

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: SSM Health St. Mary's Hospital - Centralia		
Street Address: 400 N. Pleasant Ave		
City and Zip Code: Centralia, IL. 62801		
County: Marion	Health Service Area: 5	Health Planning Area: F-4

ORIGINAL

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

Exact Legal Name: St. Mary's Hospital, Centralia, Illinois d/b/a SSM Health St. Mary's Hospital - Centralia	
Street Address: 400 N. Pleasant Ave.	
City and Zip Code: Centralia, IL. 62801	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 So. LaSalle St., Suite 814	
Registered Agent City and Zip Code: Chicago, IL. 60604	
Name of Chief Executive Officer: Damon Harbison	
CEO Street Address: 400 N. Pleasant	
CEO City and Zip Code: Centralia, IL. 62801	
CEO Telephone Number: (618) 436-6525	

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: Damon Harbison
Title: President
Company Name: St. Mary's Hospital, Centralia, Illinois
Address: 400 N. Pleasant Centralia, IL. 62801
Telephone Number: (618) 436-6525
E-mail Address: Damon.R.Harbison@ssmhealth.com
Fax Number: (618) 436-8038

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

Name: Jenny Sims
Title: Director, Strategy & Business Development
Company Name: St. Mary's Hospital, Centralia, Illinois
Address: 1 Good Samaritan Way, Mt. Vernon, IL. 62864
Telephone Number: (618) 899-2499
E-mail Address: Jennifer.sims@ssmhealth.com
Fax Number: (618) 899-4702

Post Permit Contact***N/A-This is not a construction project only discontinuation of obstetric services*****[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: Jenny Sims

Title: Director, Strategy & Business Development

Company Name: St. Mary's Hospital, Centralia, Illinois

Address: 1 Good Samaritan Way, Mt. Vernon, IL. 62864

Telephone Number: (618) 899-2499

E-mail Address: Jennifer.sims@ssmhealth.com

Fax Number: (618) 899-4702

Site Ownership**[Provide this information for each applicable site]**

Exact Legal Name of Site Owner: St. Mary's Hospital, Centralia, Illinois

Address of Site Owner: 400 N. Pleasant Ave., Centralia, IL. 62801

Street Address or Legal Description of the Site: 400 N. Pleasant Centralia, IL. 62801

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*****N/A (SSM Health St. Mary's is sole operator of Hospital)*****[Provide this information for each applicable facility and insert after this page.]**

Exact Legal Name:

Address:

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

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Organizational Relationships**

Provide (for each 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

N/A This is not a construction project, it is a discontinuation of obstetric services

[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

N/A This is not a construction, demolition or modernization project, it is a discontinuation of obstetric services

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This application is being submitted to permanently discontinue the 9-bed obstetrics category of service and associated support areas (nursery) at St. Mary's Hospital, Centralia, Illinois, d/b/a SSM Health St. Mary's Hospital - Centralia (hereinafter "St. Mary's"), anticipated to be effective as of August 1, 2021. While deliveries will no longer occur at this hospital following discontinuation, outpatient OB/GYN services will continue to be available, including prenatal care through independent providers. Inpatient gynecologic services will continue to be provided, with those patients occupying medical/surgical beds. A full range of obstetric services are available at Good Samaritan Regional Health Center, d/b/a SSM Health Good Samaritan Hospital - Mt. Vernon (hereinafter "Good Samaritan").

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

N/A This is not a construction project. There are no expenditures associated with this discontinuation of obstetric services

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:

N/A There are no related project costs, this is not a construction project, only a discontinuation of obstetric services

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): _____

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***N/A This is not a construction project, only the discontinuation of obstetric services***

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: St. Mary's Hospital			CITY: Centralia		
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	69	2538	11,798	0	69
Obstetrics	9	283	583	-9	0
Pediatrics	10	9	35	0	10
Intensive Care	12	44	2094	0	12
Comprehensive Physical Rehabilitation	N/A	N/A	N/A	N/A	N/A
Acute/Chronic Mental Illness	24	960	5170	0	24
Neonatal Intensive Care	N/A	N/A	N/A	N/A	N/A
General Long-Term Care	N/A	N/A	N/A	N/A	N/A
Specialized Long-Term Care	N/A	N/A	N/A	N/A	N/A
Long Term Acute Care	N/A	N/A	N/A	N/A	N/A
Other ((identify))	N/A	N/A	N/A	N/A	N/A
TOTALS:	124	3834	19,680	-9	115

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 St. Mary's Hospital, a Missouri nonprofit corporation, d/b/a SSM Health St. Mary's 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

Damon Harbison
PRINTED NAME

President, SSM Health St. Mary's Hospital
PRINTED TITLE

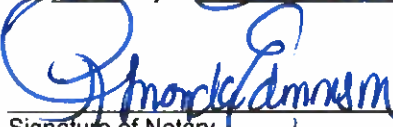

SIGNATURE

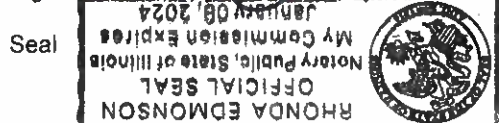
John Snodsmith
PRINTED NAME

Regional Chief Financial Officer, SSM Health
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 28 day of June 2021



Signature of Notary

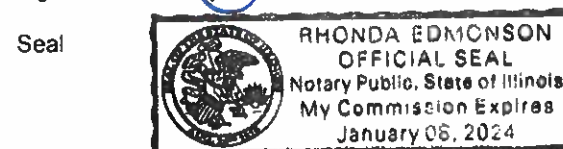


*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 28 day of June 2021


Signature of Notary



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.
Category of Service: Inpatient Obstetrics
(9 licensed OB beds)
2. Identify all the other clinical services that are to be discontinued.
Discontinuation is limited to inpatient obstetric and nursery services.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
08/01/2021
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
There is currently not an anticipated use for the space. Minimal equipment will be transferred to Good Samaritan, the sister hospital in the region in preparation for the shift in some of the deliveries to that facility. Remaining equipment will be used in other areas of the hospital as applicable, sold, or discarded.
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.
The medical records of the past patients will be retained by the hospital, consistent with licensure and accreditation requirement, as well as current medical records retention practices.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
Press release and legal notice appended as attachment (10-1)
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.**
NA
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. **NA**

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.

1. Low utilization:

In the service area defined by SSM Regional Health Services as its Primary & Secondary Service Area (PSA/SSA), St. Mary's has seen a significant decline in the number of deliveries. St. Mary's has seen over a 30% decrease in the number of births since 2014. This decline has made it

difficult to maintain staff competency and efficient operations, including the cost of staffing and call coverage. The combined number of deliveries in the past 2 years between the two facilities was 2,719 and Good Samaritan was responsible for 80% of those. This service has become unsustainable for St. Mary's.

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.

As stated in "Reasons for Discontinuation", the total number of deliveries in the defined service area is low for St. Mary's. The defined service area includes the primary and secondary markets for both St. Mary's and Good Samaritan. From the defined market, St. Mary's sister hospital Good Samaritan has a historical market share for this service of 51.5%, with St. Mary's having only 13%. 16% of the market share from the entire service area goes to SIH (Memorial Hospital of Carbondale), however this is from the most southern portion of the market, 62 miles from St. Mary's in Centralia. The southern portion would be considered more in the service area of Good Samaritan. Therefore, the majority of deliveries from the defined service area are being performed at Good Samaritan in Mt. Vernon (18 miles) and a minimal number at other facilities in the region, including: HSHS (St. Elizabeth's in O'Fallon 45 miles), HSHS (St. Joseph's in Breese, 32 miles). All of these programs provide inpatient obstetric and nursery services. The applicants do not believe the proposed discontinuation of obstetrical services at St. Mary's Hospital will result in an unreasonable diminishment of accessibility to the service as utilization is extremely low and a significant number of patients from Centralia already deliver at Good Samaritan. (Attachment 10-3)

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. Good Samaritan is the sister hospital to St. Mary's, and is located approximately 18 miles from St. Mary's. Good Samaritan is aware of the discontinuation and is prepared to accommodate.

Or

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

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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient			
	Total			

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

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

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

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

File Number 3006-038-5



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

ST. MARY'S HOSPITAL, CENTRALIA, ILLINOIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1947, 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 5TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2031002542 verifiable until 11/05/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Illinois Certificate of Good Standing

Attachment 1

GARY L. PURCELL
MARION COUNTY TREASURER
PO BOX 1025
SALEM IL 62881
marionil.devnetwedg.com

PROPERTY INDEX NUMBER
14-17-100-008

1ST DUE DATE	2ND DUE DATE
07/30/2020	09/30/2020
1ST INSTALLMENT	2ND INSTALLMENT
\$66,129.77	\$66,129.77

REAL ESTATE TAX BILL (2019 PAYABLE 2020)

DUPLICATE

NAME: ST MARYS HOSPITAL
400 N PLEASANT AVE
CENTRALIA IL 62801

Late Payment Schedule			
Postmarked after:	PAY	Postmarked after:	PAY
09/30/2020	\$0.00	09/30/2020	\$67,121.72
10/30/2020	\$0.00	10/30/2020	\$68,113.66
11/30/2020	\$0.00	11/30/2020	\$69,105.61
12/15/2020	Contact the Collector's office	12/15/2020	Contact the Collector's office
Incorrect payments will be returned.		Incorrect payments will be returned.	
FIRST INSTALLMENT PAID		SECOND INSTALLMENT PAID	
1		2	

PRIOR YEAR TAX	\$134,521.98	TOWNSHIP NAME	Centralia Township	TAX CODE	14001	TOTAL PAID		TOTAL PAID	
TIF EAV	0								
1977 EAV	0								
FREEZE BASE VALUE	0								
COUNTY MULTIPLIER	1.0000								
FAIR CASH VALUE	3,899,340								
LAND VALUE	32,980								
* BUILDING VALUE	1,266,670								
- HOME IMPROVE EXEMP	0								
= TOTAL VALUE	1,299,650								
x STATE MULTIPLIER	1.0000								
= EQUALIZED VALUE	1,299,650								
- SR FREEZE EXEMPTION	0								
- RETURN VET / MISC EX	0								
- OWNER OCCUPIED EX	0								
- SR HOMESTEAD EXEMP	0								
- DISABLED / D. VET EX	0								
* FARM LAND VALUE	0								
- DRAINAGE ABATEMENT	0								
* FARM BUILDINGS VALUE	0								
* TAXABLE VALUE	1,299,650								
x TAX RATE	10.17655								
= CURRENT TAX	\$132,259.54								
- ENTERPRISE ZONE	\$0.00								
* BACK TAX	\$0.00								
= TAX BILLED	\$132,259.54								
- TAX PAID	\$66,129.77								
= TOTAL TAX DUE	\$66,129.77								

\$1.00 FEE FOR EACH DUPLICATE BILL

REVIEW PAYMENT OPTIONS AND COLLECTION POLICIES ON THE BACK OF THIS BILL

RETURN THIS STUB WITH
1ST INSTALLMENT PAYMENT

PAY TO: MARION COUNTY COLLECTOR
PO BOX 1025
SALEM IL 62881

RETURN THIS STUB WITH
2ND INSTALLMENT PAYMENT

PAY TO: MARION COUNTY COLLECTOR
PO BOX 1025
SALEM IL 62881

Property Index Number	14-17-100-008
1st Due Date	07/30/2020
Back Tax	\$0.00
1st Installment	\$66,129.77
1st Installment Paid	\$66,129.77
1st Installment Balance Due	

Incorrect payments will be returned.

ST MARYS HOSPITAL
400 N PLEASANT AVE
CENTRALIA IL 62801

☐ CHECK ☐ CASH ☐ BANK
☐ CREDIT/DEBIT

PAID

1

DUPLICATE



Property Index Number	14-17-100-008
2nd Due Date	09/30/2020
Total Tax	\$132,259.54
2nd Installment	\$66,129.77
2nd Installment Paid	
2nd Installment Balance Due	\$66,129.77

Incorrect payments will be returned.

ST MARYS HOSPITAL
400 N PLEASANT AVE
CENTRALIA IL 62801

☐ CHECK ☐ CASH ☐ BANK
☐ CREDIT/DEBIT

BALANCE DUE

2

DUPLICATE



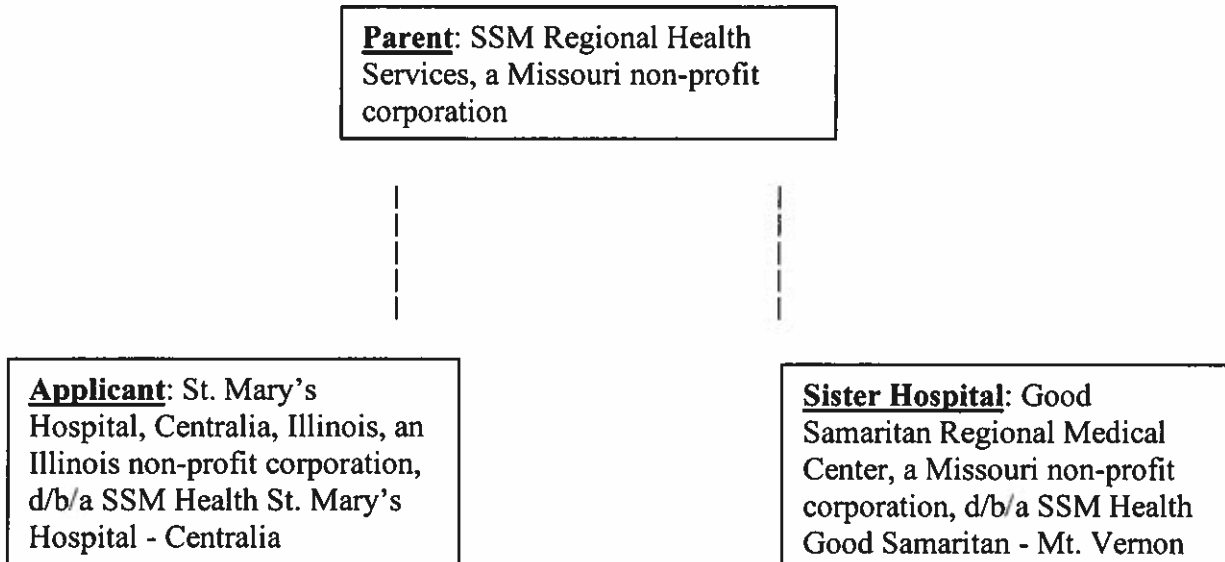
Site Ownership

Attachment 2

Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership

Attachment 3

NA



Organizational Relationships (Organizational Chart)

Attachment 4

Flood Plain Requirements

Attachment 5

NA

Historic Preservation Requirements

Attachment 6

NA

Project and Sources Funds Itemization

Attachment 7

NA

Financial Commitment Documentation

Attachment 8

NA

Cost Space Requirements

Attachment 9

NA

Legal Notice run in Centralia Sentinel 6/29/2021

NOTICE

Notice is hereby given that SSM Health St. Mary's Hospital in Centralia will discontinue inpatient obstetric services on August 1, 2021. Inpatient obstetric services are still available in the region at SSM Health Good Samaritan Hospital in Mt. Vernon, Illinois.

Discontinuation

Attachment 10-1

Press Release sent to: TV stations: (SIU News, KFVS12, WPSD 6, WSIL 3) Radio Stations: (WIBV, WQRL, Q106, WMIX, Vine, WCXO, WJBD, WNOI, WRXX/WILY) Newspapers: (Carmi Times, Belleville News Democrat, Breese Journal, Clay County Advocate Press, Clay County Republican, Centralia Morning Sentinel, Okawville Times, Effingham Daily News, Nashville News, Benton Evening News, Southern Illinoisian).



Bethany Benjamin
Regional Marketing &
Communications Consultant

SSM Health Illinois
618.899.1077
SSMHealth.com

SSM Health in Illinois consolidates labor and delivery services for the region

Centralia, IL – (June 8, 2021). As stewards of ministry, SSM Health is continually evaluating the best way to serve the needs of their patients while ensuring the long-term sustainability of quality health care in the communities they serve. After careful consideration SSM Health Illinois will be consolidating the labor and delivery service from SSM Health St. Mary's Hospital – Centralia to SSM Health Good Samaritan Hospital – Mt. Vernon, by the end of 2021.

"The decision to consolidate our inpatient labor and delivery department was not reached lightly", said Damon Harbison, President, SSM Health St. Mary's Hospital. Harbison said they have closely monitored the obstetrics service line for several years and the department has been experiencing underutilization for some time now that matched the national and regional trend of declining birth rates.

Harbison stated that "this decision is in no way a reflection upon the quality of care our OB/GYN physicians, pediatricians, nurses, or staff have provided to mothers and babies. We consider them among the 'best of the best' and know that this change will be difficult for our amazing staff." While 18 employees at St. Mary's Hospital will be affected, no jobs will be lost. St. Mary's Hospital administration met with those employees and have offered them the opportunity to transfer to other positions within the SSM Health system. Though St. Mary's Hospital realizes that complex decisions must occasionally be made in order to ensure the long-term sustainability of our ministry, we also grieve change. Harbison advises that "the change will ultimately improve our operations and allow us to focus our resources on the services that our patients are using the most in the communities we serve while keeping pace with the changes in the healthcare industry."

SSM Health St. Mary's Hospital - Centralia has seen a consistent decline in the number of births each year. The hospital anticipates less than 250 total births in 2021. Combining the two programs will increase volumes allowing staff to maintain clinical competencies and increase program efficiencies.

To ensure a smooth transition and continuity of care, SSM Health Illinois is partnering with Heartland Women's Healthcare to assist with transitioning their patient's labor and delivery care to SSM Health Good Samaritan Hospital – Mt. Vernon or a hospital of their choice.

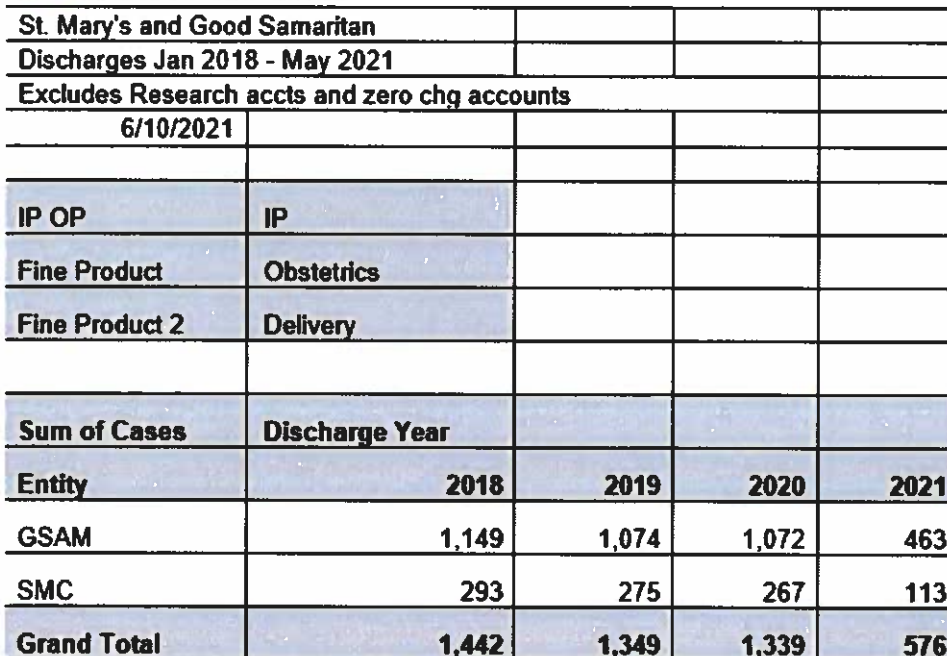
While this decision was not made lightly, consolidating the labor and delivery services will allow SSM Health St. Mary's Hospital - Centralia to focus on providing other vital services in this community. By being good stewards of the resources that we have and specifically meeting the needs of our population SSM Health St. Mary's Hospital will continue to invest in surgical services, emergency services, primary care, outpatient services, geriatric focus care, and our behavioral health services.

Throughout this process, SSM Health's goal is to ensure what is best for patients, employees, physicians, and the communities they serve.

Discontinuation

Attachment 10-2

In the service area defined by SSM Regional Health Services as its Primary & Secondary Service Area (PSA/SSA), St. Mary's has seen a significant decline in the number of deliveries. St. Mary's has seen over a 30% decrease in the number of births since 2014. This decline has made it difficult to maintain staff competency and efficient operations, including the cost of staffing and call coverage. Good Samaritan has been responsible for providing over 80% of the deliveries in the PSA/SSA for the last 2 years with 33% of Marion County residents who deliver, already delivering at Good Samaritan. This service has become unsustainable for St. Mary's.



Attachment 10-3

Impact on Access

As stated in "Reasons for Discontinuation", the total number of deliveries in the defined service area is low for St. Mary's. The defined service area includes the primary and secondary markets for both St. Mary's and Good Samaritan. From the defined market, St. Mary's sister hospital Good Samaritan has a historical market share for this service of 51.5%, with St. Mary's having only 13%. 16% of the market share from the entire service area goes to SIH (Memorial Hospital of Carbondale), however this is from the most southern portion of the market, 62 miles from St. Mary's in Centralia. The southern portion would be considered more in the service area of Good Samaritan. Therefore, the majority of deliveries from the defined service area are being performed at Good Samaritan in Mt. Vernon (18 miles) and a minimal number at other facilities in the region, including: HSHS (St. Elizabeth's in O'Fallon 45 miles), HSHS (St. Joseph's in Breese, 32 miles). All of these programs provide inpatient obstetric and nursery services. The applicants do not believe the proposed discontinuation of obstetrical services at St. Mary's Hospital will result in an unreasonable diminishment of accessibility to the service as utilization is extremely low and a significant number of patients from Centralia already deliver at Good Samaritan.

Impact on Obstetrics Access / Care:

Residents of the primary service area have minimal impact on access to obstetrics with prenatal care still being provided in Centralia. Residents continue to have 24/7 access to inpatient obstetric and nursery services through Good Samaritan, which operates a strong, full-service obstetrics program.

Discontinuation

Attachment 10-4

Impact Letter

Attachment 10-5

NA

SSM Health St. Mary's Hospital is and will continue to be a safety net provider, serving primarily the residents of Marion County. Due to the nature of obstetrical services, the discontinuation of the service will have no substantial impact on the hospital's commitment to or provision of safety net services.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	128	133	263
Outpatient	803	874	2615
Total	931	1,007	4,898
Charity (cost in dollars)			
Inpatient	399,033	315,345	239,278
Outpatient	594,029	660,300	702,335
Total	933,062	975,645	941,613
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	1,504	1,767	1,465
Outpatient	16,587	17,563	21,711
Total	18,091	19,320	23,176
Medicaid (revenue)			
Inpatient	24,975,388	25,076,871	28,014,018
Outpatient	54,867,179	56,057,379	54,739,616
Total	79,842,567	81,134,250	82,753,634

Safety Net Impact Statement

Attachment 37

CHARITY CARE			
	2018	2019	2020
SSM Health – SM Hospital			
Net Patient Revenue (total hospital)	\$105,761,211	\$108,144,154	100,522,234
Amount of Charity Care (charges)	\$3,211,469	\$4,334,377	3,317,509
Cost of Charity Care	\$993,062	\$975,645	941,613

Charity Care

Attachment 38