certificate of Good Standing

File Number 3598-185-3



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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

HSHS HOLY FAMILY HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 03, 1956, 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 #: 2034900524 verifiable until 12/14/2021
Authenticate at: <http://www.cyberdriveillinois.com>

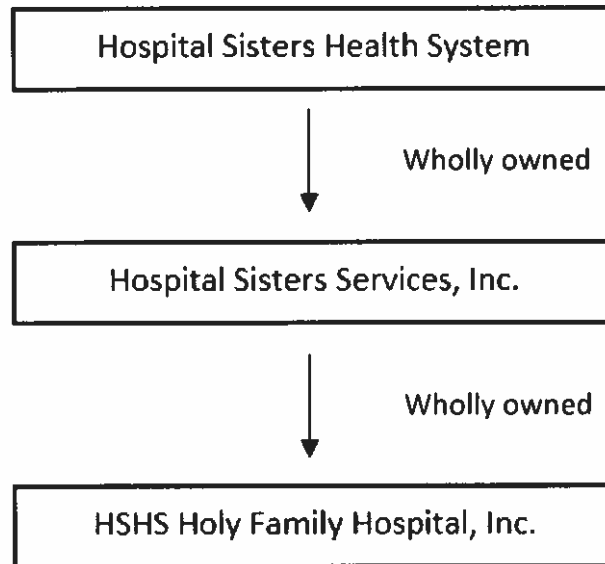
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of DECEMBER A.D. 2020 .

Jesse White
SECRETARY OF STATE

Attachment 3

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Attachment 4 – Organizational Relationships



Attachment 4

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Attachment 5 – Discontinuation General Information Requirements

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

Holy Family Inc. is discontinuing its 10-bed Acute Mental Illness unit.

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

No other clinical services are to be discontinued.

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

The Behavioral Health services were temporarily suspended on April 4, 2020 pursuant to notice and monthly reports to the Review Board. The permanent discontinuation of the service will occur upon Review Board approval of the application which is anticipated to be no later than April 4, 2021.

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

Holy Family Hospital is evaluating the change in operations. At this time, Holy Family Hospital does not anticipate any changes to the physical plant, and the space is expected to remain vacant.

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.

See attached attestation of notice of closure to local media and copy of notice.

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Attachment 5

CEO to Discontinue Acute Mental Illness Service
Section 1130.325, Public Notice

My name is Kelly Sager, and I am the President and CEO of HSHS Holy Family Hospital.

I attest to the fact a public notice, on three consecutive publishing dates, will be published in the Greenville Advocate indicating our intent to discontinue the hospital's 10-bed Acute Mental Illness service. The Discontinuation Public Notice is included in Attachment 5, herein.

Once published, a copy of the notice, the publication dates, and general circulation statistics will be provided to the Illinois Health Facilities and Services Review Board.

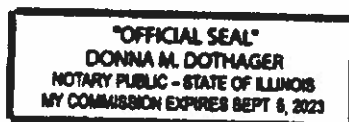
Attested by: Kelly Sager
Kelly Sager
President & CEO
HSHS Holy Family Hospital

Notarization:

Subscribed and sworn to before me
this 10th day of February

Donna M. Dethager
Signature of Notary

Donna M. Dethager
Printed Name
Seal



200 HEALTHCARE DRIVE . GREENVILLE, IL 62246
hshsholyfamily.org . 618-664-1230

Attachment 5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Public Notice
HSHS Holy Family Hospital, Inc.
Discontinue of Inpatient Acute Mental Illness Service

In accordance with the requirements of the Illinois Health Facilities and Services Review Board ("HFSRB"), notice is given that HSHS Holy Family Hospital, Inc., in Greenville, Illinois, proposes the discontinuation of its 10-bed Acute Mental Illness service subject to end after approval by HFSRB. The service was temporarily suspended in April 2020, and after a thorough review, the hospital has decided to make that discontinuation permanent. After submission, a copy of the application to discontinue and information about the intended discontinuation of service may be found on the HFSRB website at Illinois.gov/sites/hfsrb.

200 HEALTHCARE DRIVE GREENVILLE, IL 62246
hshsholyfamily.org 618-664-1230

Attachment 5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 6 – Reason for Discontinuation

Accrediting bodies are introducing and enforcing many additional safety requirements relative to behavioral health services. In order to keep up with these additional safety requirements, Holy Family Hospital would need to undertake costly modernization of the AMI unit. Additionally, the Hospital has continually attempted to recruit providers for this service but continues to struggle to fill these positions.

Effective April 4th, 2020, Holy Family Hospital temporarily suspended services in its AMI unit for purposes of preparing for a potential COVID19 surge and to conduct a review of the services along with an assessment of modernizing the facilities. After adjusting to the pandemic and engaging in a meaningful discernment process, Holy Family Hospital Leadership proposes discontinuing the AMI service due to the significant modernization and difficulty in recruiting and maintaining staff that would be needed, coupled with relatively low historical utilization of the Behavioral Health Unit. As a system, Hospital Sisters Health System has also faced major modernization investments with other hospital behavioral health units throughout the HSHS Illinois Division.

Holy Family Hospital continues to support and provide care for these patients but plans to do that with a behavioral health center of excellence at St. Mary's Hospital in Decatur and surrounding providers on a permanent basis.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 7 – 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.

The discontinuation will not have an adverse effect upon access to care for residents. In the 2019 inventory of Health Care Facilities and Services and Need Determination, the planning area (HSA-5) had a calculated bed need of 52 beds based on actual utilization of three existing AMI services, totaling 65 beds. These are Harrisburg Medical Center (31 beds), SSM St. Mary's Hospital-Centralia (24 beds), and HSHS Holy Family Hospital (10 beds). The applicant had not only the smallest unit, but also the most underutilized at 50.5% based on 2019 Hospital Profiles, compared to 81.5% at Harrisburg Medical Center and 60.3% at SSM St. Mary's. Lack of an adverse impact is also demonstrated by the fact that the applicant's AMI unit has been temporarily suspended 10 months with no adverse access issues arising.

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.

There are no health care facilities that provide the same service within a 21-mile radius.

Attachment 7

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 8 – Background of the Applicant

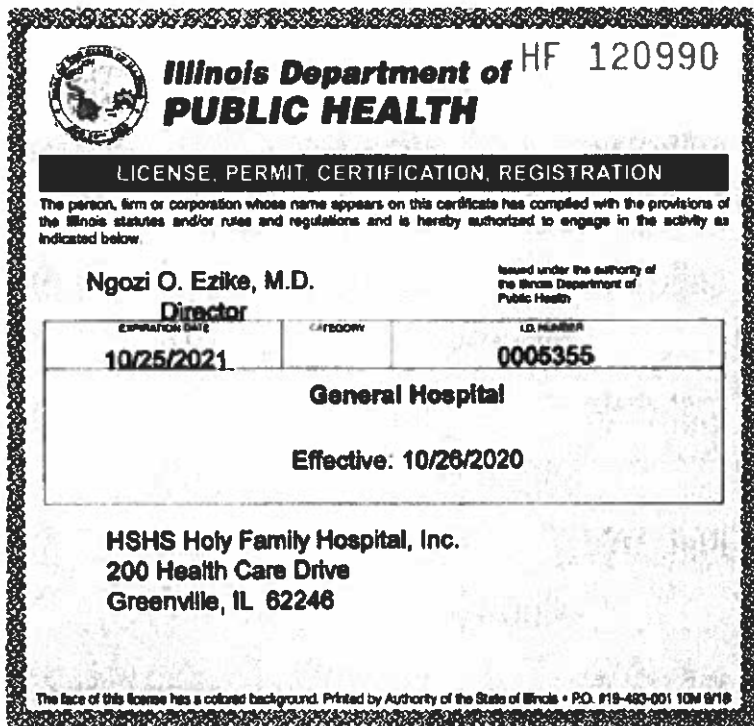
BACKGROUND OF APPLICANT

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

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	08/31/22	ID #7432
St. Elizabeth's Hospital	O'Fallon	0006064	09/19/22	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	11/01/22	ID #7335
St. Joseph's Hospital	Highland	0005892	07/26/21	ID #2825
St. Francis Hospital	Litchfield	0002386	09/16/20	ID #7374
St. Joseph's Hospital	Breese	0002527	05/17/22	ID #7250
St. Mary's Hospital	Decatur	0002592	05/11/21	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	02/09/22	*ID #189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	12/06/20	**

*Accredited by HFAP (Health Facilities Accreditation Program)

**NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA – NIAHO



Illinois Department of PUBLIC HEALTH HF 120990

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
10/25/2021		0005355

General Hospital

Effective: 10/26/2020

HSHS Holy Family Hospital, Inc.
200 Health Care Drive
Greenville, IL 62246

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 8/19

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date 10/25/2021

Lic Number 0005355

Date Printed 07/29/2020

HSHS Holy Family Hospital, Inc.
200 Health Care Drive
Greenville, IL 62246

FEE RECEIPT NO.

Attachment 8

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.illinois.gov

Kelly Sager, President & CEO
HSHS Holy Family Hospital, Inc.
200 Health Care Drive
Greenville, IL 62246-1154

License #0005355
14-0137

Enclosed is the renewal license for the hospital. We are continually updating our records to reflect the current administrative information regarding the hospitals. Please review the information below for accuracy and make the appropriate changes where necessary. If there is a blank, please fill in the appropriate information. When the information is completed and correct, please indicate by signing and return of the information to the address indicated.

General Hospital Phone:	(618) 664-1230
Administrator:	Kelly Sager, President & CEO
Admin Phone Number:	(618) 690-3601
Fax Number:	(618) 664-9750
E-mail Address:	kelly.sager@hshs.org
Accrediting Organization:	
Accreditation Effective Date:	
Accreditation Expiration Date:	

If you have any questions regarding the renewal license, please contact the Illinois Department of Public Health, Division of Health Care Facilities & Programs, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at 217-782-7412. The Department's TTY number, for the hearing impaired only, is 1-800-547-0466.

Sincerely,

Karen Senger, RN, BSN
Division Chief, Health Care Facilities and Programs
Illinois Department of Public Health

Enclosure

Attachment 8

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



506 North Clark Street
Suite 301
Chicago, IL 60654

P: 312.920.7383
www.hfap.org

March 13, 2019

Jim Dover
Chief Executive Officer
HSHS Holy Family Hospital
200 Health Care Dr
Greenville, IL 62246

Dear Mr. Dover:

The AAHHS Executive Committee, on behalf of the AAHHS Board of Directors, reviewed the triennial Deficiency Assessment Report for your Acute Care Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve continued deemed status for:

HSHS Holy Family Hospital
200 Health Care Dr
Greenville, IL 62246

Program: Acute Care Hospital

CCN # 140137

HFAP ID: 189268

Triennial Survey Dates: 11/28/2018 – 11/30/2018

Focused Resurvey Date(s): 01/29/2019 - 02/04/2019

Plan(s) of Correction Received: 12/22/2018

Effective Date of Accreditation: 02/09/2019 – 02/09/2022

Apex Network Physical Therapy
1611 Veterans Avenue, Suite C
Vandalia, IL 62471

Condition Level Deficiencies: ☐ None
(Use crosswalk and CFR citations, if applicable):
482.15
482.41

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the focused resurvey.

HSHS Holy Family has Swing Beds and was surveyed under those standards. The facility met the requirements for this unit.

HSHS Holy Family does not have a PPS Excluded Rehab Unit or a PPS Excluded Psych Unit and was not surveyed under those standards.

This accreditation decision was reached on March 6, 2019 by the AAHHS Executive Committee.

In reviewing your report, the AAHHS Executive Committee made the observations that are contained on the enclosed Survey Progress Report and requires that an Interim Progress Report be received by HFAP prior to March 29, 2019, November 28, 2019, and January 30, 2020.

Sincerely,

Lawrence U. Haspel, D.O.
Chair, AAHHS Executive Committee

LUH/CDC

c: CMS Central Office
Region V, CMS

Attachment 8

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

1. 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.

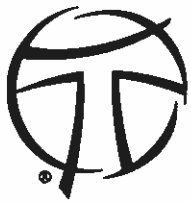
There are no adverse Actions to report. Please see the certification letter on p. 30 (Attachment 8).

2. 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.**

Please see the certification letter on p. 30 (Attachment 8).

3. 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.

Through this calendar year, no application for COE or CON have been submitted.



Hospital Sisters

HEALTH SYSTEM

Breese, IL
HSHS St. Joseph's Hospital

Attachment 8
Adverse Action Letter

Decatur, IL
HSHS St. Mary's Hospital

February 25, 2021

Effingham, IL
HSHS St. Anthony's Memorial
Hospital

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Greenville, IL
HSHS Holy Family Hospital

Dear Ms. Avery,

Highland, IL
HSHS St. Joseph's Hospital

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during three years prior to filing this COE permit application.

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

Shelbyville, IL
HSHS Good Shepherd Hospital

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgements against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgement, degree, order, or directive of any court or governmental agency.

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Additionally, pursuant to 77 Ill. Admin Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this COE permit application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this permit application.

Green Bay, WI
HSHS St. Mary's Hospital
Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial
Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by
Hospital Sisters Ministries

Sincerely,

Mary Starmann-Harrison
Mary Starmann-Harrison
President and CEO
Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me

This 26 day of February 2021

Melinda M. Mancini

Signature of Notary



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Hospital Sisters
HEALTH SYSTEM

Breese, IL
HSBS St. Joseph's Hospital

Attachment 8
Adverse Action Letter

Decatur, IL
HSBS St. Mary's Hospital

February 12, 2019

Effingham, IL
HSBS St. Anthony's Memorial
Hospital

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Greenville, IL
HSBS Holy Family Hospital

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Highland, IL
HSBS St. Joseph's Hospital

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HSBS St. Francis Hospital

O'Fallon, IL
HSBS St. Elizabeth's Hospital

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Shelbyville, IL
HSBS Good Shepherd Hospital

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- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgements against him or her; or
- 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.

Springfield, IL
HSBS St. John's Hospital

Chippewa Falls, WI
HSBS St. Joseph's Hospital

Eau Claire, WI
HSBS Sacred Heart Hospital

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Green Bay, WI
HSBS St. Mary's Hospital
Medical Center
HSBS St. Vincent Hospital

Oconto Falls, WI
HSBS St. Clare Memorial
Hospital

Sheboygan, WI
HSBS St. Nicholas Hospital

Sincerely,

HSBS Medical Group

Prairie Cardiovascular

Mary Starmann-Harrison
President and CEO
Hospital Sisters Health System

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Notarization:

Sponsored by
Hospital Sisters Ministries

Subscribed and sworn to before me
This day of

Signature of Notary

Attachment 8

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 9- Safety Net Impact Statement

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.

The Review Board's Update to inventory dated June 5, 2019 states Planning Area 5 will have 55 beds with the discontinuation of the Holy Family Hospital Services. Additionally, per the report the adjacent planning areas 11 and 4 have an excess bed count of 50 and 62 respectively. Since the closure of the unit on April 4, 2020 there has been no noticeable adverse impact on safety net providers.

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 AMI service at Holy Family Hospital has been temporarily suspended since April 4, 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.

Holy Family Hospital remains committed to serving this patient population by keeping close ties with other providers in the market as well as developing resources within the rest of our hospital system to give patients options to find care. As noted above, the AMI service at Holy Family Hospital has been temporarily suspended since April 4, 2020 with no noticeable adverse 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 refer to the table on p. 35 below.

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 refer to the table on p. 35 below.

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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

Safety Net Information per PA 96-0031			
CHARITY CARE – Holy Family			
Charity (# of patients)	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020
Inpatient	63	40	26
Outpatient	888	668	506
Total	951	708	532
Charity (cost in dollars)			
Inpatient	43,714	23,523	43,087
Outpatient	315,951	237,557	185,291
Total	359,665	261,080	228,378
MEDICAID – Holy Family			
Medicaid (# of patients)	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020
Inpatient	138	66	11
Outpatient	5,150	2,131	2,005
Total	5,288	2,197	2,016
Medicaid (revenue)			
Inpatient	2,682,410	518,761	71,582
Outpatient	7,046,358	3,087,699	2,578,101
Total	9,728,768	3,606,460	2,649,683

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Attachment 10- 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.

Please refer to the table below.

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.

Please refer to the table below. This table reflects charity care provided by the co-applicant Hospital Sisters Health System (Illinois only). Apart from Holy Family Hospital, other facilities under HSHS are neither involved nor relevant to this discontinuation. For charity care information for Holy Family Hospital, please see the previous attachment.

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.

N/A-Existing

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 – HSHS Holy Family			
	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020
Net Patient Revenue	26,775,552	24,932,728	22,743,185
Amount of Charity Care (charges)	879,285	551,655	562,580
Cost of Charity Care	359,665	261,080	228,378

CHARITY CARE – HSHS Illinois Hospitals			
	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020
Net Patient Revenue	1,132,598,347	1,214,559,492	1,311,967,893
Amount of Charity Care (charges)	52,343,550	65,698,466	75,097,342
Cost of Charity Care	15,097,682	18,360,835	20,478,303

Attachment 10