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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

### Facility/Project Identification

| |
|---|
| Facility Name: The Methodist Medical Center of Illinois |
| Street Address: 221 N.E. Glen Oak Avenue |
| City and Zip Code: Peoria 61636 |
| 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 61614 |
| 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, 61614 |
| 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 |
| 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 exemption]

| |
|---|
| Name: |
| 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: Amelia Boyd |
| Title: VP Strategy and Planning |
| Company Name: UnityPoint Health – Central Illinois |
| Address: 221 N.E. Glen Oak Avenue |
| 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: Methodist Medical Center of Illinois |
| Address of Site Owner: 221 N.E. Glen Oak Avenue, Peoria 61636 |
| Street Address or Legal Description of the Site: 221 N.E. Glen Oak Avenue, Peoria 61636<br>**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 <u>ATTACHMENT 2,</u> 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: Methodist Medical Center of Illinois |
| Address: 221 N.E. Glen Oak Avenue, Peoria 61636 |
| ☒ Non-profit Corporation ☐ Partnership<br>☐ For-profit Corporation ☐ Governmental<br>☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other<br><br>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.<br>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.<br>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.**

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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

### Facility/Project Identification

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|---|
| Facility Name: The Methodist Medical Center of Illinois |
| Street Address: 221 N.E. Glen Oak Avenue |
| City and Zip Code: Peoria 61636 |
| 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 Methodist Medical Center of Illinois |
| Street Address: 221 N.E. Glen Oak Avenue |
| City and Zip Code: Peoria 61614 |
| 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

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### Primary Contact [Person to receive ALL correspondence or inquiries]

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|---|
| Name: Amelia Boyd |
| Title: VP Strategy and Planning |
| Company Name: UnityPoint Health – Central Illinois |
| Address: 221 N.E. Glen Oak Avenue |
| 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 exemption]

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

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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.**

### Facility/Project Identification

| |
|---|
| Facility Name: The Methodist Medical Center of Illinois |
| Street Address: 221 N.E. Glen Oak Ave. |
| City and Zip Code: Peoria 61636 |
| 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 North LaSalle 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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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| |
|---|
| Name: Amelia Boyd |
| 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 DISCONTINUATION APPLICATION FOR EXEMPTION

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.**

### Facility/Project Identification

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|---|
| Facility Name: The Methodist Medical Center of Illinois |
| Street Address: 221 NE Glen Oak Avenue |
| City and Zip Code: Peoria 61636 |
| 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 61801 |
| Name of Registered Agent: James Leonard, MD |
| Registered Agent Street Address: 611 West Park Street |
| Registered Agent City and Zip Code: Urbana 61801 |
| Name of Chief Executive Officer: James Leonard |
| CEO Street Address: 611 West Park Street |
| CEO City and Zip Code: Urbana 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

- 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.

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|---|
| Name: Amelia Boyd |
| 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: |

## 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 <u>ATTACHMENT 4,</u> 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.

Methodist Medical Center of Illinois (MMCI) is proposing to discontinue Comprehensive Physical Rehabilitation services currently provided at MMCI, contingent upon the approval of a Certificate of Exemption (COE) application simultaneously filed to discontinue all Long-Term Care (LTC) beds at Proctor Hospital (Proctor) and a Certificate of Need (CON) permit application simultaneously filed to establish inpatient Comprehensive Physical Rehabilitation beds at Proctor.

The discontinuation at MMCI will be coordinated between the two hospitals and receipt of State Board approval of the corresponding CON to establish service at the Proctor Hospital. To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON Permit Application for the Proctor Community Hospital Rehab Project (application filed simultaneously with this COE) is approved and completed. If the CON Permit Application for the Proctor Community Hospital Rehab Project is not approved by the State Board, this COE permit will be relinquished or withdrawn.

MMCI is currently licensed for 39 Comprehensive Physical Rehabilitation beds. If this COE application and Proctor's CON permit application to establish a 20-bed Comprehensive Physical Rehabilitation unit are approved, there will be a 19-bed reduction of Comprehensive Physical Rehabilitation beds in the planning area.

Under Sections 1110.20 and 1130.140 of the Illinois Administrative Code, this project is considered substantive because it proposes discontinuing a designated category of service within an existing healthcare facility

Importantly, approval of this project, in conjunction with the discontinuation of LTC 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 LTC and Comprehensive Physical Rehabilitation.

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

This project is solely for discontinuation of the Comprehensive Physical Rehabilitation category of service and does not include the construction, demolition, or modernization of any existing buildings. There are no project costs associated with the discontinuation.

## 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** _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.

_____22-017 The Methodist Medical Center of Illinois d/b/a Young Minds Institute - No_____

_____

_____

_____

_____

**Anticipated exemption completion date** (refer to Part 1130.570): ___3/31/2023_____

## State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
**Failure to be up to date with these requirements will result in the Application being deemed incomplete.**

## 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 Medical Center of Illinois.**

**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

## CERTIFICATION

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- 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, 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

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

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

## 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 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.**

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

**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 II. DISCONTINUATION

### Type of Discontinuation

| | |
|---|---|
| ☒ | Discontinuation of a single category of service |

### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

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

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

**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 IV. SAFETY NET IMPACT STATEMENT

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community ***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 service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

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

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

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

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

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

| | | | |
|---|---|---|---|
| **Medicaid (revenue)** | | | |
| Inpatient | | | |
| Outpatient | | | |
| **Total** | | | |

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

## SECTION V. CHARITY CARE INFORMATION

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

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

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

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

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

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

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

## INDEX OF ATTACHMENTS

## 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. Methodist Medical Center of Illinois,
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.

***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 .

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

Jesse White
SECRETARY OF STATE

**Attachment 1**

*File Number* 0788-821-0

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 METHODIST MEDICAL CENTER OF ILLINOIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 28, 1898, 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* 6TH *day of* JANUARY *A.D.* 2022 .

Authentication #: 2200601756 verifiable until 01/06/2023
Authenticate at: http://www.ilsos.gov

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

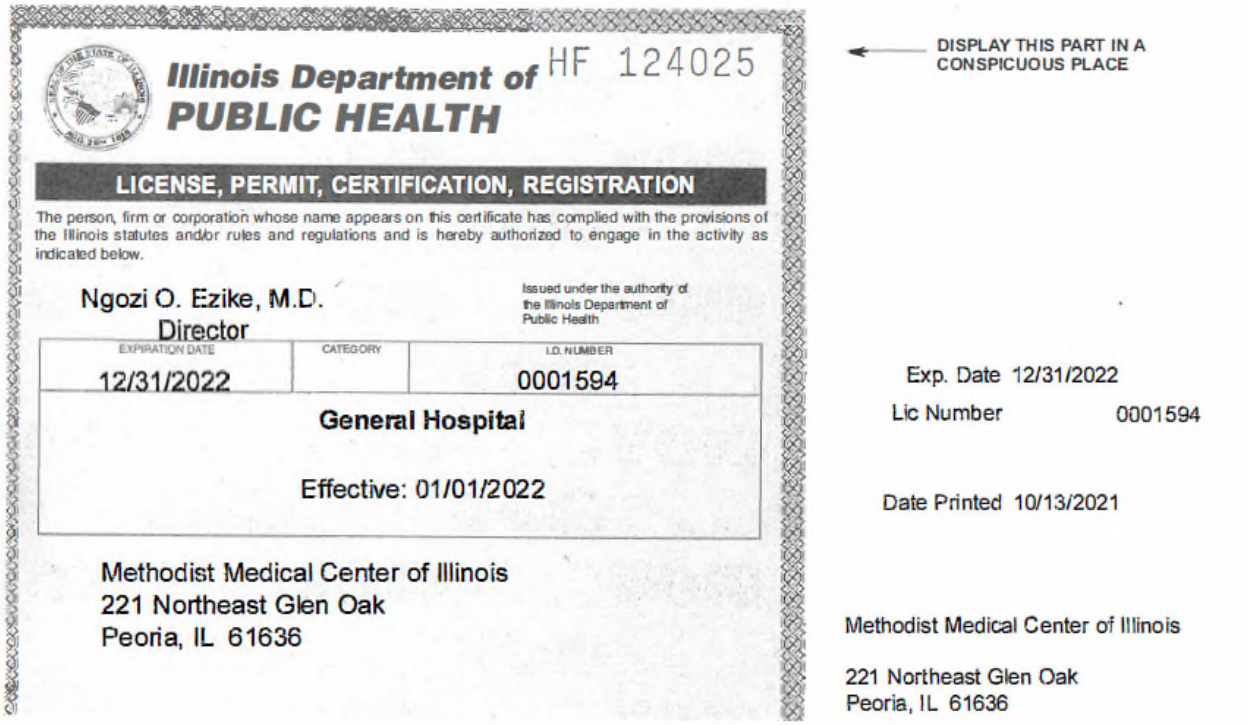
By signing the certification pages within this application, the Applicants attest that MMCI owns the property at 221 N.E. Glen Oak Ave. Peoria, IL 61636.

**Attachment 2**

## Operating Identity/Licensee

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

**Attachment 3**



Illinois Department of PUBLIC HEALTH

HF 124025

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 12/31/2022 | | 0001594 |

General Hospital

Effective: 01/01/2022

Methodist Medical Center of Illinois
221 Northeast Glen Oak
Peoria, IL 61636

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2022
Lic Number 0001594

Date Printed 10/13/2021

Methodist Medical Center of Illinois
221 Northeast Glen Oak
Peoria, IL 61636

**Attachment 3**

# The Methodist Medical Center of Illinois

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 28, 2019

Accreditation is customarily valid for up to 36 months.

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

ID #7408
Print/Reprint Date: 02/25/2020

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.



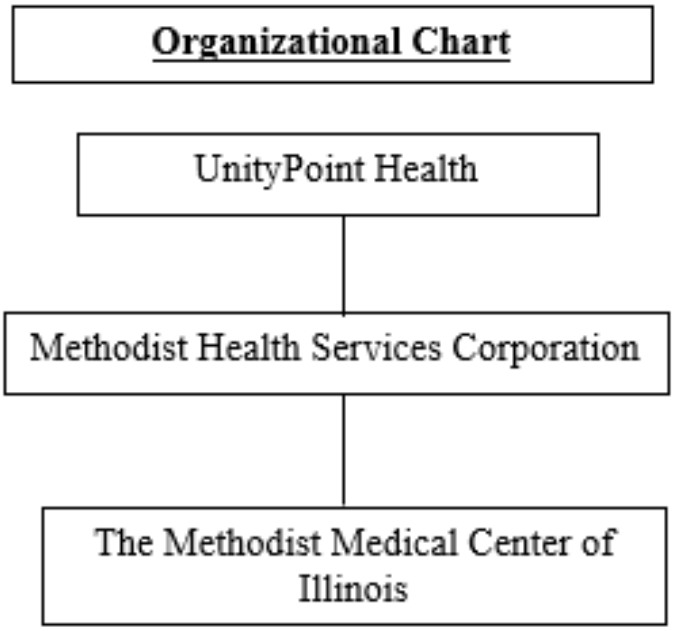
**Attachment 3**

## Organizational Relationships

MMCI is a subsidiary of MHSC. An organizational chart showing the relationship between the entities is attached. An organizational chart showing the relationship between MMCI, 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-054-22, The Carle Foundation will become the sole corporate member of MHSC. MMCI will remain a subsidiary of MHSC, and MMCI will continue to hold the MMCI hospital license and operate the hospital. See attached pre- and post-closing organizational charts.

**Attachment 4**

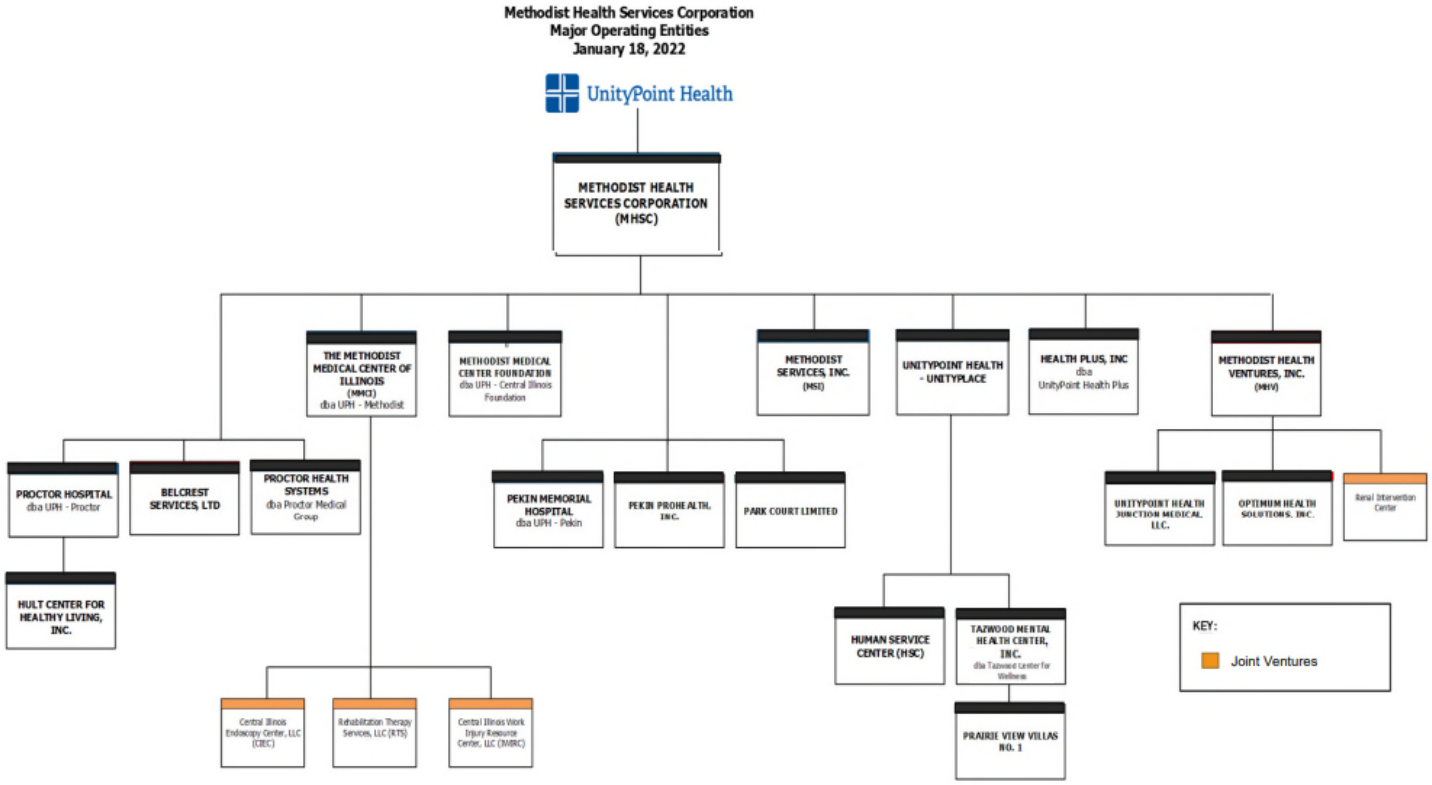



Key:

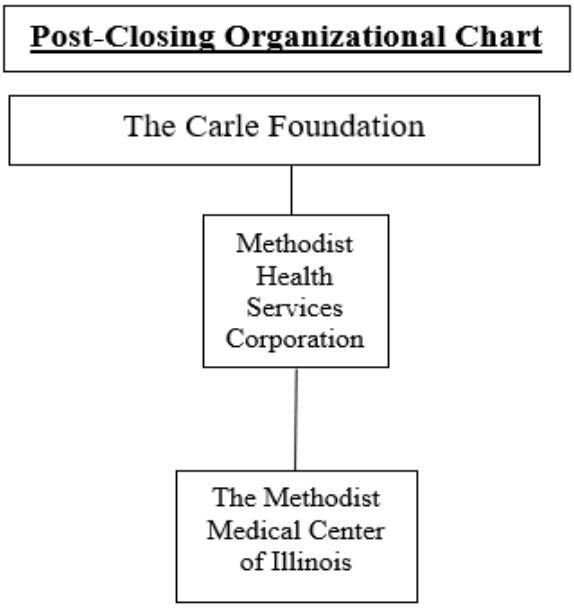
Solid line represents membership

This represents the Organizational Chart Pre-Closing of the anticipated transaction referenced by COE #E-54-22

**Attachment 4**




**Attachment 4**




Key:

Solid line represents membership

This represents the Organizational Chart Post-Closing of the anticipated transaction referenced by COE #E-54-22

**Attachment 4**

## Criterion 1130.525 and 1110.290 - DISCONTINUATION

General Information Requirements

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
   **Answer: The category of service to be discontinued is Comprehensive Physical Rehabilitation. MMCI is approved and licensed to operate 39 rehab beds and plans to discontinue all 39 beds**

2. Identify all of the other clinical services that are to be discontinued.
   **Answer: No other clinical services at MMCI will be discontinued as part of this project.**

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
   **Answer: To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON Permit Application to establish Comprehensive Physical Rehabilitation at Proctor (application filed simultaneously with this COE) is approved and completed. This is expected to occur by March 31, 2023. If the CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor is not approved by the State Board, this COE application will be relinquished or withdrawn.**

4. Provide the anticipated use of the physical plant and equipment after discontinuation occurs.
   **Answer: MMCI is evaluating the future use of the physical space currently utilized for the Comprehensive Physical Rehabilitation unit but has not yet made a determination.**

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.

   **Answer: Please see attached attestation.**

**Attachment 5**

**State of Illinois**

**Peoria County**

**Verification by Certification**

I, Amelia Boyd, certify, pursuant to §1-109 of the Illinois Code of Civil Procedure (735 Il. CS 5/1-109), as follows:

1. I am the Vice President of Strategy & Planning for UnityPoint Health-Central Illinois and am authorized to present this attestation.
2. I attest that the required public notice will be published before discontinuing the MMCI Comprehensive Rehabilitation Unit subject to approval by the State Board.
3. The public notice will include the following information:

   "UnityPoint Methodist Medical Center in Peoria intends to close its 39-bed inpatient rehabilitation category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HRSRB). The discontinuation will occur after permit issuance and the opening of the Proctor Hospital inpatient Comprehensive Physical Rehabilitation Unit, which is scheduled to be completed on or around March 1, 2023. A copy of the COE and information about the intended discontinuation of the rehab beds can be found on the HFSRB website at hfsrb.Illinois.gov. You may also contact Amelia Boyd, VP of Strategy & Planning at (309) 671-2163."

4. The public notice will be published in the Peoria Journal Star; a copy of the notice is enclosed with our application, and the notice will be published one time on March 1, 2023. Under penalties as provided by law under §1-109 of the Code of Civil Procedure, the undersigned certifies that the statements outlined in this instrument are true and correct, except as to matter therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

Amelia Boyd
_____ (Signature)

11/01/2022 (Date)

**Attachment 5**

## Customer Ad Proof

LOCALiQ
JournalStar | Journal-Standard
Rockford Register Star

**Order Confirmation**
Not an Invoice

| | |
|---|---|
| **Account Number:** | 634704 |
| **Customer Name:** | Unitypoint Health - Methodist Proctor |
| **Customer Address:** | Unitypoint Health - Methodist Proctor<br>PO BOX 5048<br>#5020-9052600<br>ROCK ISLAND IL 61204-5048 |
| **Contact Name:** | Unitypoint Health - Methodist Pr |
| **Contact Phone:** | 3095892684 |
| **Contact Email:** | |
| **PO Number:** | |

| | |
|---|---|
| **Date:** | 11/03/2022 |
| **Order Number:** | 8017948 |
| **Prepayment Amount:** | $ 0.00 |

| | |
|---|---|
| **Column Count:** | 1.0000 |
| **Line Count:** | 25.0000 |
| **Height in Inches:** | 0.0000 |

**Print**

| Product | #Insertions | Start - End | Category |
|---|---|---|---|
| PEO Journal Star | 1 | 02/02/2023 - 02/02/2023 | Public Notices |
| PEO pjstar.com | 1 | 02/02/2023 - 02/02/2023 | Public Notices |

| | |
|---|---|
| **Total Order Confirmation** | **$25.00** |

1/2

*Page 1 of 1*

UnityPoint Methodist Medical Center in Peoria intends to close its 39-bed inpatient rehabilitation category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHSRB). The discontinuation will occur after permit issuance and the opening of the Proctor Hospital Inpatient Comprehensive Physical Rehabilitation Unit, which is scheduled to be completed on or around March 1, 2023. A copy of the COE and information about the intended discontinuation of the rehab beds can be found on the HFSRB website at hfsrb.Illinois.gov. You may also contact Amelia Boyd, VP of Strategy & Planning at (309) 671 2163.

**Attachment 5**

## Criterion 1130.525 and 1110.290 - Reason for the Discontinuation

MMCI is proposing to discontinue its Comprehensive Physical Rehabilitation unit and, in parallel applications, discontinue the LTC unit at Proctor and establish a Comprehensive Physical Rehabilitation unit at Proctor. A COE to discontinue the LTC unit and CON permit application to establish the inpatient rehabilitation service at Proctor are being filed concurrently.

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.

MMCI has provided quality inpatient rehabilitation services to its patients for many years. The following is a summary of MMCI's rehabilitation utilization for the last five calendar years. As noted below, utilization 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% |

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

Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity to 13 of MMCI's existing 39 licensed beds through July of 2022. With the temporary suspension of the LTC unit at Proctor in August of 2022, there has been some relief in staffing challenges at MMCI, as LTC staff at Proctor began providing care for MMCI Comprehensive Physical Rehabilitation patients, which allowed for an increase in volumes from August through October.

Currently, there are two inpatient rehab providers in HSA 2 with a total of 68 beds. However, due to facility constraints (such as the lack of private rooms and overall age limitations of a hospital unit originally designed to care for general medical/surgical patients), MMCI operates significantly fewer inpatient rehab beds than it is licensed for, which negatively impacts HSA 2 residents' accessibility to needed inpatient rehab

**Attachment 6**

services. MMCI considered renovating the inpatient rehab unit footprint, but because of the overall facility space and infrastructure limitations of the 4th floor of the main hospital tower (a building that was originally designed and constructed for general medical/surgical patients more than 38 years ago), this would be a less efficient and, ultimately, more costly option. For that reason, MMCI proposes to relocate its inpatient rehab services to Proctor's LTC Unit, which was renovated in 2017.

The discontinuation at MMCI will be coordinated between the two hospitals and receipt of State Board approval of the corresponding CON to establish service at the Proctor Hospital. To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON Permit Application for the Proctor Community Hospital Rehab Project (application filed simultaneously with this COE) is approved and completed. If the CON Permit Application for the Proctor Community Hospital Rehab Project is not approved by the State Board, this COE permit will be relinquished or withdrawn.

***Additional Certificate of Exemption Implications***

A COE application to discontinue the 43 LTC beds at Proctor has also been filed after temporarily suspending services in that unit in August 2022 to evaluate the needs of the community and operational efficiencies.

Admissions and occupancy in the LTC unit have fluctuated over the last 5 ½ years. Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity at various times, especially during the COVID pandemic. With the abundance of providers in Peoria County, the competition for trained leadership and staff positions has been extreme.

Based on the most recent inventory of LTC beds in the Peoria County Planning Area, dated October 25, 2021, there is a State-calculated excess of 366 beds in the Peoria Planning Area. Heddington Oaks recently discontinued its 214 LTC beds in 2022, reducing the State-calculated excess to 152 beds.

An excess of 241 beds exists in neighboring Tazewell County, which is located within the Primary Service Area of the Proctor Hospital and an excess of 51 beds exists in Woodford County, which is also located within the Proctor Hospital Primary Service Area and HSA 2. Currently, there are multiple other LTC providers in HSA 2 with underutilized LTC beds. Based on the number of available providers in HSA 2 and the declining volumes in Proctor's LTC unit, the Applicants do not believe that the discontinuation will have an adverse effect on access to LTC services in the market area.

The discontinuation of the LTC category of service at Proctor will be carefully coordinated to maintain continuity of care and avoid confusion.

**Attachment 6**

The table below shows the utilization of the Long-Term Care Unit at Proctor. As a reminder, admissions were paused in August of 2022.

| Period | Beds | Staffed Beds | Admissions | Patient Days | ADC | Licensed Occupancy | Staffed Occupancy |
|---|---|---|---|---|---|---|---|
| **2021** | 43 | 30 | 291 | 5,600 | 15.3 | 35.7% | 51.1% |
| **2020** | 43 | 30 | 457 | 8,980 | 24.5 | 57.1% | 81.8% |
| **2019** | 43 | 30 | 576 | 9,687 | 26.5 | 61.7% | 88.5% |
| **2018** | 43 | 30 | 654 | 9,446 | 25.9 | 60.2% | 86.3% |
| **2017** | 25 | 20 | 409 | 6,278 | 17.2 | 68.8% | 86.0% |

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

**Attachment 6**

**IMPACT ON ACCESS**

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

The Methodist Medical Center of Illinois ("MMCI") is located at 221 N.E. Glen Oak Avenue in Peoria, just 4.3 miles away from the Proctor Community Hospital ("Proctor Hospital"). MMCI and Proctor Hospital serve the same geographic region and population. The affiliation and geographic co-location 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 38 years. The following is a summary of rehabilitation utilization for the last five calendar years. As you will note, our utilization has been declining. As a reminder, admissions were paused in August of 2022.

| 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% |

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

The rehab unit also has experienced several leadership transitions during the last few years and has had difficulty in obtaining leaders with expertise in rehabilitation operations and regulations.

Currently, there are two Comprehensive Physical Rehabilitation providers in HSA2 with a total of 68 CON-approved beds. However, due to facility constraints (such as the lack of private rooms and overall age and limitations of a hospital unit originally designed to care for general medical/surgical patients), MMCI operates significantly fewer inpatient rehab beds than it is licensed for, which negatively impacts HSA 2 residents' accessibility to needed inpatient rehab services. MMCI considered renovating the inpatient rehab unit footprint, but because of the overall facility space and infrastructure limitations of the 4th floor of the main hospital tower (a building that was originally

**Attachment 7**

designed and constructed for general medical/surgical patients), this would be a less efficient and, ultimately, more costly option. For that reason, MMCI proposes to relocate its inpatient rehab services to the Proctor Hospital's now discontinued Long Term Care Unit, which was renovated in 2017.

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 from August through October 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.

| 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

To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON Permit Application for the Proctor Community Hospital Rehab Project (application filed simultaneously with this COE) is approved and completed. If the CON Permit Application for the Proctor Community Hospital Rehab Project is not approved by the State Board, this COE permit will be relinquished or withdrawn.

2. Provide copies of notification letters sent to other resources or healthcare 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.

**Attachment 7**

Answer: To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON Permit Application for the Proctor Community Hospital Rehab Project (application filed simultaneously with this COE) is approved and completed. If the CON Permit Application for the Proctor Community Hospital Rehab Project is not approved by the State Board, this COE permit will be relinquished or withdrawn.

Upon approval of the 2 COEs and the CON application for the proposed Proctor Community Hospital Comprehensive Physical Rehabilitation Unit, Proctor Hospital will notify area health care providers of the discontinuation of the rehabilitation beds in March of 2023, concurrently with the opening of the Proctor Hospital Rehabilitation Unit.

**Attachment 7**

## SECTION III. BACKGROUND

### BACKGROUND OF APPLICANT

The applicants supplied the information and documentation requested by this criterion in Project No E-54-22. See attached attestation**.**

**Attachment 8**

The applicants supplied the information and documentation requested by this criterion in project No. E-54-22.

## 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-54-22) 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 8**

## SECTION IV. SAFETY NET IMPACT STATEMENT

MMCI seeks to discontinue its 39 Comprehensive Physical Rehabilitation beds and relocate and establish those services at Proctor (see separately filed CON permit application to establish Comprehensive Physical Rehabilitation service at Proctor). These projects, along with the discontinuation of the LTC unit at Proctor (see separately filed COE application to discontinue LTC unit at Proctor) will contribute to the right sizing of both the Comprehensive Physical Rehabilitation and LTC categories in HSA 2 while developing a more efficient, patient-friendly service at Proctor.

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.

**Answer**: MMCI is a current provider of essential safety net services in the community and provides a wide array of services. The project seeks to discontinue Comprehensive Physical Rehabilitation Services at MMCI and, by way of a separate CON permit application, the Comprehensive Physical Rehabilitation unit at MMCI will be relocated and downsized to 20 beds at Proctor. As such, no beds will be added to the Planning Area as a result of both projects, and the Applicants do not anticipate drawing patients from existing area providers in relation to the new unit at Proctor. Rather, new patients will primarily be those who previously were forced to delay or forgo care due to a lack of **available** beds or other capacity/acuity issues at MMCI.

MMCI believes that the discontinuation of its 39 rehabilitation beds will not have a material impact on essential safety net services in the community. To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON permit application to establish Comprehensive Physical Rehabilitation at Proctor (application filed simultaneously with this COE application) has been approved and completed. If the CON permit application for the establishment of Comprehensive Physical Rehabilitation at Proctor is not approved by the State Board, this COE permit will be relinquished or withdrawn.

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.

**Answer**: Currently, there is only one hospital within HSA 2 that provides Comprehensive Physical Rehabilitation services. That is Greater Peoria Specialty Hospital. The relocation of MMCI's 39-bed Comprehensive Physical Rehabilitation service to a more efficient, 20-bed unit at Proctor will not impact any other hospital's ability to provide safety net services in this area.

**Attachment 9**

The Applicants do not anticipate drawing patients from existing area providers. The discontinuation at MMCI will be coordinated between the two hospitals and receipt of State Board approval of the corresponding CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor. To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur until after the CON permit application to establish Comprehensive Physical Rehabilitation services at Proctor (application filed simultaneously with this COE application) is approved and completed. If the CON permit application to establish Comprehensive Physical Rehabilitation Services is not approved by the State Board, this COE application will be relinquished or withdrawn.

The payor mix of MMCI inpatient patients is listed below:

Payor Mix

| | |
|---|---|
| Medicare: | 57% |
| Medicaid: | 14% |
| Commercial: | 26.5% |
| Self Pay: | 2.5% |

There are no anticipated changes to the payor mix because of this transition from MMCI to Proctor. All MHSC hospitals function under the same charity care policies.

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

**Answer**:

The only other hospital within HSA 2 that provides Comprehensive Physical Rehabilitation is Greater Peoria Specialty Hospital and operating with 29 beds. The relocation of MMCI's 39-bed Comprehensive Physical Rehabilitation service to a more efficient, 20-bed unit at Proctor (subject to State Board approval of a separately filed CON permit application) will have no impact on another hospital's ability to provide safety net services in this area. The project reduces the State-calculated excess of Comprehensive Physical Rehabilitation beds in the Planning Area, and the Applicants do not anticipate drawing patients from existing area providers.

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. As shown in the table below, MMCI a subsidiary of MHSC, has an established history of providing safety net services to its community.

See below Charity Care and Medicaid information for MMCI and Proctor.

**Attachment 9**

**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 |
| Outpatient | 5,196.594 | 6,218,229 | 7,263,400 |
| **Total** | 7,237,076 | 7771,979 | 9,580,288 |

**Attachment 9**

## 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 |