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: Proctor Hospital
Street Address: 5409 North Knoxville
City and Zip Code: Peoria IL 61614
County: Peoria Health Service Area HSA 2 Health Planning Area: HSA 2

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

Exact Legal Name: Methodist Health Services Corporation
Street Address: 221 N.E. Glen Oak Avenue
City and Zip Code: Peoria 61636
Name of Registered Agent: Keith Knepp, M.D.
Registered Agent Street Address: 221 N.E. Glen Oak Avenue
Registered Agent City and Zip Code: Peoria, 61636
Name of Chief Executive Officer: Keith Knepp, M.D.
CEO Street Address: 221 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria, 61636
CEO Telephone Number: 309-671-2528

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ 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 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: Amelia Boyd
Title: VP Strategy and Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number:309-672-5952

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

Name:
Title:

Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Permit Contact

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

Name: Amelia Boyd
Title: Vice President Strategy & Planning
Company Name: UnityPoint Health – Central Illinois
Address:221 N.E. Glen Oak Avenue Peoria, IL 61636
Telephone Number:309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number:309-672-5952

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Hospital
Address of Site Owner:5409 N. Knoxville Avenue, Peoria 61614
Street Address or Legal Description of the Site: 5409 N. Knoxville Avenue, Peoria 61614 **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: Proctor Hospital
Address: 5409 N. Knoxville Avenue, Peoria 61614
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

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County: Peoria Health Service Area HSA 2 Health Planning Area: HSA 2

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Name of Chief Executive Officer: Keith Knepp, M.D.
CEO Street Address: 221 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria, IL 61636
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Type of Ownership of Applicants

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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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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amelia Boyd
Title: VP Strategy and Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number:309-672-5952

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

Name:
Title:

Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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: Proctor Hospital
Street Address: 5409 North Knoxville
City and Zip Code: Peoria IL 61614
County: Peoria Health Service Area: 2 Health Planning Area: HSA 2

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

Exact Legal Name: Iowa Health System d/b/a UnityPoint Health
Street Address: 1776 West Lakes Parkway Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: URS Agents, LLC
Registered Agent Street Address: 30 N. LA Salle St. Ste 1510
Registered Agent City and Zip Code: Chicago 60602
Name of Chief Executive Officer: Clay Holderman
CEO Street Address: 1776 West Lakes Parkway Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: (515) 241-8215

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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Title: VP Strategy & Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue, Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: Amelia.Boyd@unitypoint.org
Fax Number: 309-672-5952

Additional Contact [Person who is also authorized to discuss the Application]

Name:

Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

Facility Name: Proctor Hospital
Street Address: 5409 North Knoxville
City and Zip Code: Peoria 61614
County: Peoria Health Service Area: HSA 2 Health Planning Area: HSA 2

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

Exact Legal Name: The Carle Foundation
Street Address: 611 West Park Street
City and Zip Code: Urbana IL 61801
Name of Registered Agent: James Leonard, MD
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana IL 61801
Name of Chief Executive Officer: James Leonard
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana IL 61801
CEO Telephone Number: (217) 383-3311

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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Title: VP Strategy & Planning
Company Name: UnityPoint Health-Central Illinois
Address: 221 N.E. Glen Oak Drive, Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: Amelia.Boyd@unitypoint.org

Additional Contact [Person who is also authorized to discuss the Application]

Name:
Title:
Company Name:

Address:
Telephone Number:
E-mail Address:

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.

Proctor Hospital (Proctor) proposes to establish a 20-bed inpatient Comprehensive Physical Rehabilitation Unit on the 4th floor of Proctor in space that has been utilized by Proctor's Long-Term Care Unit. To make space available for the 20 rehabilitation beds, a Certificate of Exemption application will be filed concurrently to discontinue the 43 Long Term Care beds at Proctor, with the discontinuation contingent upon the approval of this project. The 4th floor of Proctor was modernized in 2017 to accommodate the Long-Term Care Unit. The space remains As Is and will not need to be updated because of this project.

If approved, the 20-bed Comprehensive Physical Rehabilitation Unit at Proctor will replace the 39-bed Comprehensive Physical Rehabilitation Unit currently in operation at Methodist Medical Center of Illinois (MMCI). A Certificate of Exemption application will be filed concurrently to discontinue the 39-bed unit at MMCI, with the discontinuation contingent upon approval of this project. MMCI's rehabilitation program serves persons of varying cultural backgrounds and from all payer sources. This policy will continue with the move of the comprehensive physical rehabilitation unit to Proctor.

Importantly, this project, in conjunction with the discontinuation of Long-Term Care beds at Proctor and discontinuation of the Comprehensive Physical Rehabilitation Unit at MMCI, will result in an overall reduction of State-calculated excess beds in HSA 2 for both Long Term Care and Comprehensive Physical Rehabilitation.

There are no capital costs associated with this project.

This project is anticipated to be complete in March of 2023.

The project is "substantive" because it proposes the establishment of a new category of service.

Project Costs and Sources of Funds - Not Applicable - there are no costs associated with this project.

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$0	$0	$0
Movable or Other Equipment (not in construction contracts)	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs to Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$0	$0	$0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$0	$0	$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is $ 0.00

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): March 2023

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **Not Applicable**

☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet** (**BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments 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]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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: Proctor Hospital	**CITY: Peoria**				
REPORTING PERIOD DATES:	**From: January 1, 2021**		**to: December 31, 2021**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	151	2,422	11,150	0	151
Obstetrics	0				
Pediatrics	0				
Intensive Care	16	425	1,255	0	16
Comprehensive Physical Rehabilitation	0	0	0	+20	20
Acute/Chronic Mental Illness	18	223	3,528	0	18
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	43	457	8,980	(43)[1]	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	228	3,527	22,637	(23)	205

[1] Contingent upon the HFSRB's approval of this project, Proctor will discontinue all 43 of its Long-Term Care beds. See Certificate of Exemption filed concurrently to this application.

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 Methodist Health Services Corporation.

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

Keith Knepp, MD
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of NOV, 2022

Cheryl K Bullard
Signature of Notary

Seal

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

SIGNATURE

John Peters
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of NOV., 2022

Cheryl K Bullard
Signature of Notary

Seal

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

*Insert the EXACT legal name of the applicant

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Proctor 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

Keith Knepp, MD
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of NOV., 20 22

Cheryl K Bullard
Signature of Notary

Seal

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

*Insert the EXACT legal name of the applicant

SIGNATURE

John Peters
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of NOV., 20 22

Cheryl K Bullard
Signature of Notary

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- 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 Iowa Health System d/b/a UnityPoint Health.

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	SIGNATURE
Scott Kizer PRINTED NAME	Dan Carpenter PRINTED NAME
SVP, Chief Legal Officer & General Counsel PRINTED TITLE	Senior VP & Chief Strategy Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4th day of November, 2022	Notarization: Subscribed and sworn to before me this 4th day of November, 2022
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

JILL GRUNST
Commission Number 769235
My Commission Expires
August 10, 2023

JILL GRUNST
Commission Number 769235
My Commission Expires
August 10, 2023

CERTIFICATION

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- 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

This Application is filed on the behalf of The Carle Foundation, an Illinois not-for-profit corporation.

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

James Leonard, M.D.
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of November, 2022

Signature of Notary

Seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/23

*Insert the EXACT legal name of the applicant

SIGNATURE

Dennis Hesch
PRINTED NAME

Executive Vice President and CFO, CSO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of November, 2022

Signature of Notary

Seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/23

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.

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

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

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS <u>ATTACHMENT 11</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

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

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

4. Cite the sources of the documentation.

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

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

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

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

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

    Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ **Comprehensive Physical Rehabilitation**	**0**	**20**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110. 205(b)(2) - Planning Area Need - Service to Planning Area Residents	X		
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

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

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ PT/OT	2	2

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) − Need Determination − Establishment
Service Modernization	(c)(1) − Deteriorated Facilities
	AND/OR
	(c)(2) − Necessary Expansion
	PLUS
	(c)(3)(A) − Utilization − Major Medical Equipment
	OR
	(c)(3)(B) − Utilization − Service or Facility
1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

VII. 1120.120 - AVAILABILITY OF FUNDS - NOT APPLICABLE – THERE ARE NO PROJECT COSTS.

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [**Indicate the dollar amount to be provided from the following sources]:**

_____	a) Cash and Securities − statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b) Pledges − for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests − verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d) Debt − a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations − a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants − a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources − verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS <u>ATTACHMENT 34,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE. THERE ARE NO PROJECT COSTS.

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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

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

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY – NOT APPLICABLE. THERE ARE NO PROJECT COSTS.

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available.

2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

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

SECTION X. 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 each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

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

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

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

A table in the following format must be provided as part of Attachment 37.

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

Outpatient			
Total			

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

SECTION X. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Proctor Hospital (Name) 5409 North Knoxville Avenue (Address)
   Peoria Illinois 61614 309-691-1000

2. Project Location: 5409 North Knoxville Avenue (Address) Peoria (City) IL (State)
   Peoria (County) City of Peoria, Sec 21, TWN 09 (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes__ No _X_

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

_____

Name of Official:_____Title: _____

_____

Business/Agency:_____Address:

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Type of Ownership of Applicants

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. Methodist Health Services Corporation,
2. Proctor Hospital,
3. Iowa Health System d/b/a UnityPoint Health, and
4. The Carle Foundation.

Attachment 1

File Number 5257-769-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

METHODIST HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

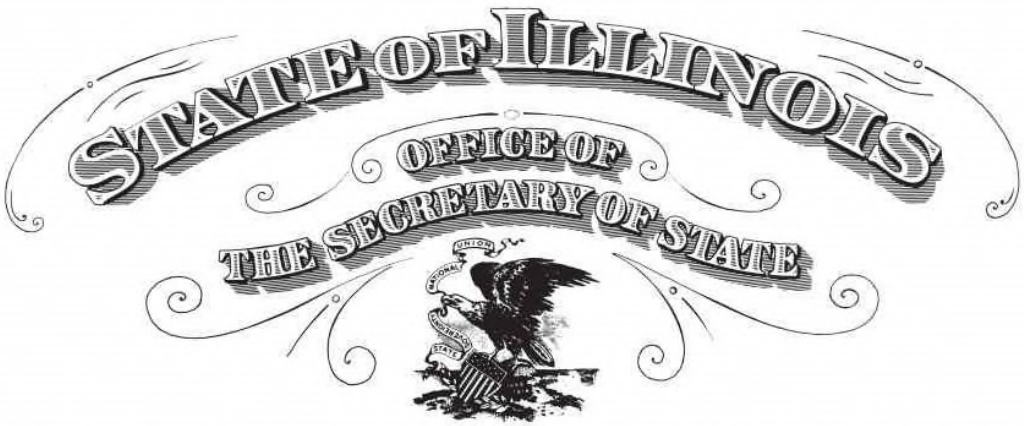
Authentication #: 2133602936 verifiable until 12/02/2022
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* DECEMBER *A.D.* 2021 .

Jesse White
SECRETARY OF STATE

Attachment 1

File Number 3779-346-9



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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, 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 #: 2229001358 verifiable until 10/17/2023
Authenticate at: https://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 17TH *day of* OCTOBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 6720-693-2

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 18TH *day of* APRIL *A.D.* 2022 .

Authentication #: 2210803174 verifiable until 04/18/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

Attachment 1

File Number 2932-580-4

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, 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* 7TH *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2231102122 verifiable until 11/07/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

Attachment 1

Site Ownership

By signing the certification pages within this application, the Applicants attest that Proctor Hospital ("Proctor") owns the property at 5409 North Knoxville Avenue, Peoria, IL 61614.

Attachment 2

Operating Identity/Licensee

A Certificate of Good Standing for Proctor is included in Attachment 1. Copies of Proctor's general acute care hospital license and accreditation with The Joint Commission are attached. The owner of Proctor is Methodist Health Services Corporation ("MHSC"). See the organizational chart in Attachment 4.

Attachment 3

HF 125477

Illinois Department of PUBLIC HEALTH

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.

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2023		0001925

General Hospital

Effective: 07/01/2022

Proctor Community Hospital
5409 N Knoxville Ave
Peoria, IL 61614

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023

Lic Number 0001925

Date Printed 5/3/2022

Proctor Community Hospital

5409 N Knoxville Ave
Peoria, IL 61614

FEE RECEIPT NO.

Attachment 3

Proctor Hospital
UnityPoint Health - Proctor

Peoria, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

September 26, 2019

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #7409
Print/Reprint Date: 02/06/2020

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

The Joint Commission surveyors' schedule delayed due to pandemic and other factors. Updated accreditation documentation will be provided as soon as is available.

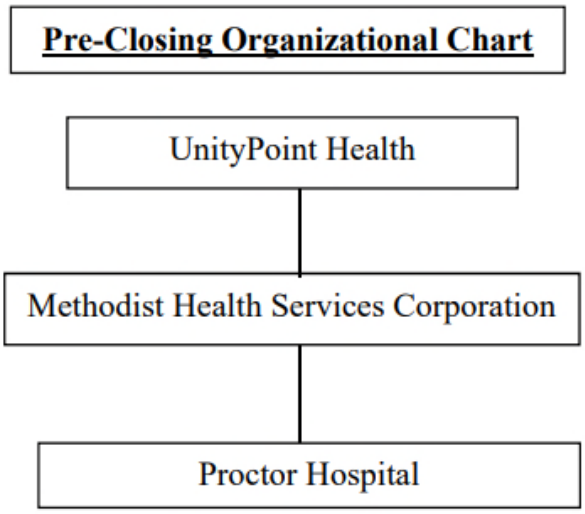
Attachment 3

Organizational Relationships

Proctor is a subsidiary of MHSC. An organizational chart showing the relationship between Proctor, MHSC, and UnityPoint Health is attached. The project does not require any funding or financial contribution.

Following the completion of the contemplated transaction referenced in Project No. E-056-22, The Carle Foundation will become the sole corporate member of MHSC. Proctor will remain a subsidiary of MHSC, and Proctor will continue to hold the Proctor hospital license and operate the hospital. See attached pre- and post-closing organizational charts.

Attachment 4

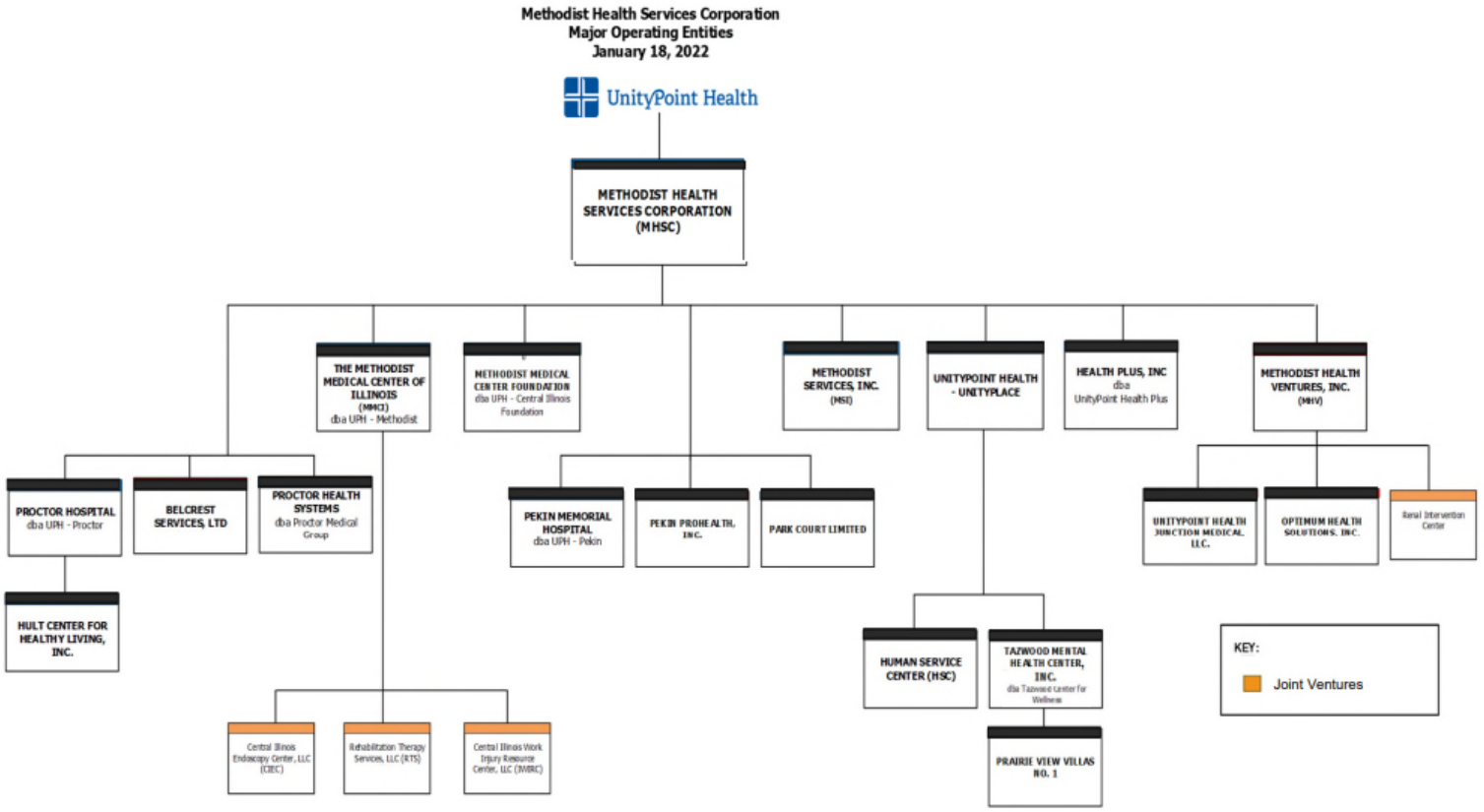


Key:

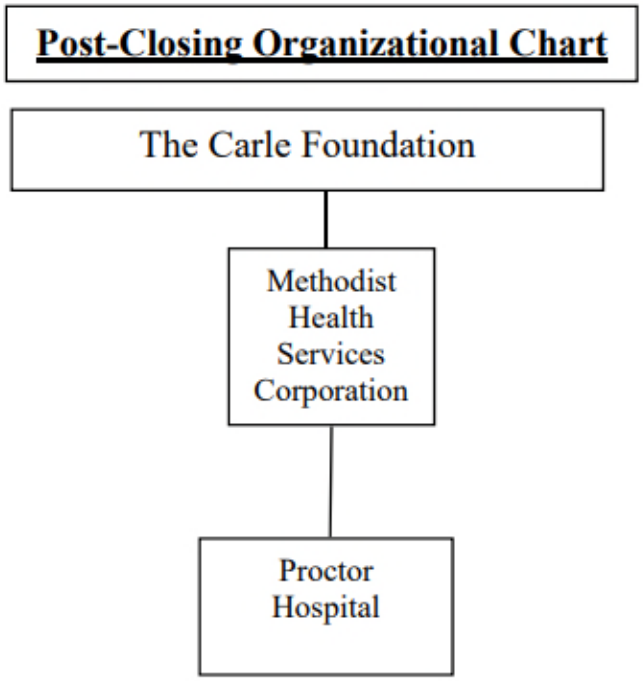
Solid line represents membership

This represents the Organizational Chart Pre-Closing of the anticipated transaction referenced by COE #E-56-22

Attachment 4



Attachment 4



Key:

Solid line represents membership

This represents the Organizational Chart Post-Closing of the anticipated transaction referenced by COE #E-56-22

Attachment 4

FLOOD PLAIN REQUIREMENTS

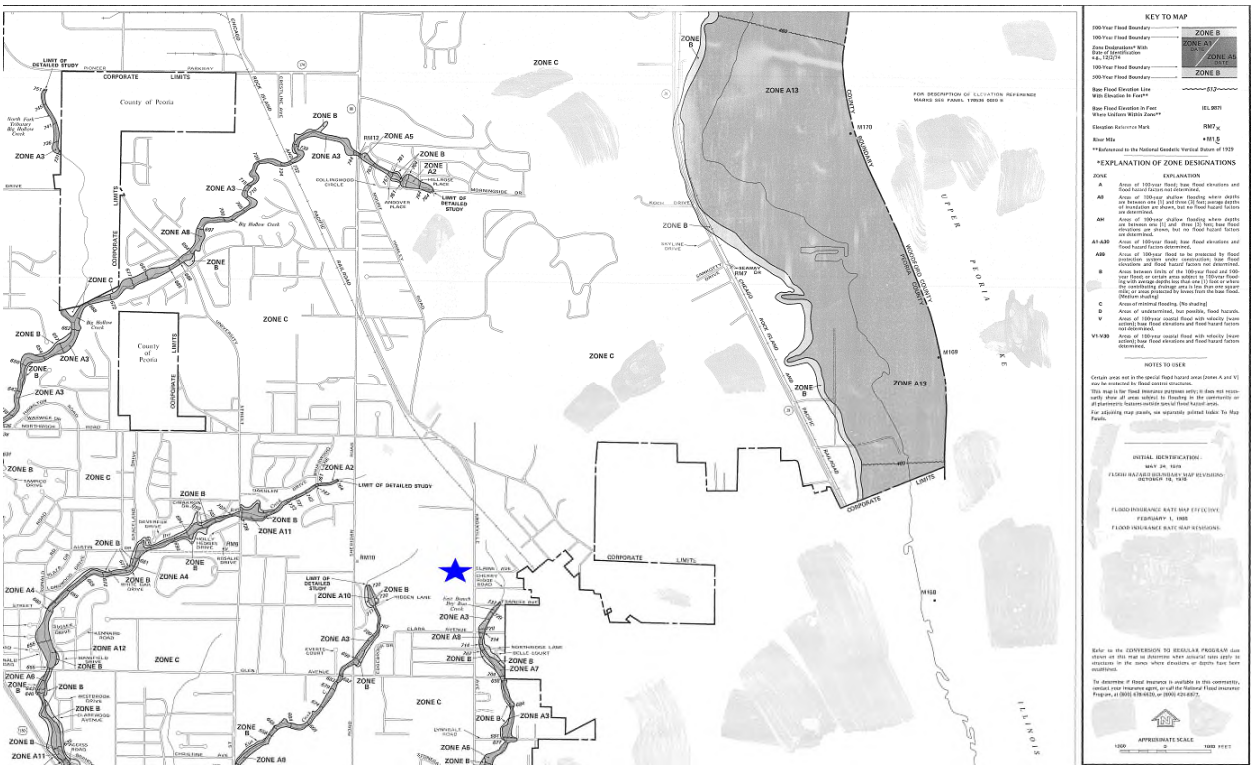
If approved, the Proctor Hospital Inpatient Comprehensive Physical Rehabilitation Unit will be located on the fourth floor of Proctor. A floodplain map is provided on the following pages. The entire Proctor campus is located outside any known floodplain.

Attachment 5

FLOOD PLAIN MAP

Attachment 5

FLOOD PLAIN MAP *cont'*



Attachment 5

HISTORIC RESOURCES PRESERVATION ACT REQUIREMENTS

There is no demolition, construction, or modernization anticipated as part of this Certificate of Need permit application. As a result, this requirement does not apply.

Attachment 6

Project Costs and Sources of Funds

This attachment is not applicable as there are no construction, renovation, or modernization costs involved with this project.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$0	$0	$0
Movable or Other Equipment (not in construction contracts)*	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs to Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$0	$0	$0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$0	$0	$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

***The following equipment will be moved from the MMCI Center: 2 WOWs (Computers on Wheels, 2 Blanket Warmers, 4 Dynamaps, 2 Manual Blood Pressure Cuffs, 1 Bladder Scanner, 3 Scales, 3 Sara Stedy, 1 Sorrento. All items purchased are out of the operating budget and not capitalized.

Attachment 7

Cost Space Requirements

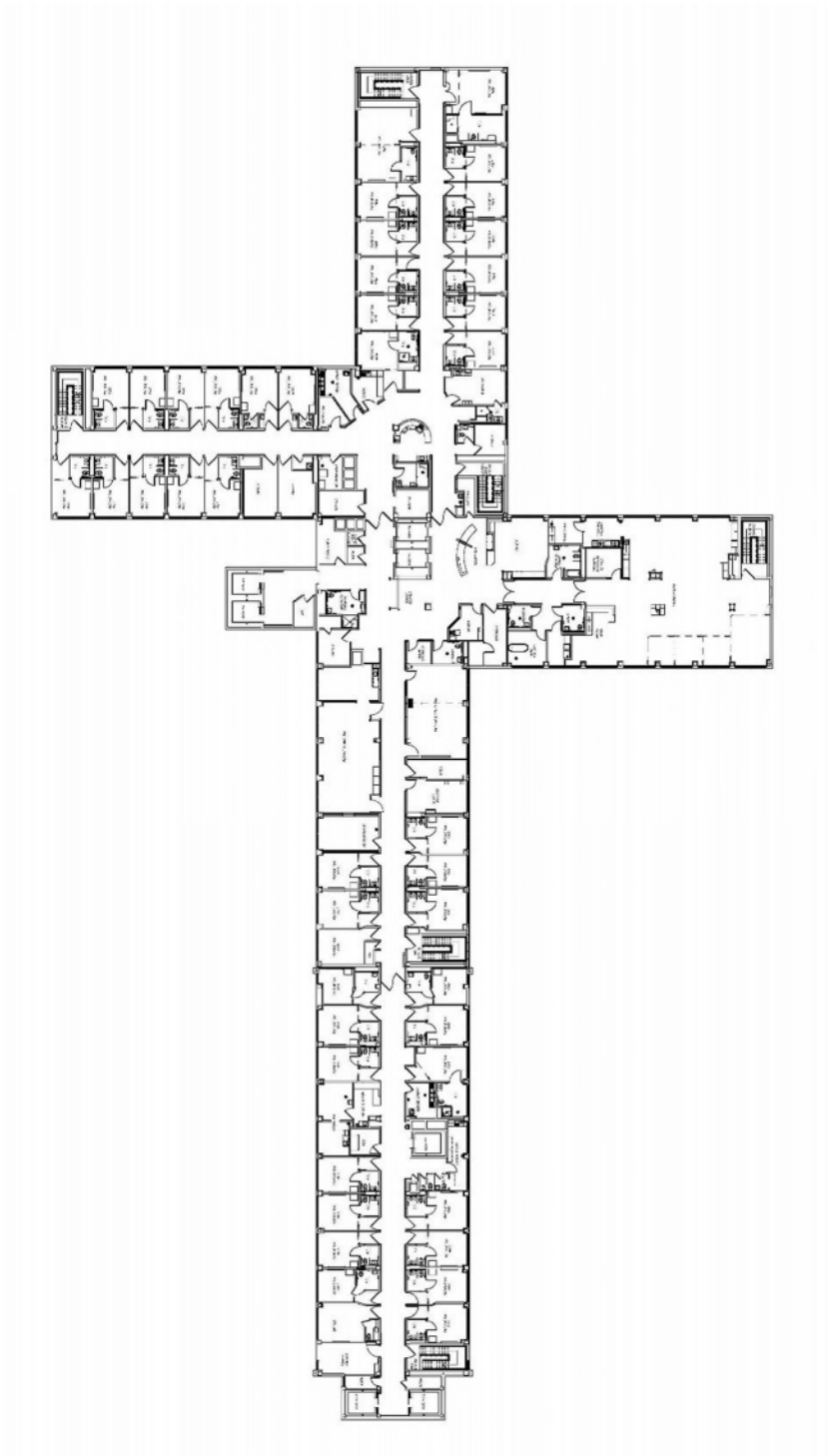
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE				0	0		
Comp Physical Rehab			7,645			7,645	
PT / OT / ST			4,340			4,340	
Total Clinical			11,985			11,985	
***NON-clinical / Non-REVIEWABLE -**			6,581			**6,581**	
Vacant			**5,990**			**5,990**	
Total Non-clinical			12,571			12,571	
TOTAL			**24,556**			**24,556**	

*The existing space on the 4th floor of Proctor was previously used for a Long-Term Care Unit which is now paused and satisfies all applicable requirements to operate a Comprehensive Physical Rehabilitation Unit. There will be no renovations to the current floor plan as part of this project. Attached are floor plans of the current space with the Long-Term Care Unit and post-approval showing that no changes will result to the overall layout as a result of the project. The Comprehensive Physical Rehabilitation Unit will utilize the purple, green and tan colored portions of the floor plan. The blue portions will remain vacant or are used for circulation.

*Non-clinical space includes public circulation, administration, case management, dayrooms, dining and dietary, storage, mechanical and building systems, clean and soiled supply, and staff lockers and lounges.

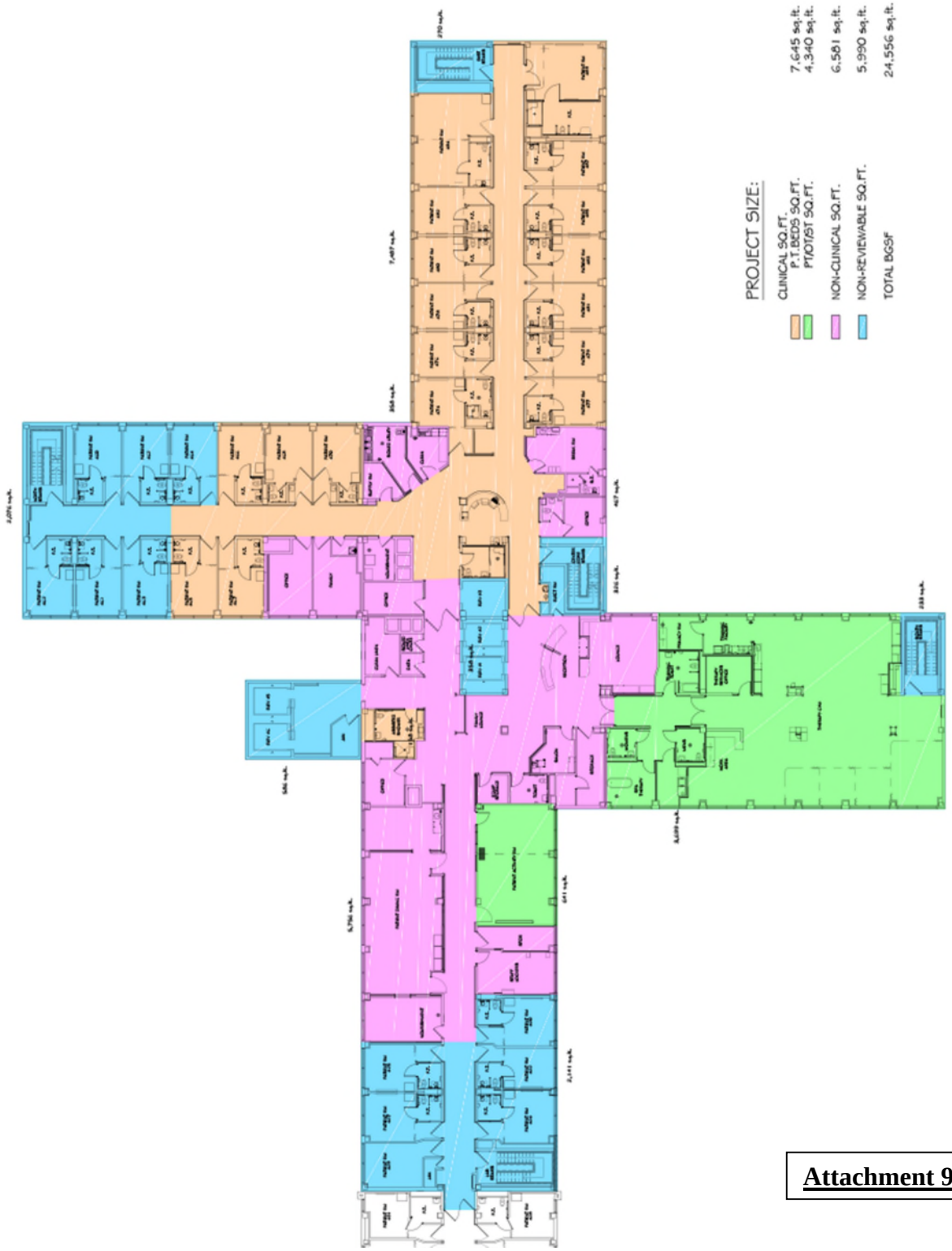
Attachment 9

Proctor Hospital 4th Floor
43 Bed Unit
Long-Term Care Unit Pre-Discontinuation



Attachment 9

Proctor Hospital 4th Floor
20 Bed Unit
Comprehensive Physical Rehabilitation Post-Discontinuation



Attachment 9

1110.110(a) – Background of the Applicant

The Applicants supplied the information and documentation requested by this criterion in Project No E-56-22. See attached attestation**.**

Attachment 11

BACKGROUND OF APPLICANT

The applicants supplied the information and documentation requested by this criterion in Project No E-56-22. See attached attestation.

ATTESTATION

To the best of my knowledge, the project complies with the requirements of Criterion 1110.110(a) – Background of the Applicant as the applicant submitted an application for a permit during the current calendar year (Project No. E-56-22) and the documentation provided contains no changes regarding the information provided.

Amelia Boyd
Vice President, Strategy & Planning

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

Subscribed and sworn to before me this

27 day of October, 2022

Cheryl K Bullard
Notary Public

My Commission expires 9-19-2023

Attachment 11

Criterion 1110.110(b) & (d)
Purpose of the Project

Methodist Health Services Corporation ("MHSC") owns three Illinois hospitals that serve patients in HSA 2. Of those, The Methodist Medical Center of Illinois ("MMCI") provides Comprehensive Physical Rehabilitation services and has provided these services for the last 38 years. Proctor Hospital ("Proctor"), which is located 4.3 miles from MMCI, has been providing Long Term Care ("LTC") services to the Central Illinois community for 35 years. Over that time, several other facilities began providing LTC services, resulting in a State-calculated oversupply of LTC beds and a maldistribution in HSA 2. After a thorough evaluation and a pause in LTC services at Proctor, the decision has been made to permanently close the underutilized LTC unit at Proctor and relocate the Comprehensive Physical Rehabilitation services at MMCI to Proctor, contingent on the HFSRB's approval of this project.

The Applicants will be filing concurrently to this application Certificate of Exemption applications for the discontinuation of the existing 43-bed LTC unit at Proctor and 39-bed Comprehensive Physical Rehabilitation unit at MMCI in Peoria, both contingent upon the approval of this project. If approved, the new Comprehensive Physical Rehabilitation Center at Proctor will replace the existing 39-bed Comprehensive Physical Rehabilitation unit now at MMCI.

The Applicants intend for the discontinuation of the 39-bed Comprehensive Physical Rehabilitation Center at MMCI to be effective upon the licensing and opening of the proposed 20-bed Comprehensive Physical Rehabilitation Center at Proctor to avoid any disruption in patient access to this necessary care.

The discontinuation of LTC services and relocation of Comprehensive Physical Rehabilitation services accomplishes several objectives.

First, it will significantly reduce the oversupply of LTC beds in HSA 2 by decreasing the total number by 43. The reduction will not decrease patients' access to care as there are multiple other facilities in the area available for current Proctor patients during discharge planning.

Second, it will allow Proctor to utilize the space of the LTC unit for Comprehensive Physician Rehabilitation services. The relocation will require no construction or renovations as the unit was recently renovated in 2017 and currently meets all applicable requirements. During the recent renovation, a new patient dining room, patient activity center, state-of-the-art therapy gym, two customized bariatric rooms, large training shower rooms, and a life skills room were added, all of which allow for family participation and training. The relocation will also allow the Applicants to right-size the Comprehensive Physical Rehabilitation services offered by an MHSC hospital

Attachment 12

in the area as it will reduce the current authorized bed count from 39 to 20, reducing the current State-calculated oversupply of beds in the planning area and improving the overall utilization of the services.

Third, the 20-bed unit will accommodate those patients who have been referred by UnityPoint Clinic and UnityPoint Hospitalists, along with several independent providers. During COVID and due to the stressors it placed on the system, it often became necessary to cap the beds in the inpatient rehabilitation unit at MMCI. When this occurred, patients were deflected or denied beds and often had to receive care at other locations. The approval of this project will allow for all-private rooms (compared to semi-private rooms currently in operation at MMCI) in a more modern facility with a larger staff to accommodate patients' needs. Closure of the LTC unit at Proctor and relocation of the rehabilitation center to the Proctor Campus addresses those needs.

Internal data from 2021 reflects patients were unable to be admitted to the MMCI Rehabilitation Center due to a suitable bed being unavailable. MMCI experienced patient deflections in recent years due to not having an appropriate bed available at the time of admission because of a lack of staff, the inability to place patients because of infection and the need to provide appropriate rooms for male and female patients. The Applicants estimate that the Proctor Rehabilitation Center will be able to accept at least 75% of the patient deflections experienced in 2020 and 2021. The ability to accept these patient admissions is based on the availability of all-private rooms and increased staffing that will be supplemented by staff from the LTC unit, which will be discontinued pending approval of this project.

An analysis of the Discharge Destination for those patients deflected in 2020 and 2021 revealed the following:

- In 2020 69% of the deflections were admitted to either other UnityPoint entities including UnityPoint Home Health or the Long-Term Care Unit for services or discharged to home.
- The remaining patients were discharged to 14 other facilities, including Long Term Care in the three-county area that is included in HSA 2.
- In 2021, 53% of the deflections were admitted to either other UnityPoint entities including UnityPoint Home Health or the Long-Term Care Unit for services or discharged to home.
- The remaining patients were discharged to 17 other facilities, including Long Term Care in the three-county area that is included in HSA 2.

It is important to note that these patients have all been referred by physicians whose referrals are documented in letters attached to this CON in the Appendix. One of the goals of this Certificate of Need is to ensure the continuity of care by providing patients with the right care at the right time in the right place.

Attachment 12

MMCI's inpatient Comprehensive Physical Rehabilitation Center ("MMCI Rehabilitation Center") provides patient-specific therapy in a medically supervised setting with on-site specialty-trained physicians and nurses using state-of-the-art technologies. The MMCI Rehabilitation Center includes an interdisciplinary team with a Medical Director, Rehab Nurses, CNAs, Therapy Services (PT, OT, and ST,) and Case Management. Dieticians, Social Workers, and Psychology services are consulted as needed. As members of the care team, the inpatient rehabilitation department's staff of nurses and nursing assistants collaborate with physicians, nurses, care managers, and therapists in other departments to provide a complete, coordinated care plan during a patient's hospital stay. Therapists evaluate and treat patients in the MMCI Rehabilitation Center, providing programs and services such as evaluation of the ability to safely return home alone or with assistance, assistive device recommendations, evaluation and treatment of lower extremity weakness and coordination deficits, and lower extremity bracing recommendations. The interdisciplinary rehab team is composed of dedicated rehabilitation staff, providing warm, supportive, and individualized care for patients with conditions ranging from orthopedic injuries to complex neurological trauma.

This project will allow for the continued operation of MMCI's highly regarded Comprehensive Physical Rehabilitation service in Peoria but at a new location (Proctor) nearby, utilizing the same providers and staff and with the ultimate goal of minimizing the impact of the patient's impairments on their lives while improving their ability to perform daily activities.

MMCI's rehabilitation program serves persons of varying cultural backgrounds and from all payer sources. This policy will continue with the move of the comprehensive physical rehabilitation unit to Proctor.

1. Document that the project will provide health services that will improve health care or well-being of the market area population to be served.

The proposed project involves the relocation of the MMCI Rehabilitation Center to Proctor, a hospital located less than 5 miles away. The same services will be provided by the same staff and to the same patient population.

The MMCI Rehabilitation Center has provided an average of over 5,765 inpatient days of service annually over the past six years. The MMCI Rehabilitation Center specializes in the care of a variety of impairments, including:

- Amputation
- Brain Injury
- Neurological Disorders
- Orthopedic Injury
- Pulmonary Disease
- Major Multiple Trauma
- Spinal Cord Injury

Attachment 12

- Complex Medical Complex Surgical
- Cardiac Disease

The MMCI Rehabilitation Center strives to achieve the highest possible level of functional independence for every patient. The psychosocial adjustment to a disability is as significant a process as is the physical and restorative services of rehabilitation nursing, physical therapy, occupational therapy, and speech/language pathology. By treating each patient and his or her family members in a holistic and individualized program, optimum levels of independence are obtained.

The philosophy of Proctor's proposed Comprehensive Physical Rehabilitation Center ("Proctor Rehabilitation Center") will be to provide the same warm and supportive environment for the patient and family who, together with the staff, become partners in skill development. Focusing on abilities rather than disabilities is the hallmark of the rehabilitation program at MMCI and will continue to be so at Proctor. By addressing the multiple effects of impairment to the patient and family and by integrating the combined resources of the patient, the family, and the interdisciplinary rehabilitation team, the Proctor Rehabilitation Center can maximize the abilities and self-esteem of the patient and family, offering a healthy reintegration into the community.

The value of Comprehensive Physical Rehabilitation is clear:

1. Reduction in length of stay for inpatients whose acute care needs are met but require physical rehabilitation in a specialized setting, and require a level of care above what is typically provided in a nursing home setting.
2. Reduction in costs as rehabilitation rates are less than LTAC and med/surg bed charges; and
3. Quicker and more complete recovery than care provided in less specialized settings.

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

The proposed Proctor Rehabilitation Center will replace the current 39-bed unit at MMCI with a decreased size of 20 beds to address the current excess of beds in the planning area and maldistribution. Patient origin data for the MMCI Rehabilitation Center provides an accurate distribution of residents expected to be patients at the Proctor Rehabilitation Center and a reliable methodology for defining the planning area for the project.

For purposes of this project, the planning area is defined as HSA 2. The accompanying map shows the location of zip codes. HSA 2 is highlighted with an orange border.

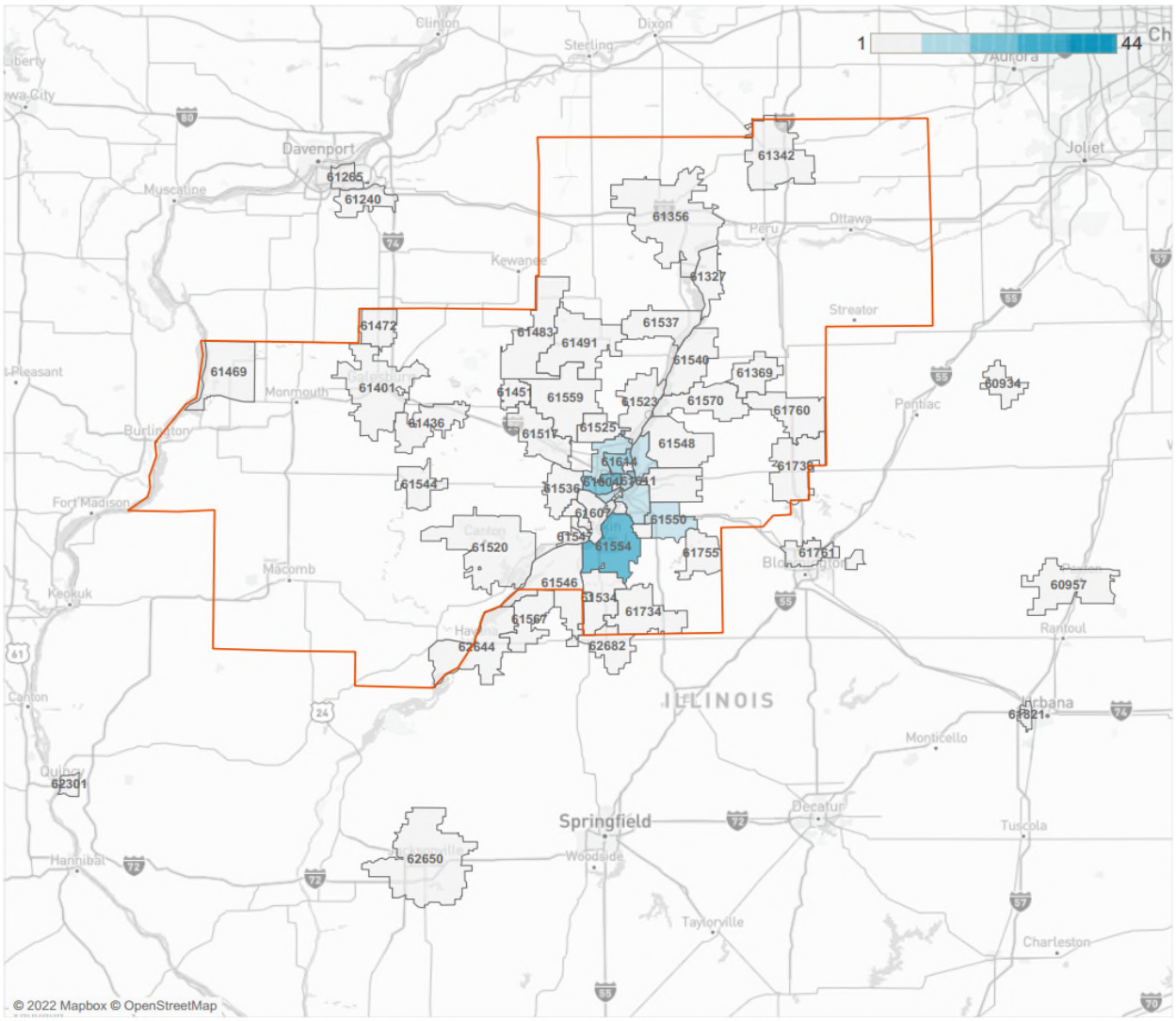
Attachment 12

Patient Origin by Zip Code of Residence
Comprehensive Rehabilitation Inpatients at MMCI, Year 2020
HSA 2 Planning Area

In / Out of HSA 2	ZIP Code	City	Population	Discharges	% of Total
In	61554	Pekin	41,786	44	14.70%
In	61604	Peoria	29,362	32	10.70%
In	61614	Peoria	28,815	23	7.70%
In	61550	Morton	17,565	18	6.00%
In	61611	East Peoria	24,235	18	6.00%
In	61605	Peoria	14,556	17	5.70%
In	61615	Peoria	21,878	15	5.00%
In	61603	Peoria	16,083	14	4.70%
In	61523	Chillicothe	10,912	8	2.70%
In	61607	Peoria	10,846	8	2.70%
In	61536	Hanna City	2,907	6	2.00%
In	61537	Henry	2,725	5	1.70%
In	61548	Metamora	11,966	5	1.70%
In	61571	Washington	24,840	5	1.70%
In	61491	Wyoming	2,099	4	1.30%
In	61606	Peoria	8,317	4	1.30%
In	61616	Peoria Heights	5,825	4	1.30%
In	61520	Canton	16,509	3	1.00%
In	61525	Dunlap	9,318	3	1.00%
In	61540	Lacon	2,676	3	1.00%
In	61546	Manito	3,589	3	1.00%
In	61610	Creve Coeur	5,074	3	1.00%
In	61483	Toulon	1,923	2	0.70%
In	61517	Brimfield	3,442	2	0.70%
In	61534	Green Valley	1,881	2	0.70%
In	61559	Princeville	3,493	2	0.70%
In	61734	Delavan	2,760	2	0.70%
In	61755	Mackinaw	4,695	2	0.70%
In	61369	Toluca	1,576	1	0.30%
In	61401	Galesburg	32,831	1	0.30%
In	61436	Gilson	797	1	0.30%
In	61451	Laura	236	1	0.30%
In	61469	Oquawka	2,160	1	0.30%
In	61535	Groveland	2,117	1	0.30%
In	61544	London Mills	749	1	0.30%

Attachment 12

In	61547	Mapleton	4,035	1	0.30%
In	61562	Rome	58	1	0.30%
In	61570	Washburn	1,767	1	0.30%
In	61651	Peoria		1	0.30%
In	61738	El Paso	4,484	1	0.30%
In	61760	Minonk	2,296	1	0.30%
In	62644	Havana	4,814	1	0.30%
Total in HSA 2				271	90.30%
Total Outside HSA 2				28	9.70%



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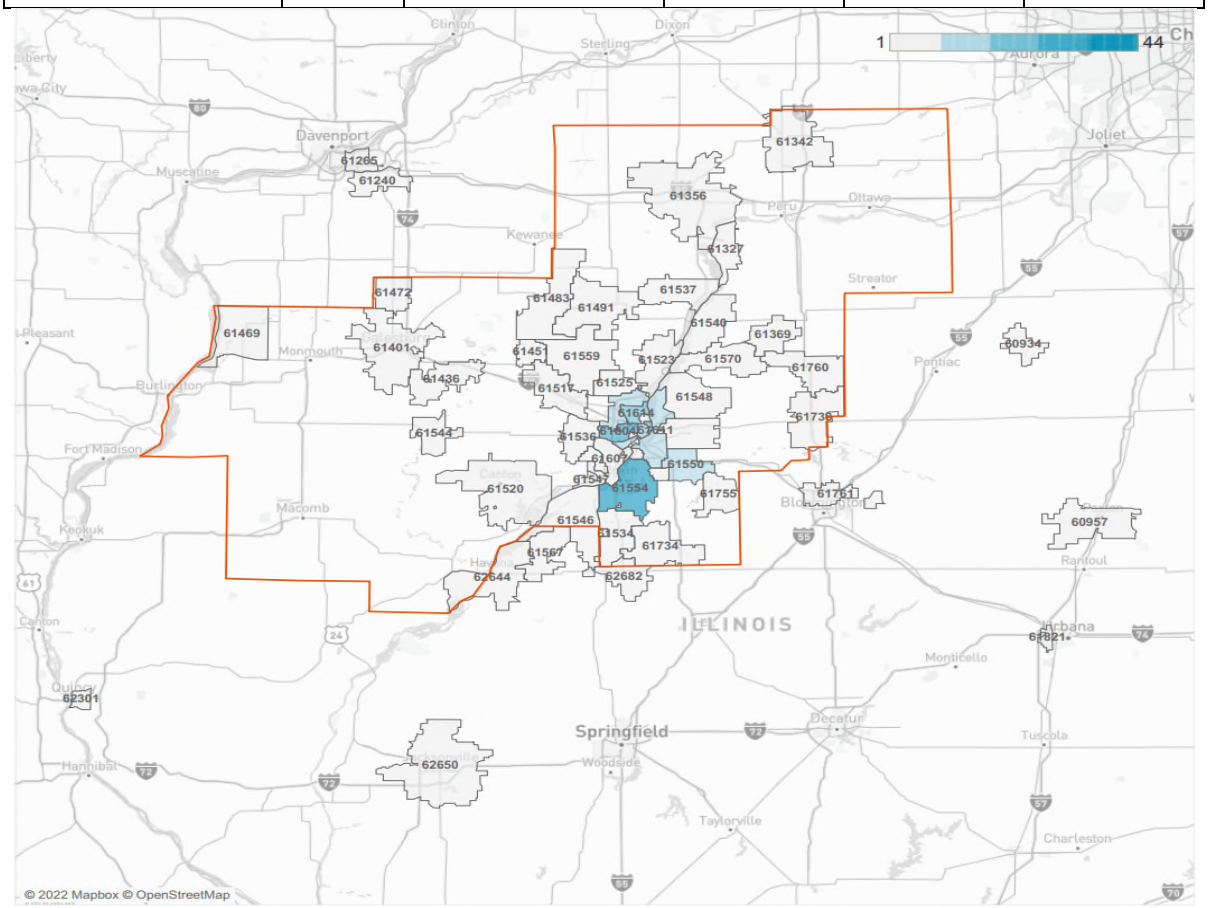
In / Out of HSA 2	ZIP Code	City	Population	Discharges	% of Total
In	61554	Pekin	41,786	45	11.10%
In	61604	Peoria	29,362	36	8.90%
In	61605	Peoria	14,556	27	6.70%
In	61611	East Peoria	24,235	24	5.90%
In	61550	Morton	17,565	22	5.40%
In	61614	Peoria	28,815	22	5.40%
In	61571	Washington	24,840	20	4.90%
In	61607	Peoria	10,846	17	4.20%
In	61603	Peoria	16,083	16	3.90%
In	61615	Peoria	21,878	15	3.70%
In	61610	Creve Coeur	5,074	11	2.70%
In	61523	Chillicothe	10,912	8	2.00%
In	61548	Metamora	11,966	8	2.00%
In	61606	Peoria	8,317	8	2.00%
In	61616	Peoria Heights	5,825	8	2.00%
In	61559	Princeville	3,493	7	1.70%
In	61547	Mapleton	4,035	6	1.50%
In	61520	Canton	16,509	5	1.20%
In	61529	Elmwood	2,839	5	1.20%
In	61536	Hanna City	2,907	5	1.20%
In	61401	Galesburg	32,831	4	1.00%
In	61483	Toulon	1,923	4	1.00%
In	61517	Brimfield	3,442	4	1.00%
In	61533	Glasford	2,315	4	1.00%
In	61568	Tremont	4,405	4	1.00%
In	61734	Delavan	2,760	4	1.00%
In	61491	Wyoming	2,099	3	0.70%
In	61525	Dunlap	9,318	3	0.70%
In	61537	Henry	2,725	3	0.70%
In	61369	Toluca	1,576	2	0.50%
In	61528	Edwards	2,862	2	0.50%
In	61540	Lacon	2,676	2	0.50%
In	61561	Roanoke	2,307	2	0.50%
In	61570	Washburn	1,767	2	0.50%

Attachment 12

In	61375	Varna	1,049	1	0.20%
In	61418	Biggsville	645	1	0.20%
In	61431	Ellisville	214	1	0.20%
In	61432	Fairview	654	1	0.20%
In	61441	Ipava	1,030	1	0.20%
In	61526	Edelstein	725	1	0.20%
In	61530	Eureka	6,624	1	0.20%
In	61535	Groveland	2,117	1	0.20%
In	61541	La Rose	107	1	0.20%
In	61545	Lowpoint	748	1	0.20%
In	61546	Manito	3,589	1	0.20%
In	61565	Sparland	1,418	1	0.20%
In	61725	Carlock	2,018	1	0.20%
In	61733	Deer Creek	911	1	0.20%
In	61747	Hopedale	1,418	1	0.20%
In	61755	Mackinaw	4,695	1	0.20%
Total In HSA 2				374	91.40%
Outside HSA 2				32	8.60%



Attachment 12

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

There are several significant issues that will be addressed with this project.

Lack of available staff.
In August of 2022, services in the Proctor LTC unit were paused while an evaluation was done to determine the future of LTC at Proctor. The LTC unit had been running at relatively low occupancy. After a thorough evaluation, the decision was made to permanently close the unit and offer those staff members positions in other areas of the MHSC system. During the pause, many of the staff took positions in the MMCI Inpatient Rehabilitation Center which requires a similar skill set. This allowed the rehab unit at MMCI to fill most of its vacant positions.

The discontinuation of LTC beds at Proctor will not only create space for the Proctor Rehabilitation Center but will allow for the utilization of staff that previously served the LTC unit - addressing current staffing issues experienced in both the LTC unit at Proctor and the MMCI Rehabilitation Center. Both LTC and rehabilitation patients require the services of physical therapists, occupational therapists, speech therapists, respiratory therapists, and other staff.

This is not the first time that LTC staff and Inpatient Rehabilitation staff have worked together to provide patient care at Proctor. During COVID, as part of a Waiver, the MMCI Rehabilitation Center was temporarily relocated to Proctor with no negative impact on patients, families, or staff.

Patients' deflections due to no beds available. MMCI experienced patient deflections in recent years due to not having an appropriate bed available at the time of admission because of a lack of staff, the inability to place patients because of infection and the need to provide appropriate rooms for male and female patients. The Applicants estimate that the Proctor Rehabilitation Center will be able to accept at least 75% of the patient deflections experienced in 2020 and 2021. The ability to accept these patient admissions is based on the availability of all-private rooms and increased staffing that will be supplemented by staff from the LTC unit, which will be discontinued pending approval of this project.

Lack of private rooms. The existing 39-bed MMCI Rehabilitation Center has significant facility limitations. Thirteen of the 39 beds are in semi-private rooms, which is not ideal for patients and their families as they prefer and expect single-bed rooms that provide patient and family comfort and privacy. In addition, private rooms can be effectively sized to accommodate assistive devices and lift equipment necessary to progress patients to independence.

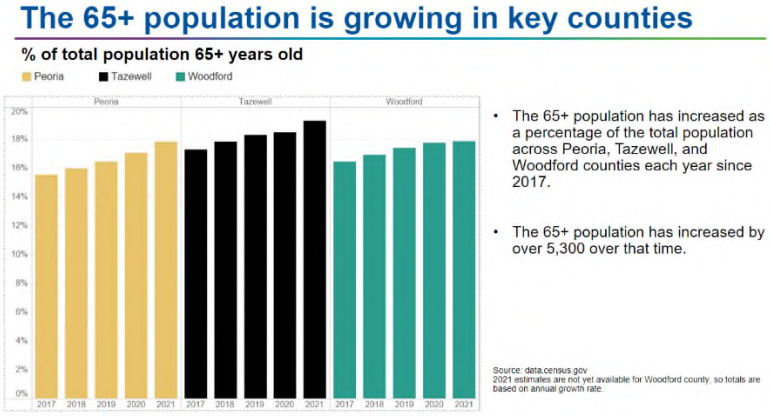
Attachment 12

Depending on current patient needs, while semi-private rooms at MMCI can become private rooms, this then results in the other beds in those rooms sitting empty. For example, if a female patient is in a semi-private room, a male patient cannot be placed in the room at the same time. Or, if a patient has an infection, the other bed in the room must be blocked and cannot be used. The semi-private rooms at MMCI, averaging 306 sq ft., are also too small for the storage of necessary equipment, such as wheelchairs, or for clinicians to effectively perform a variety of in-room physical therapy exercises.

Space limitations for rehab programs and services. Currently, at MMCI, due to insufficient space, patient dining must occur in shifts as the current space cannot accommodate all patients in a single setting. The unit also has no conference room for family conferences or staff team meetings, and these must be held in the dining room and scheduled around meals, which is inconvenient and not desirable for patients, their family members, or providers. Speech therapists currently conduct therapeutic meal programs (swallowing techniques, other eating exercises, and training) in the dining room. These services cannot be performed while others are dining and, as a result, require allocated time.

The therapy gym at MMCI is undersized for both PT and OT services with limited storage for equipment and a limited staff breakroom. Space limitations resulted in MMCI discontinuing a bedroom set-up for occupational therapists to conduct training. The MMCI Rehabilitation Center's Wanderguard System is also outdated and, overall, the space limitations do not allow for dedicated privacy to those patients with brain injury or neurological disorders who require quiet and focus during therapy sessions.

The large planning area requires state-of-the-art facilities. There are currently only two Comprehensive Physical Rehabilitation programs at facilities in HSA 2, a large region with a 2025 projected population of 671,360. 20% of the population is in the 65+ age group, which, as shown in the table below, will grow almost 12% from 2020 to 2025. Peoria, Tazewell, and Woodford counties contribute the most admissions to the HSA 2 planning area. For the Comprehensive Physical Rehabilitation patient population at MMCI, 81.5% are Medicare recipients. It is essential that local programs have current state-of-the-art facilities not encumbered with space limitations to appropriately treat this population of patients. The chart below shows the population growth in key counties for the 65+ age group.



Attachment 12

Inpatient LTC beds at Proctor are not operating at full capacity. Proctor has an authorized bed count of 43 LTC beds. The Average Daily Census ("ADC") has been 23.5 patients for the last 4 years, and the peak census only reached 26.5 patients during that time. The current low levels of utilization relative to the existing 43-bed unit are costly to operate and resulted in the applicants seriously evaluating bed closure and the introduction of another service. According to the State's inventory, there is a current excess of 393 LTC beds in Peoria and Tazewell Counties, the largest zipcode contributors to admissions in Proctor's current LTC unit. Discontinuing the 43 LTC beds at Proctor would significantly help to reduce the current State-calculated excess of LTC beds that currently exists in the planning area. The discontinuation of LTC beds at Proctor would be prudent from both an individual facility and regional planning perspective.

4. Cite the sources of information provided as documentation

- UnityPoint Health Finance Department
- HFSRB Hospital Profiles
- COMPData, Illinois Hospital Association
- Population Projections: Illinois, Chicago and Illinois Counties by Age and Sex, July 1, 2010 to July 1, 2025, Illinois Department of Public Health, Office of Health Informatics, Illinois Center for Health Statistics (2014 Edition)

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

The establishment of the proposed 20-bed Proctor Rehabilitation Center will allow for the relocation of the existing physical rehabilitation program at MMCI to a more modern, enlarged, right-sized center with private rooms and sufficient support space for patient dining, PT, OT, speech, and activity therapy. While the total bed count will be reduced from 39 to 20 due to the all-private room concept, full utilization of the 20-bed center can be achieved with comparable patient service volumes.

As noted above, Comprehensive Physical Rehabilitation utilizes evidence-based assessments and clinical pathways to achieve optimal recovery for each patient. Using a multi-disciplinary team that may include the rehabilitation physician, hospitalists, rehabilitation nurse, case manager, physical therapist, occupational therapist, speech-language, pathologist, dietician, wound care team, respiratory therapist, social services, and psychology services along with family/caregiver education the whole patient is treated.

Attachment 12

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

Objectives of the project are as follows:

a) Provide a minimum of 6,527 patient days of rehab care annually by year 2 (above 85% occupancy).
b) Capture 37 patient deflections in year 1 and 26 patient deflections in year 2 due to the availability of private rooms, state-of-the-art facilities, and optimal staffing mix
c) Seamless transition of Comprehensive Physical Rehabilitation service from MMCI to Proctor in March 2023.
d) Begin operations in the Proctor Rehabilitation Center by March 1, 2023.
e) Continue to improve health outcomes for patients in the community.

Attachment 12

Alternatives

The applicants are proposing to establish a 20-bed Comprehensive Physical Rehabilitation Unit to be located on the 4th floor of Proctor in underutilized space currently occupied by the Long-Term Care Unit. This project will replace the existing Comprehensive Physical Rehabilitation Unit located at MMCI and serve to correct a State-calculated oversupply of beds in that service category by 19 beds in the HSA 2 Planning Area. An additional component of this project is the discontinuation of the existing 43 Long Term Care Bed Unit that currently exists at Proctor, contributing to the rightsizing of the bed distribution for that service category.

Alternative 1 - Preferred Alternative (Proposed Project) – Develop a Comprehensive Physical Rehabilitation Unit on the 4th Floor of Proctor in Underutilized Space.

The project outlined briefly above is the preferred alternative as it addresses a State-calculated excess of beds in two service categories, provides care for the community in a convenient, cost-effective manner, and utilizes existing hospital space without additional capital outlay or construction delays. This option also contributes positively to staffing issues as LTC staff already familiar with the Proctor facility and trained in a similar skillset will be available to staff the rehab unit, and many of the staff are already working in the rehab unit at the MMCI facility.

All 20 Comprehensive Physical Rehabilitation beds will be located in private patient rooms. The reduction adjusts the Comprehensive Physical Rehabilitation capacity from 39 to 20 to reflect the estimated demand for the next two years. Total patient room space is 7,645 departmental gross sq ft. There is additional clinical space of 4,340 dgsf, which represents physical therapy, occupational therapy, speech therapy and recreational therapy. When associated clinical service space is added, the total clinical space is 11,985 dgsf. Non-clinical space equals 6,581 dgsf, and there is 5,990 dgsf of vacant space.

Non-clinical space includes public circulation, administration, case management, dayrooms, dining and dietary, storage, mechanical and building systems, clean and soiled supply, and staff lockers and lounges.

There are no capital costs associated with this project as it requires no renovation or modernization.

Before this project was selected as the preferred project, several other alternatives were considered. Each alternative is briefly discussed below:

Attachment 13

Alternative 2 – Renovate Existing Space at MMCI

Renovating existing space at MMCI while providing for Comprehensive Physical Rehabilitation facility concerns, would not address the low utilization and staffing issues at MMCI. It would also not address the current State-calculated excess of beds in the Comprehensive Physical Rehabilitation service category in the planning area. Given that there would be considerable costs to renovate the unit at MMCI, and this alternative would require both facilities to continue to operate their beds with no opportunity for additional staff or resources, and because there are no project costs for the preferred alternative, this alternative was rejected.

Alternative 3 – Engage a Joint Venture Partner to construct a new free-standing Comprehensive Rehabilitation Facility

There were discussions with potential joint venture partners to evaluate the desirability of constructing a free-standing facility on property currently owned by Proctor. This alternative's estimated project cost was between $32,000,000 and $36,000,000, and in the current climate would be subject to delays due to supply chain uncertainty. This alternative would also not satisfy a desire to keep the service within the four walls of Proctor to increase patient convenience while efficiently using existing hospital space. This alternative was rejected because of the additional cost compared to the selected project, and the disruption to existing inpatient clinic services that would result due to potential delays.

Alternative 4 – Do Nothing

Continuing both programs as they currently exist was also evaluated as a potential option. Neither the Long-Term Care Unit at Proctor nor the MMCI Comprehensive Rehabilitation Unit are fully occupied due to the effects of COVID, staffing issues, changes in the reimbursement landscape, and changes in facility design.

Doing nothing and continuing to run two units that do not meet the occupancy standards set by the HFSRB does not serve the needs of the community or the Planning Area.

This option was rejected because it does not serve the best interests of the community.

Attachment 13

Section IV. Project Scope

The project has no construction components included as the proposed space was renovated in 2017 for a Long-Term Care Unit that included 43 beds, and the proposed Comprehensive Physical Rehabilitation Unit will only require 20 beds.

The project totals 24,556 departmental gross sq ft of which 11,985 sq ft is clinical; 6,581 sq ft is non-clinical. 5,990 existing sq ft of space from the existing LTC unit that will be vacant as part of a concurrently filed application and will remain As Is and is not part of the project.

Clinical space includes the 20-bed Comprehensive Physical Rehabilitation unit and related supporting space. The clinical space also includes physical therapy, occupational therapy, speech therapy, and recreational therapy (4,340 sq ft).

Non-clinical space includes public circulation, administration, case management, dayrooms, dining and dietary, storage, mechanical and building systems, clean and soiled supply, and staff lockers and lounges.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Comprehensive Physical Rehab Beds	**7,645**			
PT/OT/ST	**4,340**	**N/A**	**N/A**	**N/A**
Total Clinical Space	**11,985**	**525-660 dgsf/bed 20 x 660 =13,200**	**599 dgsf/bed No Difference**	**Yes**
Total Non-Clinical Space	**6,581**	**NA**	**NA**	**NA**
Vacant Space	**5,990**	**NA**	**NA**	**N/A**
Total Non-Reviewable	**12,571**			
Total BGSF	**24,556**	**None**	**N/A**	**N/A**

Attachment 14

Project Services Utilization

As explained below, Proctor projects that the proposed 20-bed Comprehensive Physical Rehabilitation unit will serve 486 or more patients in the second full year of operation and meet the State's standard of 85% utilization.

1. Existing patients that are currently being cared for in the 39-bed MMCI Rehabilitation Center and patients that were formerly cared for in the Proctor Hospital LTC unit and require acute rehabilitation will be the base for referral to the new Proctor Rehabilitation Center.

The goal of the project is to relocate and expand upon MMCI's best practice experience to benefit patients in HSA 2 who require acute rehabilitation care.

MMCI is located at 221 N.E. Glen Oak Avenue in Peoria, just 4.3 miles away from Proctor. MMCI and Proctor generally serve the same geographic region and population. The same ownership and affiliation of these two hospitals provide an opportunity to create value through efficiencies, improved quality, and patient experience.

MMCI has provided quality inpatient rehabilitation services to its patients for many years. The following is a summary of MMCI's utilization of its 39-bed unit for the last five calendar years, which has been declining.

Period	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
2021	39	16	331	4,060	11.1	28.5%	69.5%
2020	39	16	307	4,398	12.0	30.8%	75.1%
2019	39	24	403	5,261	14.4	37.0%	60.1%
2018	39	24	431	5,553	15.2	39.0%	63.4%
2017	39	24	379	5,669	15.5	39.8%	64.7%

Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity to 13 of its existing 39 licensed beds through July 2022. With the pause of the LTC unit at Proctor in August of 2022, there was relief in staffing challenges, which allowed for an increase in volumes in August and September as reflected in the table below. As the table below shows, at the beginning of 2022, the number of staffed beds was 13 due to facility and staffing concerns. When the LTC unit paused in August and the staff from Proctor were offered positions in other areas, many came to work in the rehab unit at MMCI. At that time, the number of staffed beds increased to 18, and the average daily census jumped from 8.4 to 15.8. In October, staffed beds remained at 18 as the ADC went up to 17.4.

Attachment 15

2022 by Month	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
January	39	13	23	317	10.2	26.2%	78.7%
February	39	13	12	289	10.3	26.5%	79.4%
March	39	13	23	318	10.3	26.3%	78.9%
April	39	13	27	315	10.5	26.9%	80.8%
May	39	13	17	257	8.3	21.3%	63.8%
June	39	13	21	270	9.0	23.1%	69.2%
July	39	13	20	259	8.4	21.4%	64.3%
August	39	18	34	376	12.1	31.1%	67.4%
September	39	18	36	473	15.8	40.4%	84.8%
October	39	18	40	540	17.4	44.9%	97.3%

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

The following table shows the historic utilization of MMCI's Comprehensive Physical Rehabilitation Center and, subject to HFSRB approval, utilization of the new unit at Proctor which would open in March of 2023. Projections beginning in March 2023, 2024, and 2025 reflect the establishment of the new service at Proctor.

Projected volumes are based on historic admissions and increases in admissions as a result of the optimization of staff as described in this application. Deflections are calculated at a capture rate of 75% in Year 0 (2023), 50% in Year 1 (2024) and 35% in Year 2 (2025), the 2nd full year of operation. See attached referral letters for physician referral and deflection detail.

	Historic							Projected			
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Admissions	550	445	379	431	403	307	331	320	385	477	486
Average Length of Stay	13.5	14.4	15.0	12.9	13.1	14.3	12.41	13.43	13.43	13.43	13.43
Patient Days	7,400	6,429	5,669	5,553	5,261	4,398	4,060	4,296	5,171	6,406	6,527
% Occupancy	52.0	45.0	39.0	39.0	37.0	30.8	28.5	30.18	84.49	87.52	89.41
Average Daily Census	20.3	17.6	15.5	15.2	14.4	12.0	11.1	11.8	16.9	17.5	17.9

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

Attachment 15

2. Proctor has deflected patients in recent years due to issues with co-location, staffing constraints, facility concerns, and environmental issues and anticipates that these patient referrals will be able to be fulfilled in this unit. Internal data from 2021 reflects that patients were unable to be admitted to the MMCI Rehabilitation Center due to a suitable bed being unavailable. MMCI experienced patient deflections in recent years due to not having an appropriate bed available at the time of admission because of a lack of staff, the inability to place patients because of infection, and need to provide appropriate rooms for male and female patients. The Applicants estimate that the Proctor Rehabilitation Center will be able to accept at least 75% of the patient deflections experienced in 2020 and 2021. The ability to accept these patient admissions is based on the availability of all-private rooms and increased staffing that will be supplemented by staff from the LTC unit, which will be discontinued pending approval of this project.

An analysis of the Discharge Destination for those patients deflected in 2020 and 2021 revealed the following:

- In 2020 69% of the deflections were admitted to either other UnityPoint entities including UnityPoint Home Health or the Long-Term Care Unit for services or discharged to home.
- The remaining patients were discharged to 14 other facilities, including Long Term Care in the three-county area that is included in HSA 2.
- In 2021, 53% of the deflections were admitted to either other UnityPoint entities including UnityPoint Home Health or the Long-Term Care Unit for services or discharged to home.
- The remaining patients were discharged to 17 other facilities, including Long Term Care in the three-county area that is included in HSA 2.

It is important to note that these patients have all been referred by physicians whose referrals are documented in letters attached to this CON in the Appendix. One of the goals of this Certificate of Need is to ensure the continuity of care by providing patients with the right care at the right time in the right place.

The table below shows the breakdown by month of those patients unable to be admitted, the average length of stay in 2021, and the estimated number of patient days that would likely have resulted had the patient been admitted to MMCI. A re-capture rate of 75% was factored into the base year of the new unit opening in March 2023 and discounted because of the partial year, which results in an additional 45 admissions. In year 1, a re-capture rate of 50% is factored in for an additional 37 admissions. In year 2, the second full year of operation, a 35% discount to the base year of deflections was applied resulting in a 26-admission addition to the total.

Attachment 15

Deflections Due to No Available Beds

	2020	2021
January	1	5
February		1
March		3
April	1	9
May	9	2
June	7	11
July	11	1
August	8	10
September	7	5
October	11	9
November	9	9
December	8	12
Grand Total	72	77

Proctor temporarily suspended LTC services in August of 2022 due to staffing issues and low volume. Staff members were offered positions at the other two Illinois hospitals owned by MHSC, many of whom accepted positions in the MMCI Rehabilitation Center. This reallocation of staffing resources allowed the MMCI Rehabilitation Center to gradually increase the ADC closer to the 20-bed capacity sought for this project. Over the last 6 years, both Proctor's LTC unit and the MMCI Rehabilitation Center operated at a lower occupancy than authorized capacity due to pandemic restrictions and staffing constraints which greatly impacted access to care and increased deflections. After careful evaluation, the applicants determined that it was in the best interest of the community and organization to discontinue LTC services at Proctor while retaining (yet reducing) Comprehensive Physical Rehabilitation beds at one of the three hospitals owned by MHSC due to the existing need within the planning area.

The new 20-bed unit at Proctor Community Hospital is expected to meet the State's utilization standard for Comprehensive Physical Rehabilitation.

	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
2023 (10 Months)	**84.49%**	**85%**	**No**
2024	**87.52%**	**85%**	**Yes**
2025	**89.41%**	**85%**	**Yes**

Attachment 15

Criterion 1110.205 – Comprehensive Physical Rehabilitation

Service	# Existing Rooms*	# Proposed Rooms
Comprehensive Physical Rehabilitation	**0**	**20**

Note: *Does not reflect 39 rehabilitation beds in operation at Methodist Medical Center of Illinois in Peoria that will be discontinued upon approval and opening of the 20-bed unit at Proctor Hospital.

Criterion 1110.205(b)(1) Planning Area Need – formula calculation

The inventory of Health Care Facilities and Services and Need Determinations shows a need for 44 inpatient rehabilitation beds in HSA 2. There are 68 authorized rehabilitation beds in HSA 2, an HSA with a resident population in 2022 of approximately 655,220. Two hospitals currently provide Comprehensive Physical Rehabilitation services in HSA 2 – Greater Peoria Specialty Hospital (Project #21-014, approved in August 2021) (29 beds) and MMCI (39 beds).

The ratio of rehabilitation beds per 1000 population is 0.101 in the HSA, which is less than the State average of 0.124. Based on the information provided on referrals to and deflections from the unit, there is a continued need for rehabilitation beds in this planning area. This project attempts to address the State-calculated excess of beds and maldistribution while continuing to meet the needs of the community.

The approval of this project, in conjunction with the discontinuation of the 39-bed rehabilitation unit at MMCI, will result in a total of 49 Comprehensive Physical Rehabilitation beds in the planning area and a significantly reduced State-calculated excess of only 5 beds.

Criterion 1110.205(b)(2) Planning Area Need – Service to Planning Area Residents

The table below shows the patient origin by zip code for the patients served by the MMCI Rehabilitation Center in 2019 and 2020. HSA 2 is highlighted with an orange border in the visual following the table. Between 90.3% and 91.4% of the patients reside in HSA 2. HSA 2 is defined as the Planning Area for the establishment of the Comprehensive Physical Rehabilitation service at Proctor.

Therefore, the Planning Area is the source of more than 50% of the patients to be seen at the proposed Proctor Rehabilitation Center.

Criterion 1110.205(b)(3) Service Demand – Establishment of Comprehensive Physical Rehabilitation

Attachment 19

The primary purpose of this project is to maintain and enhance access for the residents of the Planning Area for Comprehensive Rehabilitation care. Historic utilization provides the basis for the establishment of the new category of service at Proctor. Volumes in 2022 have significantly increased with the pause in services to the LTC unit at Proctor and the effective utilization of staff from the LTC unit.

Period	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
2021	39	16	331	4060	11.1	28.5%	69.5%
2020	39	16	307	4,398	12.0	30.8%	75.1%
2019	39	24	403	5,261	14.4	37.0%	60.1%
2018	39	24	431	5,553	15.2	39.0%	63.4%
2017	39	24	379	5,669	15.5	39.8%	64.7%

The volumes for the Proctor Comprehensive Physical Rehabilitation Center will be based on referrals from providers who have referred to the MMCI Center in the past.

2022 by Month	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
January	39	13	23	317	10.2	26.2%	78.7%
February	39	13	12	289	10.3	26.5%	79.4%
March	39	13	23	318	10.3	26.3%	78.9%
April	39	13	27	315	10.5	26.9%	80.8%
May	39	13	17	257	8.3	21.3%	63.8%
June	39	13	21	270	9.0	23.1%	69.2%
July	39	13	20	259	8.4	21.4%	64.3%
August	39	19	34	376	12.1	31.1%	63.8%
September	39	19	36	473	15.8	40.4%	83.0%
October	39	18	40	540	17.4	44.9%	97.3%

Projected volumes are based on historic admissions and increases in admissions as a result of the optimization of staff as described in this application. Deflections are calculated at a capture rate of 75% in Year 0 (2023), 50% in Year 1 (2024) and 35% in Year 2 (2025), the 2nd full year of operation. See attached referral letters for physician referral and deflection detail.

See the Appendix for physician referral documentation from UnityPoint Clinic Providers, UnityPoint Clinic Hospitalists, and independent providers with documented historical referrals covering the years 2020 and 2021. Physician letters also include deflections for each of those years for patients who were not able to be accommodated due to facility and staffing issues that will be alleviated with the approval of this project.

Physician Referral Letters also include zip codes indicating residence in the HSA 2 Planning Area.

Attachment 19

Criterion – 1110.205(b)(5) – Service Demand – Service Accessibility

There is a significant issue with access to appropriate Comprehensive Physical Rehabilitation beds in HSA 2. There are only two facilities that have Comprehensive Physical Rehabilitation services in HSA 2 – MMCI and OSF (now Greater Peoria Specialty Hospital). Due to the lack of private rehabilitation rooms and appropriate staff, MMCI had to limit admissions to the unit beginning in 2020. The unit is just starting to be able to take more patients in October of 2022 due to the temporary suspension of services to the LTC unit at Proctor. If this project is approved, MHSC patients will fill the 20 beds that are being requested as part of this application. The lack of Service Accessibility is particularly evident in the tables below which show patient volumes by month for those patients denied a bed in the MMCI Comprehensive Physical Rehabilitation Unit.

Deflections Due to No Available Beds

	2020	2021
January	1	5
February		1
March		3
April	1	9
May	9	2
June	7	11
July	11	1
August	8	10
September	7	5
October	11	9
November	9	9
December	8	12
Grand Total	72	77

The relocation and rightsizing of the comprehensive physical rehabilitation unit to the fourth floor of Proctor, which was renovated in 2017, will allow the unit to function more efficiently with an all-private room model, dedicated spaces for a variety of therapies, and private dining. Proctor Rehabilitation Center will build on the track record of the MMCI Rehabilitation Center and capture patient deflections, allowing the new unit to achieve the target occupancy by year 2. A zip code table with the patient origins and a map with HSA 2 outlined are below.

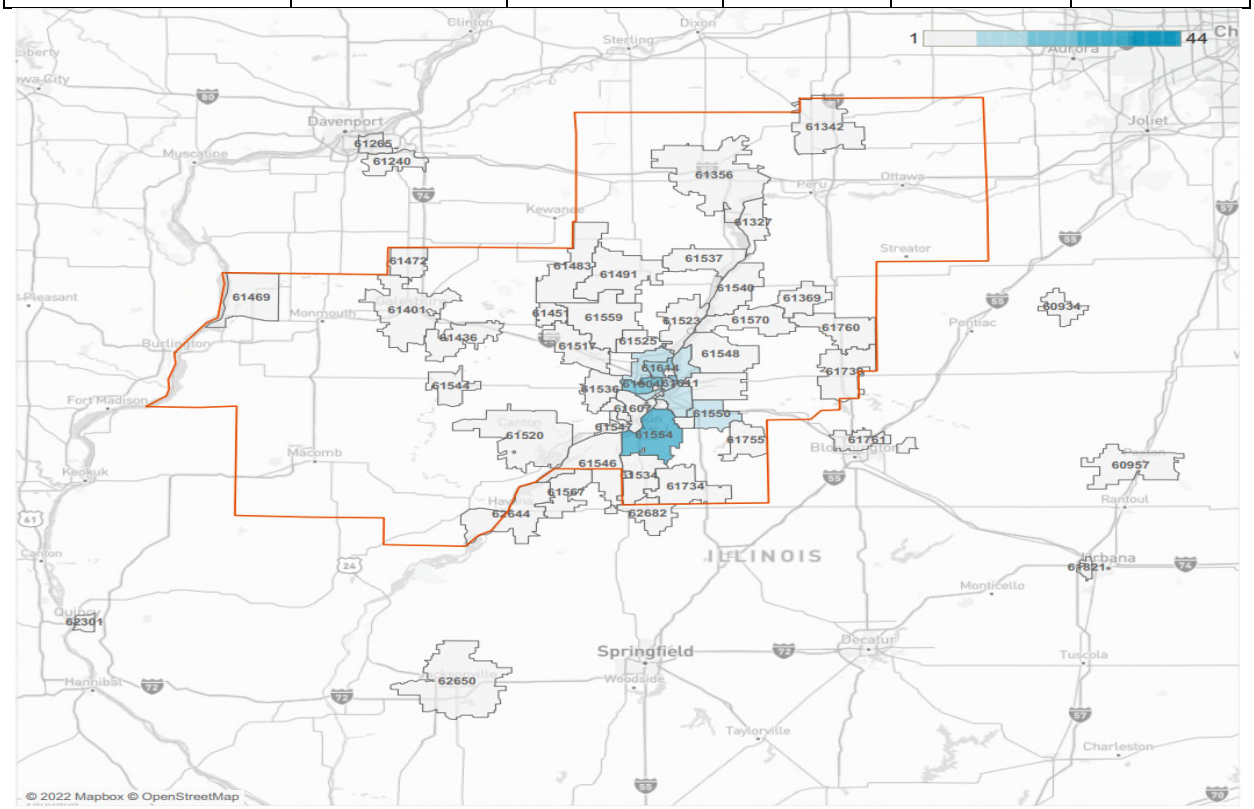
Attachment 19

Patient Origin by Zip Code of Residence
Comprehensive Rehabilitation Inpatients at MMCI, Year 2020
HSA 2 Planning Area

In / Out of HSA 2	ZIP Code	City	Population	Discharges	% of Total
In	61554	Pekin	41,786	44	14.70%
In	61604	Peoria	29,362	32	10.70%
In	61614	Peoria	28,815	23	7.70%
In	61550	Morton	17,565	18	6.00%
In	61611	East Peoria	24,235	18	6.00%
In	61605	Peoria	14,556	17	5.70%
In	61615	Peoria	21,878	15	5.00%
In	61603	Peoria	16,083	14	4.70%
In	61523	Chillicothe	10,912	8	2.70%
In	61607	Peoria	10,846	8	2.70%
In	61536	Hanna City	2,907	6	2.00%
In	61537	Henry	2,725	5	1.70%
In	61548	Metamora	11,966	5	1.70%
In	61571	Washington	24,840	5	1.70%
In	61491	Wyoming	2,099	4	1.30%
In	61606	Peoria	8,317	4	1.30%
In	61616	Peoria Heights	5,825	4	1.30%
In	61520	Canton	16,509	3	1.00%
In	61525	Dunlap	9,318	3	1.00%
In	61540	Lacon	2,676	3	1.00%
In	61546	Manito	3,589	3	1.00%
In	61610	Creve Coeur	5,074	3	1.00%
In	61483	Toulon	1,923	2	0.70%
In	61517	Brimfield	3,442	2	0.70%
In	61534	Green Valley	1,881	2	0.70%
In	61559	Princeville	3,493	2	0.70%
In	61734	Delavan	2,760	2	0.70%
In	61755	Mackinaw	4,695	2	0.70%
In	61369	Toluca	1,576	1	0.30%
In	61401	Galesburg	32,831	1	0.30%
In	61436	Gilson	797	1	0.30%
In	61451	Laura	236	1	0.30%
In	61469	Oquawka	2,160	1	0.30%
In	61535	Groveland	2,117	1	0.30%
In	61544	London Mills	749	1	0.30%

Attachment 19

In	61547	Mapleton	4,035	1	0.30%
In	61562	Rome	58	1	0.30%
In	61570	Washburn	1,767	1	0.30%
In	61651	Peoria		1	0.30%
In	61738	El Paso	4,484	1	0.30%
In	61760	Minonk	2,296	1	0.30%
In	62644	Havana	4,814	1	0.30%
Total in HSA 2				271	90.30%
Total Outside HSA 2				28	9.70%



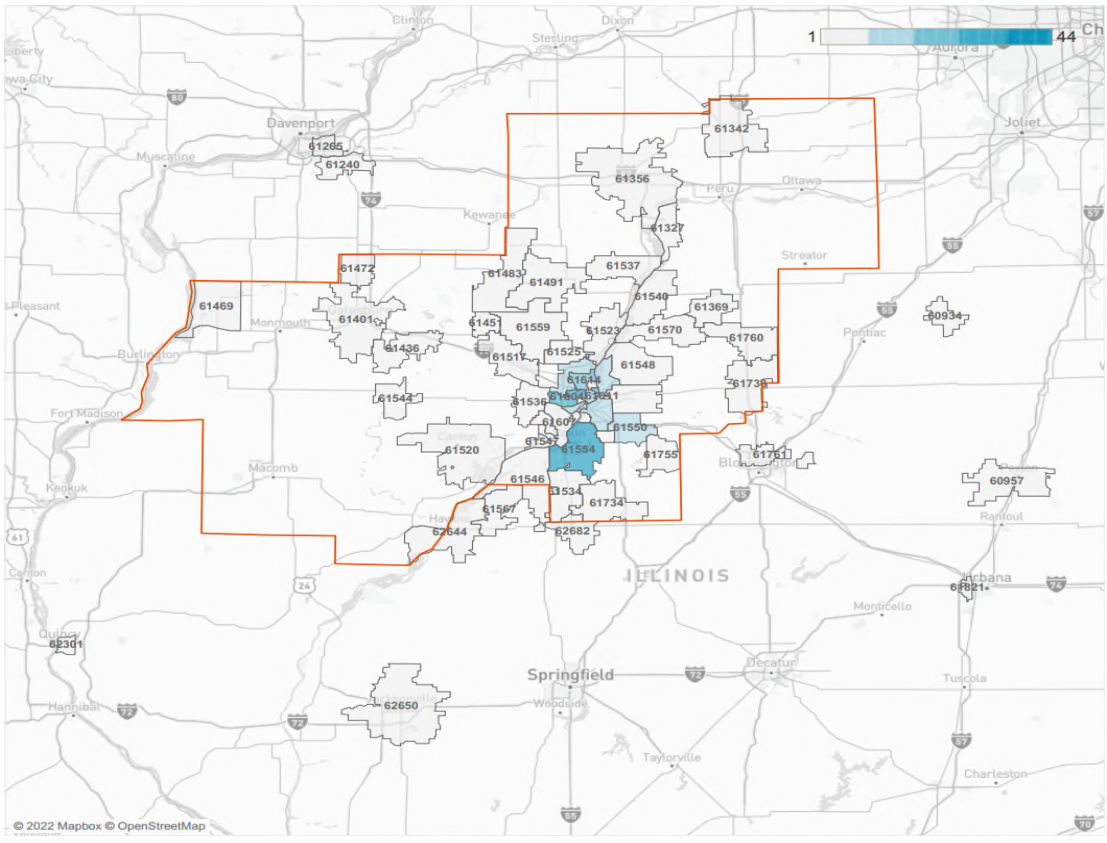
Attachment 19

Patient Origin by Zip Code of Residence
Comprehensive Rehabilitation Inpatients at MMCI, Year 2019
HSA 2 Planning Area

In / Out of HSA 2	ZIP Code	City	Population	Discharges	% of Total
In	61554	Pekin	41,786	45	11.10%
In	61604	Peoria	29,362	36	8.90%
In	61605	Peoria	14,556	27	6.70%
In	61611	East Peoria	24,235	24	5.90%
In	61550	Morton	17,565	22	5.40%
In	61614	Peoria	28,815	22	5.40%
In	61571	Washington	24,840	20	4.90%
In	61607	Peoria	10,846	17	4.20%
In	61603	Peoria	16,083	16	3.90%
In	61615	Peoria	21,878	15	3.70%
In	61610	Creve Coeur	5,074	11	2.70%
In	61523	Chillicothe	10,912	8	2.00%
In	61548	Metamora	11,966	8	2.00%
In	61606	Peoria	8,317	8	2.00%
In	61616	Peoria Heights	5,825	8	2.00%
In	61559	Princeville	3,493	7	1.70%
In	61547	Mapleton	4,035	6	1.50%
In	61520	Canton	16,509	5	1.20%
In	61529	Elmwood	2,839	5	1.20%
In	61536	Hanna City	2,907	5	1.20%
In	61401	Galesburg	32,831	4	1.00%
In	61483	Toulon	1,923	4	1.00%
In	61517	Brimfield	3,442	4	1.00%
In	61533	Glasford	2,315	4	1.00%
In	61568	Tremont	4,405	4	1.00%
In	61734	Delavan	2,760	4	1.00%
In	61491	Wyoming	2,099	3	0.70%
In	61525	Dunlap	9,318	3	0.70%
In	61537	Henry	2,725	3	0.70%
In	61369	Toluca	1,576	2	0.50%
In	61528	Edwards	2,862	2	0.50%
In	61540	Lacon	2,676	2	0.50%
In	61561	Roanoke	2,307	2	0.50%
In	61570	Washburn	1,767	2	0.50%

Attachment 19

In	61375	Varna	1,049	1	0.20%
In	61418	Biggsville	645	1	0.20%
In	61431	Ellisville	214	1	0.20%
In	61432	Fairview	654	1	0.20%
In	61441	Ipava	1,030	1	0.20%
In	61526	Edelstein	725	1	0.20%
In	61530	Eureka	6,624	1	0.20%
In	61535	Groveland	2,117	1	0.20%
In	61541	La Rose	107	1	0.20%
In	61545	Lowpoint	748	1	0.20%
In	61546	Manito	3,589	1	0.20%
In	61565	Sparland	1,418	1	0.20%
In	61725	Carlock	2,018	1	0.20%
In	61733	Deer Creek	911	1	0.20%
In	61747	Hopedale	1,418	1	0.20%
In	61755	Mackinaw	4,695	1	0.20%
Total In HSA 2				374	91.40%
Outside HSA 2				32	8.60%



Attachment 19

Between 90.3% and 91.4% of the patients reside in the HSA. The proposed 20-bed relocated unit is necessary to allow for continued access to these services for planning area residents and current MMCI patients.

Criterion 1110.205(c) (1,2) Unnecessary Duplication/Maldistribution

This project will not result in unnecessary duplication of services.

There is one other provider of Comprehensive Physical Rehabilitation services located within the area defined by the 17-mile radius around Proctor - Greater Peoria Specialty Hospital (Project No. # 21-014, approved in August 2021) which opened in September of 2022 with 29 beds, adding 2 beds to HSA 2 for a total of 68. There are no other hospitals providing acute rehabilitation care in the entire HSA 2, a large area with a population of 671,360.

As explained earlier in the application, MMCI is proposing to discontinue its Comprehensive Physical Rehabilitation unit and, in parallel applications, relocate a downsized version of the center to Proctor and discontinue the underutilized Long-Term Care ("LTC") Unit at Proctor to make room for the new rehabilitation unit and better utilize staff and resources. A Certificate of Exemption for discontinuation of the rehabilitation unit at MMCI has been submitted for review with this permit application. As a result, if approved, there will be a total decrease of 19 Comprehensive Physical Rehabilitation beds in the area and no duplication of services. If approved, the discontinuation at MMCI will be carefully coordinated to maintain continuity of care in the community and avoid confusion.

MMCI is located just 4.3 miles away from Proctor. MMCI and Proctor generally serve the same geographic region and population. The affiliation of these two hospitals provides an opportunity to create value through efficiencies, improved quality, and patient experience.

There is no increase in admissions, but a right sizing of the bed complement to match historic and projected admissions and patient days more closely, the majority of which will come from employed UnityPoint providers. The project will not have a negative impact on the Comprehensive Physical Rehabilitation service at the Greater Peoria Specialty Hospital as Greater Peoria Specialty Hospital noted in its recent CON application (Project No. 21-104) that there is an unmet need in the community, and the Applicants are not seeking to increase the number of beds in the planning area.

Attachment 19

This project is, in essence, a relocation and **downsizing** of the MMCI Rehabilitation Center to Proctor (from 39 to 20 beds). As part of the project, there will be a reduction in the total number of Comprehensive Physical Rehabilitation Beds in the planning area (a reduction of 19 beds). This project, therefore, reduces the State-calculated excess of Comprehensive Physical Rehabilitation beds from 68 to 49 (resulting in an excess of only 5 beds) and, in conjunction with a concurrently filed application, reduces the State-calculated excess of LTC beds in the planning area.

Criterion 1110.205(c)(3) Impact of Project on Other Area Providers

Within the first two years of operation, the Proctor Rehabilitation Center will not

- lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100: and will not
- lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

The basis for this position is that the MMCI Rehabilitation Center is already in operation with 39 beds, and the unit will be relocated to Proctor and right-sized to 20 beds to meet the current needs of the community.

2022 by Month	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
January	39	13	23	317	10.2	26.2%	78.7%
February	39	13	12	289	10.3	26.5%	79.4%
March	39	13	23	318	10.3	26.3%	78.9%
April	39	13	27	315	10.5	26.9%	80.8%
May	39	13	17	257	8.3	21.3%	63.8%
June	39	13	21	270	9.0	23.1%	69.2%
July	39	13	20	259	8.4	21.4%	64.3%
August	39	19	34	376	12.1	31.1%	63.8%
September	39	19	36	473	15.8	40.4%	83.0%
October	39	18	40	540	17.4	44.9%	97.3%

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

Criterion 1110.205(e) Staffing

Because the existing MMCI Rehabilitation Center will be relocated to Proctor, existing staff at MMCI (which includes certain staff that previously worked in the LTC unit at Proctor, which was temporarily paused in August 2022) will be transferred to the new unit at Proctor.

Attachment 19

Proctor does not anticipate any difficulty in staffing the new unit, consistent with licensure and The Joint Commission staffing requirements when the transition occurs.

Criterion 1110.205(f) Performance Requirement - Bed Capacity Minimums

This project is for the establishment of a 20-bed unit. This exceeds the State standard for a minimum size of 16 beds.

Criterion 1110.205(g) Assurances

Attached is a letter attesting that the occupancy standards specified in 77 Ill. Adm. Code 1100 will be achieved and maintained by the second year of operation after project completion.

Attachment 19

UnityPoint Health

10/28/2022

John Kniery, Administrator
Illinois Health Facilities and Services Review Board ("HFSRB")
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Assurance, 1110.205(g)

Dear Mr. Kniery:

Consistent with the requirement in 1110.205(g), I hereby attest that it is my understanding that by the second year of operation after the establishment of the Comprehensive Physical Rehabilitation service at Proctor the rehabilitation service will achieve and maintain the 85% occupancy standard set in 77 Ill. Adm. Code 1100.

If you have any questions, please contact Amelia Boyd at 309-671-2163

Sincerely,

Keith Knepp, M.D.
President and CEO
UnityPoint – Central Illinois

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

Subscribed and sworn to me
This 2 day of NOV, 2022

Cheryl K Bullard

Cc: UnityPoint Health Legal Department
Amelia Boyd, VP Strategy & Planning

Attachment 19

Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

Service	# Existing Rooms*	# Proposed Rooms
PT/OT	**2**	**2**

The project to establish a Comprehensive Physical Rehabilitation Center includes one supporting clinical, functional area that is not a category of service:

Physical Therapy / Occupational Therapy / Speech Therapy

The table above reflects 2 rooms that are already in existence to support the rehabilitation service. The existing therapy spaces supported physical therapy, occupational therapy, and speech therapy and will continue to do so in the Proctor Comprehensive Physical Rehabilitation Unit.

1. Service to Planning Area Residents

For the proposed project the Planning Area is defined as HSA 2. 90% of the inpatients in the existing Comprehensive Rehabilitation Center at MMCI reside in HSA 2. The relocated service to Proctor Hospital will have the same Planning Area.

2. Service Demand

Service volumes for PT/OT sessions are driven by inpatient admissions of rehabilitation patients. Based on experience data at MMCI's 39-bed rehabilitation center, a rehabilitation inpatient generates an average of 12.6 PT sessions, 8.9 OT sessions, and 5.2 speech therapy sessions. These historical rates are expected to remain fairly constant, to be adjusted in 2024 and 2025 for best practices.

As a result, the volume of PT, OT, and Speech sessions associated with the Comprehensive Physical Rehabilitation Center is shown in the following table.

	Historical						Projected			
Therapy Type	2016	2017	2018	2019	2020	2021	2022*	2023	2024	2025
PT	7,233	6,355	5,786	5,669	4,353	4,786	4,537	5,054	5,205	5,309
OT	6,483	5,823	2,252	3,946	3,722	2,920	3,203	3,569	3,676	3,749
ST	2,248	1,070	1,699	1,979	1,542	1,675	1,882	2,096	2,137	2,202

*Annualized data

Attachment 30

3. Impact of the project on other area providers

This project is the establishment of a 20-bed Comprehensive Physical Rehabilitation Center at Proctor Hospital. This project is, in essence, a relocation and **downsizing** of the MMCI Rehabilitation Center to Proctor (from 39 to 20 beds). As part of the project, there will be a reduction in the total number of Comprehensive Physical Rehabilitation Beds in the planning area (a reduction of 19 beds). This project, therefore, reduces the State-calculated excess of Comprehensive Physical Rehabilitation beds from 68 to 49 (resulting in an excess of only 5 beds) and, in conjunction with a concurrently filed application, reduces the State-calculated excess of LTC beds in the planning area.

Within the first two years of operation, the Proctor Rehabilitation Center will not

- lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100: and will not
- lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

The basis for this position is that the MMCI Rehabilitation Center is already in operation with 39 beds, and the unit will be relocated to Proctor and right-sized to 20 beds to meet the current needs of the community.

2022 by Month	Beds	Staffed Beds	Admissions	Patient Days	Average Daily Census	Occupancy	Staffed Bed Occupancy
January	39	13	23	317	10.2	26.2%	78.7%
February	39	13	12	289	10.3	26.5%	79.4%
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April	39	13	27	315	10.5	26.9%	80.8%
May	39	13	17	257	8.3	21.3%	63.8%
June	39	13	21	270	9.0	23.1%	69.2%
July	39	13	20	259	8.4	21.4%	64.3%
August	39	19	34	376	12.1	31.1%	63.8%
September	39	19	36	473	15.8	40.4%	83.0%
October	39	18	40	540	17.4	44.9%	97.3%

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

There is no increase in admissions, but a right sizing of the bed complement to match historic and projected admissions and patient days more closely, the majority of which will come from employed UnityPoint providers. The project will not have a negative impact on the Comprehensive Physical Rehabilitation service at the Greater Peoria Specialty Hospital as Greater Peoria Specialty Hospital noted in its recent CON

Attachment 30

application (Project No. 21-104) that there is an unmet need in the community, and the Applicants are not seeking to increase the number of beds in the planning area. No disruption of the existing service at the Greater Peoria Specialty Hospital is anticipated.

The above statement applies to the utilization of Comprehensive Rehabilitation services and by association, the proportional use in PT/OT and Speech Therapy services.

4 Utilization

The following volumes associated with patients in the Proctor Hospital Comprehensive Physical Rehabilitation Center are anticipated in the year 2025, two years after project completion. There are no State utilization standards for these services.

Physical Therapy	420
Occupational Therapy	418
Speech Therapy	291

Attachment 30

Safety Net Impact Statement

1. (a)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.

Health safety net services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid.

This project is for the establishment of an inpatient Comprehensive Physical Rehabilitation unit at Proctor. The service is currently being provided at MMCI and is being relocated and rightsized as part of a corresponding Certificate of Exemption application. MMCI is approximately 4.3 miles from the proposed new location at Proctor, and both facilities are owned by MHSC.

MHSC's 3 Illinois hospitals, including Proctor, provide several services that are considered safety net services, including emergency medical care, behavioral health services, outpatient clinic services, pharmaceuticals, and other medical services. These services are subsidized by revenues generated from inpatient care, including medical, surgical and diagnostic services.

MMCI's rehabilitation program serves persons of varying cultural backgrounds and from all payer sources. This policy will continue with the move of the comprehensive physical rehabilitation unit to Proctor.

The overall payor mix of Proctor is below.

Medicare	54.3%
Medicaid	11.2%
Commercial	33.4%
Self-Pay	1.1%

However, the payor mix for the Comprehensive Physical Rehabilitation Center is significantly different, weighted heavily in the Medicare category. It is anticipated that will continue with the move to the Proctor Hospital.

Commercial	9.2%
Medicaid	9.0%
Medicare	81.5%
Self-Pay	0.4%

Looking closely at the difference in the payor mix gives a clear indication of the population served by the Comprehensive Physical Rehabilitation Center, both existing

Attachment 37

and proposed. Our seniors are often our most vulnerable and maintaining access to needed services close to home and close to their existing providers is important. The proximity of the Proctor Hospital to MMCI is less than 5 miles and will provide an easy access point for patients needing Comprehensive Physical Rehabilitation services. The goal is a seamless transition, pending the approval of this application.

All hospitals owned by MHSC operate under the same charity care policy.

(b) The project's impact on the ability of another provider or healthcare system to cross-subsidize safety net services, if reasonably known to the applicant.

Other than the three hospitals owned by MHSC, there is only one hospital within HSA 2 that provides Comprehensive Physical Rehabilitation services. That is the Greater Peoria Specialty Hospital. The relocation of MMCI's 39-bed Comprehensive Physical Rehabilitation service to a 20-bed unit at Proctor will have no impact on the ability of any other hospital in the Planning Area to continue providing safety net services. In Greater Peoria Specialty Hospital's (Project No. 21-104), it stated that any additional admissions and patient days attributed to the Greater Peoria Specialty Hospital would be drawn from the volume of patients identified in the Rehabilitation Impairment Code analysis as requiring but not receiving care in a Comprehensive Physical Rehabilitation unit. The Applicants are not utilizing that data or those volumes to support this CON permit application. Rather, the Applicants' proposal to establish a Comprehensive Physical Rehabilitation service at Proctor is based on its historic volume and correction of deflections.

(c) 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.

The Applicants do not anticipate any negative impact to remaining safety net providers from the approval of this project or the associated COE applications to discontinue LTC beds at Proctor and discontinue Comprehensive Physical Rehabilitation beds at MMCI. The net impact to HSA 2 is positive as it will significantly reduce the State-calculated excess of Comprehensive Physical Rehabilitation and Long-Term Care beds in the Planning Area.

Attachment 37

Safety Net Services.

MHSC is the owner of three hospitals in Illinois – MMCI, Proctor, and Pekin Memorial Hospital.

Methodist Medical Center of Illinois

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2019**	**2020**	**2021**
Inpatient	813	838	567
Outpatient	6,424	5,235	4,701
Total	7,237	6,073	5,268
Charity (cost in dollars)			
Inpatient	1,229,208	960,209	590,939
Outpatient	1,873,557	1,397,660	1,074,971
Total	3,102,765	2,357,869	1,665,910
MEDICAID			
Medicaid (# of patients)	**2019**	**2020**	**2021**
Inpatient	3,436	3,646	3,847
Outpatient	46,199	57,744	70,561
Total	49,635	61,390	74,408
Medicaid (revenue)			
Inpatient	35,046,782	36,827,621	38,865,560
Outpatient	30,162,544	37,452,897	44,860,245
Total	65,209,326	74,280,518	83,725,805

PROCTOR HOSPITAL

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2019**	**2020**	**2021**
Inpatient	220	191	214
Outpatient	1,830	1,939	2,296
Total	**2,050**	**2,130**	**2,510**
Charity (cost in dollars)			
Inpatient	**157,790**	**226,763**	**141,901**
Outpatient	414,772	563,543	646,180
Total	**572,562**	**790,306**	**788,081**
MEDICAID			
Medicaid (# of patients)	**2019**	**2020**	**2021**
Inpatient	178	171	220
Outpatient	7,705	7,850	9,058
Total	7,883	8,021	9,278
Medicaid (revenue)			
Inpatient	2,040.482	1,553,750	2,316,888

Attachment 37

Safety Net Information per PA 96-0031			
Outpatient	5,196.594	6,218,229	7,263,400
Total	7,237,076	7771,979	9,580,288

Attachment 37

Charity Care

MHSC is the owner of three hospitals in Illinois – MMCI, Proctor, and Pekin Memorial Hospital. Charity care information for all three is provided below.

METHODIST HOSPITAL

CHARITY CARE			
	2019	**2020**	**2021**
Net Patient Revenue	362,950,357	347,969,258	390,234,161
Amount of Charity Care (charges)	12,278,449	11,807,058	9,533,798
Cost of Charity Care	2,451,942	2,063,133	1,665,910

PROCTOR HOSPITAL

CHARITY CARE			
	2019	**2020**	**2021**
Net Patient Revenue	106,405,304	109,146,705	138,632,693
Amount of Charity Care (charges)	3,881,302	4,933,246	4,910,948
Cost of Charity Care	621,6217	791,660	788,081

PEKIN HOSPITAL

CHARITY CARE			
	2019	**2020**	**2021**
Net Patient Revenue	53,207,269	46,687,279	59,669,167
Amount of Charity Care (charges)	1,649,359	2,782,520	2,786,171
Cost of Charity Care	240,726	322,967	323,391

Attachment 38

APPENDIX A
PHYSICIAN REFERRAL LETTERS

1. **UnityPoint Clinic Medical Director**
2. **UnityPoint Hospitalist Medical Director**
3. **MidWest Orthopedic Center Medical Director**

UnityPoint Health

10/28/2022

John Kniery, Administrator65

Illinois Health Facilities and Services Review Board ("HFSRB")
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Inpatient Rehabilitation Referrals

Dear Mr. Kniery:

My name is Dr. Stephanie Lindstrom, the Medical Director of UnityPoint Clinic. I support the proposal to establish the Inpatient Comprehensive Physical Rehabilitation Center at Proctor Hospital. In a review of the past utilization of UnityPoint Clinic patients, I can attest that UnityPoint Clinic providers referred 114 patients in 2020 and 109 patients in 2021 to Methodist Medical Center of Illinois Comprehensive Physical Rehabilitation Center for inpatient comprehensive physical rehabilitation services.

The attached table lists the top physicians and a summary of their referrals of patients by UnityPoint Clinic providers to receive comprehensive physical rehabilitation services at Methodist Medical Center of Illinois in 2020 and 2021 along with their zip codes.

I estimate that at least 109 patients will be referred by UnityPoint Clinic providers to the Comprehensive Physical Rehabilitation unit at Proctor Hospital during its second year of operation.

Furthermore, attached is an additional table that lists referral counts of 23 patients in 2020 and 20 patients in 2021 referred to the Comprehensive Physical Rehabilitation Center at Methodist Medical Center of Illinois in 2020 by physicians of the UnityPoint Clinic but who were unable to be placed in a bed due to a lack of availability. I estimate that 75% of patients who were unable to receive care at Methodist Medical Center of Illinois due to lack of availability would be admitted to Proctor Hospital's Comprehensive Physical Rehabilitation Center during its second year of operation.

These referral counts have not been used to support another pending or approved permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

Sincerely,

Notarization:

OFFICIAL SEAL
CHERYL K BULLARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-2023

Cheryl K Bullard

Signature

Subscribed and sworn to before me

Dr. Stephanie Lindstrom

This 1 day of Nov 2022

Table 1: Patients referred and admitted to Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation

Referring Physician	2020	2021	ZIP CODE
AHMED, MOHSINA F		1	61604
AKOFU, ANOTA N	1		34601
		2	61401
	1		61523
	1		61534
	1		61536
	2		61548
	1	1	61550
	1		61554
	1	1	61604
		2	61611
	2		61614
	1		61616
ANDERSON, RICHARD C		1	61614
ANDREWS, MELANIE	1		61603
		1	61615
ATTALURI, JAYALAKSHMI	1		61605
BEVERSDORF, JAMIE L	1		61571
	1		61604
	1		61614
BOYD, THOMAS M			61571
COHEN, BRIAN		2	61523
		1	61554
	1		61568
	1		61604
	1	1	61607
			61611
		1	61614
COSTERISAN, AARON	1		61517
	1		61603
	1		61615
DINH, DZUNG H		1	61607
DOOLEY, JOHN T			61201
		1	61401
			61540
			61559
		1	61603
		2	61604
		1	61611

		1	61616
FONS, DOMINIQUE K	1		61550
		1	61603
	1	1	61604
	2	2	61605
	1		61611
	1		61614
		2	61615
GARG, GUNJAL			61529
GRASCH, ANTON	1		61605
HEYWOOD, BRIAN W	1		61554
JAFFER, ASIM K		1	61554
	1		61567
	1		61571
	1		61603
	2		61604
		1	61605
	1		61606
			61611
		1	61614
	1	1	61615
JONGERIUS, NICOLAAS		1	61524
		1	61542
	1	1	61554
KAAR, JOLYNE N	1		61554
			61603
	1		61605
		1	61611
KOURI, THOMAS F	1		61523
			61528
	1	1	61540
		1	61548
		1	61550
	2	1	61554
	1		61571
	1	2	61603
	1	4	61604
	2	1	61605
	1		61607
		1	61610
	1		61611
	1	2	61614

	1	1	61615
	1		61616
LAHOOD, TIM M			61550
	1		61603
		1	61607
			61611
	1		61615
LAWLESS, TIMOTHY J			61491
	1		61537
		1	61561
			61610
	1		61614
			61615
	1		61616
	1		61821
LEMAN, JEFFREY S			61550
			61554
		2	61605
		2	61610
MARSHALL, DOUGLAS J	1		43065
		1	61491
	3	1	61550
	1		61554
		1	61607
		2	61611
	1		61755
MCCALL, TODD D	1		61546
		1	61614
NEEKHRA, ANEESH	1		61554
OLEARY, PATRICK T		1	61345
		1	61348
		1	61356
			61401
		1	61443
	1		61535
	1		61537
	1		61544
		1	61548
		1	61550
			61554
		1	61571
	2	1	61604

	1	1	61607
	1		61611
		1	61614
		1	61704
			61733
	1		61738
			62521
PEDERSEN, NATALIE E	1		61525
		1	61569
	1		61607
	1		61611
	1		61615
REID, WALTER S	1		61342
	1		61520
		1	61550
			61571
		1	61605
	1		61611
		1	61616
SALIMATH, JAYARAJ	1		61537
		1	61554
		2	61611
SCHUPBACH, JOSHUA J	1		61604
SECCOMBE, JOHN F	1		61491
			61520
	2	2	61554
	1		61605
	1		61614
		1	61734
SMITH, LAURA E	2		61605
	1		61607
SUDHINDRA, PRAVEEN R	1		61607
TAKATA-ROSSI, JANICE L		2	61550
		1	61554
		1	61571
TENNANT, DAVID E	1		61550
	1	3	61604
			61607
	1		61615
	1		61651
TRACHTENBARG, DAVID E		1	60420
	1		60957

	1		61265
		3	61401
			61491
		1	61520
	1		61523
	1		61540
		1	61546
		1	61550
		1	61554
		1	61559
			61564
			61571
	3	1	61603
		2	61604
			61605
	2		61611
	1	2	61614
			61615
			61734
		1	62644
TSUNG, ANDREW J	1		61603
		1	61605
WATTS, KARI B		1	61548
	1		61604
	1		61605
	1		62702
WYNN, KELVIN E		1	61603
	1		61604
YAKEL, DONALD L		1	61755
Total	114	109	

Table 2: Patients Deflected from Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation Admission due to No Beds Available

Referring Physician	2020	2021	ZIP CODE
AKOFU, ANOTA N	1		61356
	1		61375
	1		61525
	1		61554
	1		61605
ANDREWS, MELANIE		1	61604
BEVERSDORF, JAMIE L	1		61747
CHATURVEDULA, SURYA TEJA	1		61550
COHEN, BRIAN		1	61611
			61614
COSTERISAN, AARON	1		61607
DOOLEY, JOHN T		1	61615
JAFFER, ASIM K	1		61523
		1	61534
			61571
		2	61605
	1	1	61611
	2		61615
KAAR, JOLYNE N	1		61605
KOURI, THOMAS F		1	61550
		1	61611
			61614
	1		61616
LAHOOD, TIM M			61611
		1	61616
LAWLESS, TIMOTHY J		1	61541
		1	61571
		1	61614
	1		61615
	1		61616
LEMAN, JEFFREY S	1		61604
	1		61605
MARSHALL, DOUGLAS J	1	1	61550
NAALLAH, RAHMAT O		1	61605
OLEARY, PATRICK T	1		61448
		1	61523
		1	61525
			61550

	1		61601
	1		61614
REID, WALTER S			61438
SECCOMBE, JOHN F		1	61539
SMITH, LAURA E		1	61603
TAKATA-ROSSI, JANICE L			61568
TENNANT, DAVID E		1	61611
	1		61614
Total	23	20	

UnityPoint Health

10/28/2022

John Kniery, Administrator
Illinois Health Facilities and Services Review Board ("HFSRB")
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Inpatient Rehabilitation Referrals

Dear Mr. Kniery:

My name is Dr. Rehman Usmani, the Medical Director of UnityPoint Hospitalist Group. I support the proposal to establish the Inpatient Comprehensive Physical Rehabilitation Center at Proctor Hospital. In a review of the past utilization of UnityPoint Hospitalist Group patients, I can attest that UnityPoint Hospitalist Group providers referred 159 in 2020 and 194 in 2021 to Methodist Medical Center of Illinois Comprehensive Physical Rehabilitation Center for inpatient comprehensive physical rehabilitation services.

The attached table lists the top physicians and a summary of their referrals of patients by UnityPoint Hospitalist Group providers to receive comprehensive physical rehabilitation services at Methodist Medical Center of Illinois in 2020 and 2021 and their zip codes.

I estimate that at least 194 patients will be referred by UnityPoint Hospitalist Group providers to the Comprehensive Physical Rehabilitation Center at Proctor Hospital during its second year of operation.

Furthermore, attached is an additional table that lists referral counts of 46 patients in 2020 and 49 patients in 2021 referred to the Comprehensive Physical Rehabilitation Center at Methodist Medical Center of Illinois in 2021 by physicians of the UnityPoint Hospitalist Group but who were unable to be placed in a bed due to a lack of availability. I estimate that 75% of those patients who were unable to receive care at Methodist Medical Center of Illinois due to lack of availability would be admitted to Proctor Hospital's Comprehensive Physical Rehabilitation Center during its second year of operation.

These referral counts have not been used to support another pending or approved permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

Sincerely,

Signature

Dr. Rehman Usmani

Notarization:

OFFICIAL SEAL
TAMARA L. HOWELL
NOTARY PUBLIC-STATE OF ILLINOIS
MY COMMISSION EXPIRES 02-22-2026

Tamara L. Howell

Subscribed and sworn to before me

This 1st day of Nov. 2022

Table 1: Patients referred and admitted to Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation

Referring Physician	2020	2021	ZIP CODE
AHMAD, MANSOOR	1		61451
	1		61491
	1		61523
	1		61547
	1		61550
	4		61554
	1		61570
	1		61604
	1		61610
	3		61614
	1		61615
AHMAD, ZAHRA			61530
			61554
		1	81626
BADSHAH, MOAVIZ B			61523
		1	61536
	1		61537
			61540
			61548
	1		61550
		1	61554
			61561
		1	61571
			61604
		1	61610
		1	61611
			61614
			61615
BATOOL, SABA		1	61531
		1	61554
		1	61570
		1	61571
		1	61604
			61611
BUKHARI, SYED OMAR	1		60934
			61517
			61523
		1	61536
			61546

	1	1	61550
	2	1	61554
	1		61568
		1	61571
	1		61603
	3	1	61604
	1		61605
		3	61607
	2	4	61611
	1	2	61614
	2	2	61615
	1		61616
		1	61734
DEEN, FIZZA	1		61537
		1	61554
	1		61604
	1		61605
DEEN, MUHAMMAD	1		61540
		1	61612
EHSAN, BAZAL			61354
		1	61482
			61523
			61571
		1	61604
			61605
			61607
			61611
			61614
			61615
FAROOQ, NADA		1	61550
	3	2	61554
			61571
	1	1	61604
	2		61614
	3	1	61615
			61616
FLORIDO, MELISSA M		1	61491
		1	61611
		1	61734
GEORGIYEV, SERGIY		1	61605
		1	61614
GRIECO, NICHOLAS R	1		61472

		1	61531
		1	61532
	1		61534
		1	61546
	1	2	61548
		2	61550
	4	2	61554
		1	61559
	2		61571
	1		61603
		1	61607
		1	61611
	1		61614
	1		61615
HAQUE, KASHIF S		1	61401
			61491
		1	61517
		1	61523
		1	61530
	1		61534
		1	61540
		1	61542
		1	61545
	1		61546
	1		61554
	1	1	61559
			61560
		1	61571
	1		61603
		1	61604
		1	61605
		1	61607
	1	2	61611
		4	61614
	1	1	61615
		1	61725
		1	61734
HARVEY, RICHARD D	1		61523
	1		61604
HELMKAMP, KIMBERLY E	1		61550
	1		61605
ILAHI, SHAMS B			61523

		1	61525
		1	61540
		2	61554
			61571
			61605
		1	61607
		1	61611
		1	61614
		2	61615
KAKOLLU, VENKAT R			61534
		1	61605
	1		61610
	1		61611
	1		61614
KOVURI, PRANITHA			61523
			61554
			61614
LANSER, TODD A			61536
			61546
		1	61554
		1	61614
MARKAPURAM, SRIKANTH	1		61614
MARTINEZ FLORES, IAN A			61431
			61523
			61554
			61603
			61607
			61610
		1	61611
			61614
			61615
MEHTA, PARTH H		1	61301
	1		61483
		1	61489
		1	61517
		1	61532
			61540
		1	61547
		2	61548
			61550
	2	1	61554
		1	61559

			61571
	2	1	61604
	1	1	61605
			61606
	2	1	61610
		2	61614
		2	61615
			61616
		1	61755
	1		61761
MOHAMMAD BEGUM, SHABAZ			61554
		1	61615
RAB, ASRA A		1	61554
			61604
		1	61616
REDDIVARI, ANIL K	1		61327
		1	61401
		1	61421
		1	61483
		1	61523
			61531
		1	61534
			61540
		1	61546
	1		61548
	1		61550
	1	1	61554
			61559
		1	61571
			61603
	1		61606
		1	61607
			61611
	1		61614
	1		61615
		1	61616
SAVE, DHAVAL R	1		61525
		2	61550
	1		61554
			61603
		1	61604
	1		61605

		1	61607
			61614
		2	61615
	1		61616
		1	62629
			62664
SAWLAW, JOSHUA		1	61523
		2	61554
		1	61614
		1	61734
SCHMIDGALL, RYAN			32962
		5	61554
		1	61564
			61568
	1		61615
	1		61734
			61759
	1		62682
SHAH, RIAZ H	1		46341
		1	53803
	2		61491
		1	61517
	1		61520
			61523
	2		61536
	1	2	61548
	2		61554
		1	61571
	1	1	61604
			61605
	1	2	61607
		1	61610
	1	2	61611
	3		61614
		1	61615
	1		61616
	1		61760
	1		62650
SHAKAIB, MOHAMMED IRFAN	1		61401
		1	61433
	1		61517
		1	61540

	1	1	61546
	2		61550
	3	2	61554
		2	61559
			61561
		1	61569
	1		61603
		1	61604
		1	61610
		2	61611
			61614
	1		61616
	1		61734
SHANTHAPPA, VINODA			61483
		1	61520
		1	61529
		1	61540
	1		61546
		1	61550
	1	2	61554
	1	1	61603
		3	61604
	1	1	61605
	1		61607
		1	61610
	2	1	61611
	1	2	61614
		1	61615
STIVERS, MARK R			61517
		1	61546
		1	61554
USMANI, REHMAN I		1	61525
			61526
	1		61536
	1	1	61550
	2		61554
	1		61567
	2		61604
	1		61605
	1		61606
	2		61607
		1	61610

	1	1	61614
	2	1	61615
	1		61755
VORIS, JOHN P	1		61369
		1	61443
			61517
	1		61520
		1	61530
		1	61531
	1		61536
			61547
			61548
			61550
	2	1	61554
		1	61559
	1		61562
			61567
			61570
	1	1	61571
			61603
		1	61604
	1	1	61605
		1	61607
	1		61611
	1	1	61614
		1	61615
Total	159	194	

Table 2: Patients Deflected from Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation Admission due to No Beds Available

Referring Physician	2020	2021	ZIP CODE
AHMAD, ZAHRA			61564
BADSHAH, MOAVIZ B		1	61491
			61540
			61611
			61614
BATOOL, SABA			61554
BUKHARI, SYED OMAR		1	61532
	1		61571
	1		61603
		1	61615
EHSAN, BAZAL			61550
		1	61554
		1	61614
FAROOQ, NADA			61520
	1		61550
		1	61603
		1	61604
	1		61614
FLORIDO, MELISSA M		1	61531
		2	61554
	1		61559
		1	61615
	1		97223
GRIECO, NICHOLAS R			61554
		1	61604
	1		61605
	1		61614
HAQUE, KASHIF S	1		60142
	1		61375
	1		61401
	1		61540
		1	61550
	2		61554
			61571
			61604
			61606
			61607
	1	1	61611

			62682
HARVEY, RICHARD D	1		61483
	2		61604
HELMKAMP, KIMBERLY E		1	61554
KAKOLLU, VENKAT R	1		61523
			61554
LANSER, TODD A	1		61421
		1	61554
	1		61614
MARKAPURAM, SRIKANTH		1	61734
MARTINEZ FLORES, IAN A			61491
		1	61523
		1	61550
		1	61554
			61614
		1	61615
			61616
MEHTA, PARTH H		1	61265
			61536
		1	61546
			61554
	1		61611
RAB, ASRA A			61610
REDDIVARI, ANIL K	1		61537
		1	61559
	1		61571
		1	61607
	1		61611
	1	2	61614
SAVE, DHAVAL R			61525
	1		61540
	1		61550
		1	61554
			61568
			61571
			61604
	1		61607
		1	61610
	2		61611
			61614
	1	1	61615
			61616

SCHMIDGALL, RYAN	2	2	61554
		1	61605
	1		61607
			61614
SHAH, RIAZ H		1	61536
		2	61554
		1	61615
		1	61616
		1	61734
SHAKAIB, MOHAMMED IRFAN			61520
	1		61529
		1	61554
		1	61571
		1	61604
			61610
	1	1	61615
SHANTHAPPA, VINODA	1	1	61554
	1		61604
			61611
STIVERS, MARK R	3	1	61554
			61604
		1	61607
USMANI, REHMAN I			61530
	1		61568
	1		61571
		1	61611
	1		61614
VORIS, JOHN P		1	61540
	1	1	61604
Total	46	49	

MIDWEST ORTHOPÆDIC CENTER

10/28/2022

John Kniery, Administrator
Illinois Health Facilities and Services Review Board ("HFSRB")
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Inpatient Rehabilitation Referrals

Dear Mr. Kniery:

My name is Dr. Luke Luetkemeyer, the Medical Director of MidWest Orthopaedic Center. I support the proposal to establish the Inpatient Comprehensive Physical Rehabilitation Center at Proctor Hospital. In a review of the past utilization of MidWest Orthopaedic Center patients, I can attest that MidWest Orthopaedic Center providers referred 8 patients in 2020 and 10 patients in 2021 to Methodist Medical Center of Illinois Comprehensive Physical Rehabilitation Center for inpatient comprehensive physical rehabilitation services.

The attached table lists the top physicians and a summary of their referrals of patients from MidWest Orthopaedic Center to receive comprehensive physical rehabilitation services at Methodist Medical Center of Illinois in 2020 and 2021along with their zip codes.

I estimate that at least 10 patients will be referred by MidWest Orthopaedic Center providers to the Comprehensive Physical Rehabilitation unit at Proctor Hospital during its second year of operation.

Furthermore, attached is an additional table that lists referral counts of 2 patients in 2020 and 4 patients in 2021 referred to the Comprehensive Physical Rehabilitation Center at Methodist Medical Center of Illinois in 2021 by physicians of the MidWest Orthopaedic Center but who were unable to be placed in a bed due to a lack of availability. I estimate that 75% of patients who were unable to receive care at Methodists Medical Center of Illinois due to lack of availability would be admitted to Proctor Hospital's Comprehensive Physical Rehabilitation Center during its second year of operation.

These referral counts have not been used to support another pending or approved permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

Sincerely,

Signature

Dr. Luke Luetkemeyer

Notarization:

OFFICIAL SEAL
PATRICIA M JONES
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/24/24

Subscribed and sworn to before me

This 28 day of October 2022

Table 1: Patients referred and admitted to Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation

Referring Physician	2020	2021	ZIP CODE
LUETKEMEYER, LUKE M	1		61436
		1	61615
MERKLEY, MICHAEL S			61614
MITZELFELT, DONALD A	1		61469
		1	61554
			62702
MULCONREY, DANIEL S		1	61488
		1	61491
		1	61523
		1	61550
	1		61554
	1	1	61611
		1	61615
MULVEY, THOMAS J	1		61523
		1	61548
	1		61611
OSUJI, CHUKWUNENYE K	1		61571
	1		61604
		1	61615
Total	8	10	

Table 2: Patients Deflected from Methodist Medical Center of Illinois for Comprehensive Physical Rehabilitation Admission due to No Beds Available

Referring Physician	2020	2021	ZIP CODE
LUETKEMEYER, LUKE M	1		61491
MERKLEY, MICHAEL S	1		61614
MULCONREY, DANIEL S		1	61430
		1	61603
MULVEY, THOMAS J		1	61443
OSUJI, CHUKWUNENYE K		1	61607
Total	2	4	