ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Touchette Regional Hospital, Inc.---discontinuation of obstetrics category of service				
Street Address:	5900 Bond Avenue				
City and Zip Code:	Centreville, IL 62207				
County:	St. Clair	Health Service Area	XI	Health Planning Area:	F-01

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

Exact Legal Name:	Touchette Regional Hospital, Inc
Street Address:	5900 Bond Avenue
City and Zip Code:	Centreville, IL 62207
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Larry McCulley
CEO Street Address:	5900 Bond Avenue
CEO City and Zip Code:	Centreville, IL 62207
CEO Telephone Number:	618/332-3060

Type of Ownership of Applicants

X	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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210
Telephone Number:	Palatine, IL 60067
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Touchette Regional Hospital, Inc.---discontinuation of obstetrics category of service				
Street Address:	5900 Bond Avenue				
City and Zip Code:	Centreville, IL 62207				
County:	St. Clair	Health Service Area	XI	Health Planning Area:	F-01

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

Exact Legal Name:	Southern Illinois Healthcare Foundation, Inc.
Street Address:	2041 Goose Lake Road
City and Zip Code:	Sauget, IL 62206
Name of Registered Agent:	Pete Themas
Street Address:	2041 Goose Lake Road
City and Zip Code:	Sauget, IL 62206
Name of Chief Executive Officer:	Larry McCulley
CEO Street Address:	2041 Goose Lake Road
CEO City and Zip Code:	Sauget, IL 62206
CEO Telephone Number:	618/332-0694

Type of Ownership of Applicants

X	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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210
Telephone Number:	Palatine, IL 60067
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	Larry McCulley
Title:	Chief Executive Officer & President
Company Name:	Touchette Regional Hospital, Inc.
Address:	5900 Bond Avenue Centreville, IL 62207
Telephone Number:	618/332-3060
E-mail Address:	LMcCulley@sihf.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Touchette Regional Hospital, Inc.
Address of Site Owner: 5900 Bond Avenue Centreville, IL 62207
Street Address or Legal Description of the Site: 5900 Bond Avenue Centreville, IL 62207 **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:	Touchette Regional Hospital, Inc.
Address:	5900 Bond Avenue Centreville, IL 62207

- [X] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] Sole Proprietorship
- [ ] Other

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

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

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

The proposed project is limited to the discontinuation of the 27-bed obstetrics category of service and associated support areas ("the service") at Touchette Regional Hospital ("TRH"), located in Centreville, Illinois. The discontinuation will occur within thirty days following approval of this Certificate of Exemption application.

In February 2020, the applicants filed a Certificate of Exemption application with the HFSRB, addressing the discontinuation of TRH's obstetrics category of service, due to low utilization and an inability to appropriately staff the service with obstetricians. During 2019, 34 babies were born at TRH and 278 obstetrics patient days of care (including observation) were provided. As a result of the concern expressed by a number of the area's elected officials and community leaders, the applicants withdrew the application and suspended the category of service, consistent with HFSRB and IDPH requirements and protocols. The category of service has been suspended since that time.

During the interim, the applicants have attempted to recruit obstetricians to admit patients to and practice at TRH, but have been unsuccessful in doing so. As a result, the decision has been made by TRH leadership to discontinue its obstetrics category of service, as proposed in 2020.

Inpatient gynecologic services will continue to be provided at the hospital, with those patients occupying medical/surgical beds.

A full range of obstetrics services are available to area residents at HSHS St. Elizabeth's Hospital in O'Fallon (14 miles) and Memorial Hospital-Shiloh (16 miles), as well as numerous hospitals immediately across the Mississippi River in Missouri. As a result, reasonable access to obstetrical services for area residents will be maintained.

The IDPH Office of Women's Health and Family Services, the IDPH Division of Healthcare Facilities, as well as the Regional Perinatal Network have been informed by letter of TRH's intent.

This is a "substantive" project, because it addresses the discontinuation of a HFSRB-designated category of service.

Project Status and Completion Schedules

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

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): ___within 30 days of the approval of the COE application_____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

- 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 **Touchette Regional Hospital, Inc.**

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Larry McCulley
PRINTED NAME

President/Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of July 2022

Signature of Notary

Seal

TERRI M. SCURLARK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jun 19, 2024

SIGNATURE

Zach Yoder
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18 day of July 2022

Signature of Notary

Seal

TERRI M. SCURLARK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jun 19, 2024

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 Southern Illinois Health Care Foundation, Inc.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Larry McCulley
PRINTED NAME

President/Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of July 2022

Signature of Notary

Seal

TERRI M. SCURLARK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jun 19, 2024

SIGNATURE

Zach Yoder
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of July 2022

Signature of Notary

Seal

TERRI M. SCURLARK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jun 19, 2024

SECTION II. DISCONTINUATION

Type of Discontinuation

X	Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

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

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION V. CHARITY CARE INFORMATION

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

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
	2019	**2020**	**2021**
Net Patient Revenue	**52.329.932**	**49,333,023**	**54,820,007**
Amount of Charity Care (charges)	3,515,189	2,589,3936	2,553,830
Cost of Charity Care	2,674,707	2,090,159	2,381,957

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

#E-038-22

File Number 5710-868-1

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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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* 27TH *day of* JUNE *A.D.* 2022 .

Authentication #: 2217802168 verifiable until 06/27/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

14

#E-038-22

File Number 5328-855-3

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

SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1983, 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* 28TH *day of* JUNE *A.D.* 2022 .

Authentication #: 2217900644 verifiable until 06/28/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

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SITE OWNERSHIP

With the signatures on the Certification pages of this Certificate of Need application, the applicants attest to the fact that the hospital site, that being 5900 Bond Avenue in Centreville, Illinois, is owned by Touchette Regional Hospital, Inc.

ATTACHMENT 2

#E-038-22

File Number 5710-868-1

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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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* 27TH *day of* JUNE ***A.D.*** 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2217802168 verifiable until 06/27/2023

Authenticate at: http://www.ilsos.gov

ATTACHMENT 3

17

SIHF HEALTHCARE

Corporate Board Structure

SOUTHERN ILLINOIS HEALTHCARE FOUNDATION
(SIHF)
BOARD OF DIRECTORS

Controlled Affiliates

TOUCHETTE REGIONAL HOSPITAL

LIFELINKS

Economic Development

ARCHVIEW ECONOMIC DEVELOPMENT

ST. CLAIR COUNTY HDP, LLC

Housing

TOUCHETTE ELDERLY APARTMENTS I

TOUCHETTE ELDERLY APARTMENTS II

COTTAGES, LLC

CHICAGO HOUSING – DIVERSEY

CHICAGO HOUSING - MILWAUKEE

SIHF: Southern Illinois Healthcare Foundation is a private, not-for-profit, 501(c)(3) corporation.
TRH: Touchette Regional Hospital is a private, not-for-profit, 501(c)(3) corporation, a controlled affiliate of SIHF.
LIFELINKS (Coles County Mental Health Association, Inc.) is a private, not-for-profit, 501(c)(3) corporation, a controlled affiliate of SIHF.
ARCHVIEW ECONOMIC DEVELOPMENT is a private, not-for-profit, 501(c)(3) corporation.
TOUCHETTE ELDERLY APARTMENTS I is a private, not-for-profit, 501(c)(3) corporation with Metropolitan Housing Development Corporation.
TOUCHETTE ELDERLY APARTMENTS II is a private, not-for-profit, 501(c)(3) corporation with Metropolitan Housing Development Corporation.
CHICAGO HOUSING - DIVERSEY PROJECT/CHICAGO HOUSING - MILWAUKEE PROJECT/COTTAGES, LLC each is a limited liability company with two members being SIHF Healthcare and Metropolitan Housing Development Corporation.
ST. CLAIR COUNTY HDP LLC, an Illinois limited liability company composed of SIHF Healthcare and Metropolitan Housing Development Corporation, two Illinois nonprofit corporations.

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ATTACHMENT 4

#E-038-22

DISCONTINUATION

1. This Certificate of Exemption ("COE") application addresses the discontinuation of the applicant hospital's obstetrics category of service, which includes 27 authorized beds. Gynecologic services will continue to be provided at the hospital.

2. The following clinical areas/services, each of which is associated with obstetrics care, will also be discontinued:
    - two labor-delivery-recovery rooms ("LDRs")
    - 27 patient beds
    - two C-Section rooms
    - a Level I nursery

3. All of the clinical services identified in items 1 and 2, above, will be discontinued within 30 days following receipt of the requested COE Permit. Discontinuation will occur via formal notification to the HFSRB, IDPH and the perinatal network.

4. As of the filing of this COE application, the applicant has no intended use to the space occupied by the obstetrics program. The 15.3FTEs allocated to the Obstetrical services either have, or will be offered other positions at the hospital. Equipment will be used in other areas of the hospital, as appropriate, sold, donated, or discarded.

5. The required legal notice was published in the *Belleville News-Democrat* on June 5, 2022. Proof of publication is attached.

ATTACHMENT 5

#E-038-22

AFFIDAVIT OF PUBLICATION

Account #	Order Number	Identification	Order PO	Amount	Cols	Depth
97882	271325	Print Legal Ad - CLM_000636		$37.26	1	18 L

Attention: Billing Steven Tomaszewski

Column Software PBC - Prepay
9450 SW Gemini Drive
PMB 79042
Beaverton, Illinois 97008-7105

LEGAL NOTICE

Touchette Regional Hospital intends to cease the operations of its obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before August 15, 2022. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by June 30, 2022; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
CLM_000636
Published Jun 5, 2022

STATE OF ILLINOIS)
COUNTIES OF
MADISON, MONROE & ST. CLAIR) .SS

This is to certify that the undersigned Jeffry Couch is the Editor and General Manager of the Belleville News-Democrat, in MADISON, MONROE & ST. CLAIR COUNTIES a public and English secular newspaper of general circulation, which has been regularly published daily in the cities of Belleville, Waterloo, Collinsville & Highland, Counties of Madison, Monroe & St. Clair, State of Illinois, for at least one year prior to the first publication of the notice hereinafter mentioned, and that a notice of which the annexed is a true printed copy, has been published in said newspaper, issues of:

No. of Insertions: 1
Beginning Issue of: 06/05/2022
Ending Issue of: 06/05/2022

"It is further certified that said newspaper is a newspaper as defined in 'an Act to revise the law in relation to notices' as amended by Act approved July 17, 1959 - Ill. Revised Statues, Chap. 100, Para. 1 & 5."

And further certifies that the face of type in which each publication of said notice was made was the same as the body type used in the classified advertising in the issue of said newspaper which said publication was made.

Julie Ambry

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Stefani Beard

Notary Public in and for the state of Texas, residing in Dallas County

STEFANI SCOTT BEARD
My Notary ID # 131706051
Expires October 23, 2022

Extra charge for [illegible] $1.5
Legal document please do not destroy!

20

REASONS FOR DISCONTINUATION

The inpatient obstetrics category of service (beds) at Touchette Regional Hospital is proposed to be discontinued primarily as the result of low utilization, the inability to recruit staff, and the availability of easily accessible providers of obstetrics services, including HSHS St. Elizabeth's Hospital in O'Fallon (14 miles) and Memorial Hospital-Shiloh (16 miles). During 2019, only 34 babies were born at the hospital. As such, the applicants do not believe that the proposed discontinuation will result in an unreasonable diminishment of accessibility to the service.

In recent years, both the number of births at the hospital as well as the associated number of patient days of care provided to maternity patients has diminished drastically, as presented in the table below:

	Births	Maternity Days
2016	211	546
2017	123	310
2018	34	93
2019	34	79

The obstetrics category of service was suspended on March 30, 2020. Six babies were born at the hospital between January 1 and March 30, 2020.

ATTACHMENT 6

IMPACT ON ACCESS

The proposed discontinuation of obstetrical services at Touchette Regional Hospital ("the hospital") will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the ability for patients to access other obstetrical programs in the area.

The following two Illinois providers of obstetrical services are located within seventeen miles of the hospital: HSHS St. Elizabeth's Hospital in O'Fallon (14 miles) and Memorial Hospital-East in Shiloh (16 miles) and. In addition, there are numerous hospitals in Missouri that provide obstetrical services, located within seventeen miles of Touchette Regional Hospital.

Notifications of the proposed discontinuation and requests for impact statements have been sent to the two Illinois hospitals identified above, and copies of the letters are attached. Copies of any responses received will be forwarded to HFSRB Staff.

Touchette
REGIONAL HOSPITAL

June 6, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael T. McManus
President
Memorial Hospital-East
1404 Cross Street
Shiloh, IL 62269

RE: Touchette Regional Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Mr. McManus:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Touchette Regional Hospital ("TRH") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue the hospital's 27-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

TRH's obstetrics category of service was suspended in February 2020 and that status remains.

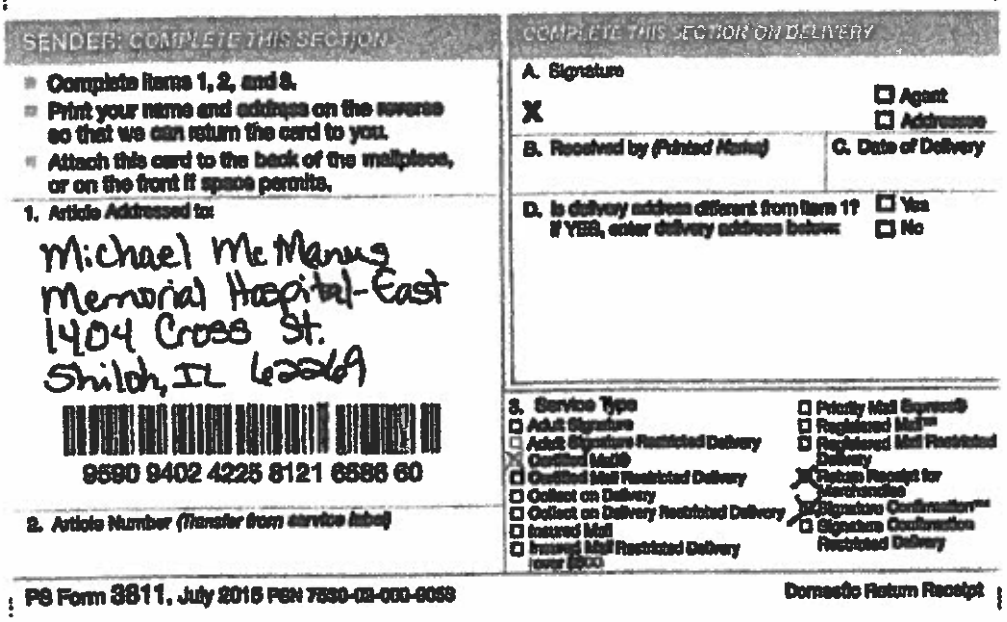
If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Larry McCulley
CEO & President

5900 Bond Avenue | Centreville, IL 62207 | P: 618.332.3060 | F: 618.332.5250 | touchette.org

ATTACHMENT 7



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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Michael McManus
Memorial Hospital-East
1404 Cross St.
Shiloh, IL 62269

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

Domestic Return Receipt

ATTACHMENT 7

Touchette
REGIONAL HOSPITAL

June 6, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Chris Klay
President and CEO
HSHS St. Elizabeth's Hospital
One St. Elizabeth's Blvd.
O'Fallon, IL 62269

RE: Touchette Regional Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Mr. Klay:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Touchette Regional Hospital ("TRH") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue the hospital's 27-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

TRH's obstetrics category of service was suspended in February 2020 and that status remains.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Larry McCulley
CEO & President

5900 Bond Avenue | Centreville, IL 62207 | P: 618.332.3060 | F: 618.332.6256 | touchette.org

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chris Klay
HSHS St. Elizabeth's Hospital
One St. Elizabeth's Blvd.
O'Fallon, IL 62269

9590 9402 4225 8121 6585 09

2. Article Number (Transfer from service label)

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A. Signature

X ☐ Agent ☐ Addressee

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3. Service Type

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☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ATTACHMENT 7

BACKGROUND OF APPLICANT

Touchette Regional Hospital, Inc. is the only IDPH-licensed facility owned and/or operated by applicant Southern Illinois Healthcare Foundation, Inc.

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this CON application. Further, with the signatures provided on the Certification pages of this CON application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

ATTACHMENT 8

SAFETY NET STATEMENT

Southern Illinois Healthcare Foundation ("SIHF"), and its wholly-owned hospital, Touchette Regional Hospital ("TRH") are primary providers of a broad variety of safety net services in the MetroEast region. In addition to the hospital, SIHF operates 30 health care centers, including four Federally-Qualified Health Care Centers ("FQHC"), in 22 communities. SIHF's service area consist of Madison and St. Clair Counties, which includes communities such as east St. Louis, Belleville, Centreville, Collinsville, Shiloh, O'Fallon, Alton and Edwardsville.

TRH provides a broad spectrum of inpatient and outpatient programs used by and for the benefit of MetroEast residents, with approximately 60% of the patient encounters at TRH (inpatient and outpatient) involving Medicaid recipients. Among the services provided by SIHC, both on the hospital campus, as well as through it's 30 health care centers and its mobile medical unit are:

- Family Medicine
- A health care management program, designed to guide clients through the health care delivery process
- Breast health programming
- Urgent care
- Case management and social services
- Blood pressure monitoring
- Broad-based vaccination program, including free vaccinations for children
- Pediatric primary care
- A free *Healthy Start* program for St. Clair County residents
- Pediatric chronic disease management
- Inpatient and outpatient mental health programs
- School and sports physicals

ATTACHMENT 9

- 24-hour pediatric nurse triage program
- Pediatric programs designed to provide care to children in the foster care system
- Opioid dependence control programming
- HIV case management
- Dental care

In addition to the above-identified programs, both applicants are sponsors of and participants in the community health fairs and health education programs offered throughout the MetroEast region.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2019	2020	2021
Inpatient	147	106	96
Outpatient	1,989	1,230	1,348
Total	**2,136**	**1,336**	**1,444**
Charity (cost in dollars)			
Inpatient	$1,308,322	$752,496	$756,603
Outpatient	$2,206,867	$1,662,676	$1,625,397
Total	**$3,515,189**	**$2,415,172**	**$2,382,000**
MEDICAID			
Medicaid (# of patients)	**2019**	2020	2021
Inpatient	1,216	1,036	1,200
Outpatient	24,721	19,426	28,117
Total	25,937	20,462	29,317
Medicaid (revenue)			
Inpatient	$7,874,935	$6,623,751	$8,498,939
Outpatient	$26,596,094	$23,156,567	$29,374,596
Total	$34,471,029	$29,780,318	$37,873,535

ATTACHMENT 9

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

INDEX OF ATTACHMENTS

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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	17
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