

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

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

**Facility/Project Identification**

Facility Name: Lincoln Memorial Hospital		
Street Address: 200 Stahlhut Drive		
City and Zip Code: Lincoln 62656		
County: Logan	Health Service Area 3	Health Planning Area: E-01

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

Exact Legal Name: Abraham Lincoln Memorial Hospital
Street Address: 200 Stahlhut Drive
City and Zip Code: Lincoln 62656
Name of Registered Agent: Anna Evans
Registered Agent Street Address: 701 North First Street
Registered Agent City and Zip Code: Springfield 62781
Name of Chief Executive Officer: Dolan C. Dalpoas
CEO Street Address: 200 Stahlhut Drive
CEO City and Zip Code: Lincoln 62656
CEO Telephone Number: 217-732-2161

**Type of Ownership of Applicants**

<input checked="checked" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>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.</li></ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

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

Name: Dana Mollohan
Title: System Director, Business Development and Planning
Company Name: Memorial Health
Address: 701 North First Street, Springfield, IL 62781
Telephone Number: 217-788-4263
E-mail Address: mollohan.dana@mhsil.com
Fax Number: 217-788-5520

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

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**Facility/Project Identification**

Facility Name: Lincoln Memorial Hospital		
Street Address: 200 Stahlhut Drive		
City and Zip Code: Lincoln 62656		
County: Logan	Health Service Area 3	Health Planning Area: E-01

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

Exact Legal Name: Memorial Health System
Street Address: 701 North First Street
City and Zip Code: Springfield 62781
Name of Registered Agent: Anna Evans
Registered Agent Street Address: 701 North First Street
Registered Agent City and Zip Code: Springfield 62781
Name of Chief Executive Officer: Edgar Curtis
CEO Street Address: 701 North First Street
CEO City and Zip Code: Springfield 62781
CEO Telephone Number: 217-788-3340

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>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.</li></ul>		
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Name: Dana Mollohan
Title: System Director, Business Development and Planning
Company Name: Memorial Health
Address: 701 North First Street, Springfield, IL 62781
Telephone Number: 217-788-4263
E-mail Address: mollohan.dana@mhsil.com
Fax Number: 217-788-5520

**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: Dana Mollohan
Title: System Director, Business Development and Planning
Company Name: Memorial Health
Address: 701 North First Street, Springfield, IL 62781
Telephone Number: 217-788-4263
E-mail Address: mollohan.dana@mhsil.com
Fax Number: 217-527-3267

### Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Abraham Lincoln Memorial Hospital
Address of Site Owner: 200 Stahlhut Drive, Lincoln, IL 62656
Street Address or Legal Description of the Site: <b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

### Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: The Abraham Lincoln Memorial Hospital			
Address: 200 Stahlhut Drive, Lincoln, IL 62656			
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ 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.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

### 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.

Abraham Lincoln Memorial Hospital d/b/a Lincoln Memorial Hospital (LMH) located at 200 Stahlhut Drive, Lincoln, Illinois is proposing to discontinue its 3-bed labor and delivery unit and to cease inpatient obstetrical services as of December 31, 2022 or as soon as possible after approval is received from the Illinois Health Facilities and Services Review Board. LMH does not intend to relinquish these three beds, but will convert them to the medical / surgical category of service.

This project is substantive as it involves the discontinuation of a 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.

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**Anticipated exemption completion date** (refer to Part 1130.570): \_\_\_\_\_

### 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 (N/A)

**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 The Abraham Lincoln Memorial Hospital \*

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

  
SIGNATURE

Dolan C. Dalpoas  
PRINTED NAME

President and Chief Executive Officer  
PRINTED TITLE

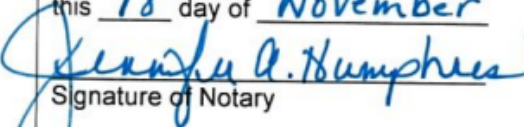
  
SIGNATURE

Bruce D. Carmitchel  
PRINTED NAME

Chair of the Board of Directors  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 18 day of November

  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 18 day of November

  
Signature of Notary

Seal



\*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:

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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 Memorial Health System \*

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

  
SIGNATURE

Edgar J. Curtis  
PRINTED NAME

President and Chief Executive Officer  
PRINTED TITLE

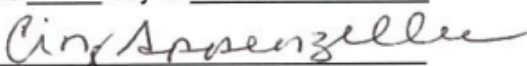
  
SIGNATURE

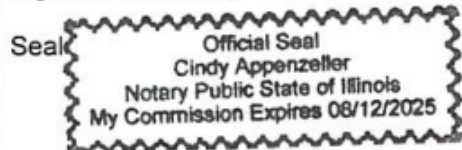
Todd W. Wise  
PRINTED NAME

Chair of the Board of Directors  
PRINTED TITLE

Notarization:

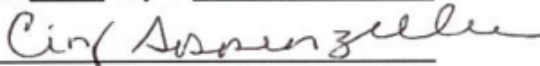
Subscribed and sworn to before me  
this 17<sup>th</sup> day of November, 2022

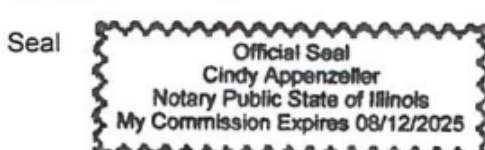
  
Signature of Notary



Notarization:

Subscribed and sworn to before me  
this 17<sup>th</sup> day of November 2022

  
Signature of Notary



\*Insert the EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

### Type of Discontinuation

<input checked="checked" type="checkbox"/> Discontinuation of a single category of service
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### 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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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
<b>Net Patient Revenue</b>			
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.**

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		15-17
2	Site Ownership		18
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		19-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22
5	Discontinuation General Information Requirements		23-25
6	Reasons for Discontinuation		26
7	Impact on Access		27-33
8	Background of the Applicant		34-37
9	Safety Net Impact Statement		38-39
10	Charity Care Information		40

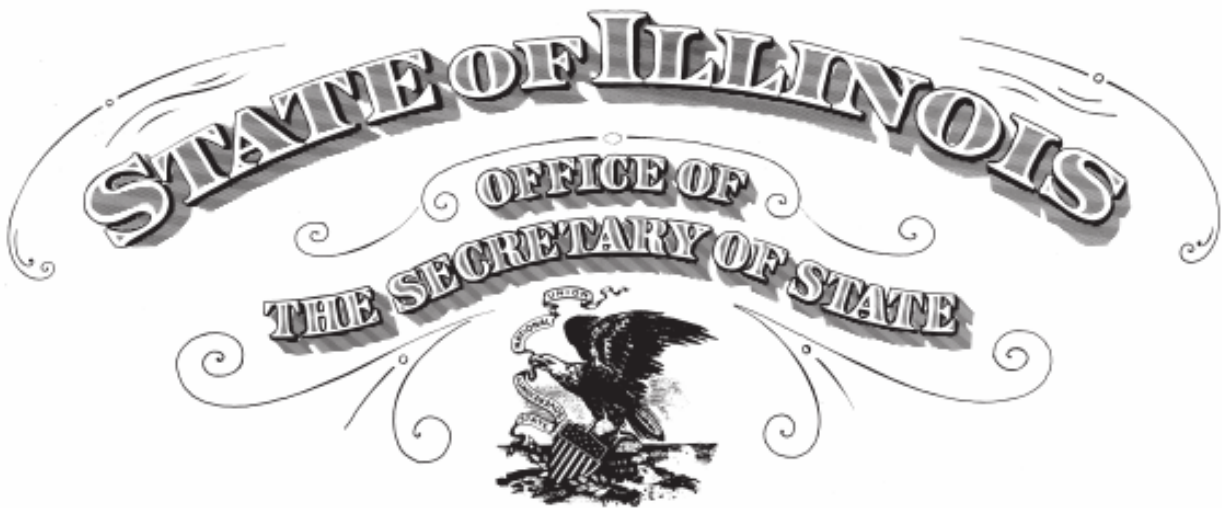
**ATTACHMENT 1**

Applicant Information

The Certificates of Good Standing for Lincoln Memorial Hospital and Memorial Health System are attached at ATTACHMENT 1.

File Number

3044-833-2



***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 ABRAHAM LINCOLN MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 19, 1948, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2230502338 verifiable until 11/01/2023  
Authenticate at: <https://www.ilsos.gov>

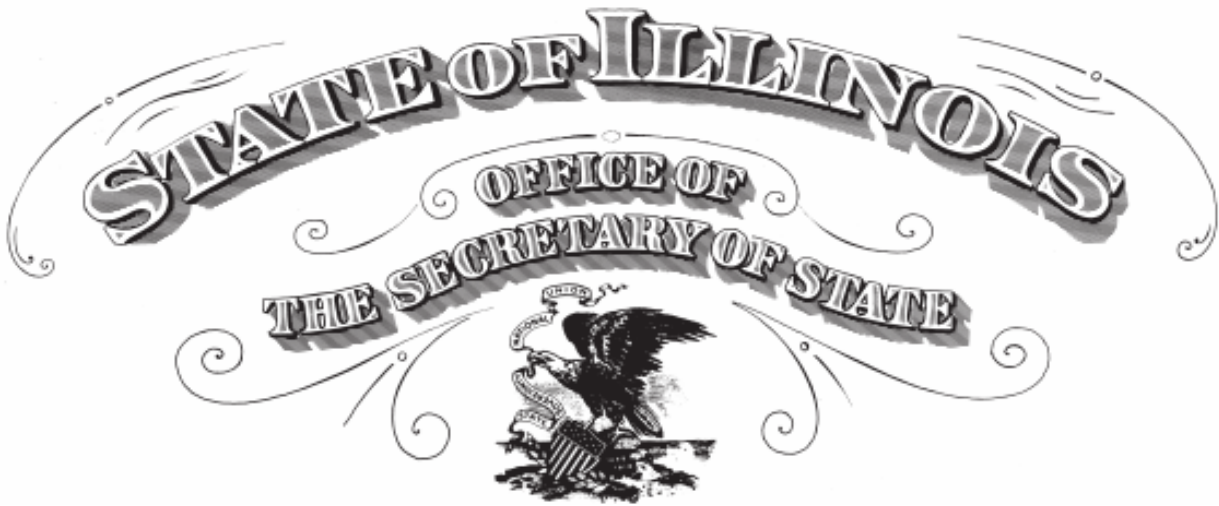
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 1ST  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

File Number

5248-617-3



***To all to whom these Presents Shall Come, Greeting:***

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

MEMORIAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 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.



Authentication #: 2230502380 verifiable until 11/01/2023

Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 1ST*  
*day of NOVEMBER A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE



November 18, 2022

John Kniery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street - Second Floor  
Springfield, IL 62761-0001

Re: Site Ownership of Lincoln Memorial Hospital

Dear Mr. Kniery:

This letter attests that Abraham Lincoln Memorial Hospital d/b/a Lincoln Memorial Hospital (LMH) has ownership and control of the hospital property located at 200 Stahlhut Drive, Lincoln, 62656.

Please contact me at 217-732-2161 if you have any questions.

Sincerely,

A blue ink signature of Dolan C. Dalpoas.

Dolan C. Dalpoas  
President and Chief Executive Officer  
Lincoln Memorial Hospital

SUBSCRIBED AND SWORN

To before me this 18 day of November, 2022

A blue ink signature of Jennifer A. Humphres.

Notary Public



200 Stahlhut Drive  
Lincoln, IL 62656

217-732-2161

memorial.health



**ATTACHMENT 3**Persons with 5% or greater ownership interest

The Certificates of Good Standing for Lincoln Memorial Hospital and Memorial Health System are attached at ATTACHMENT 3.

Ownership > 5%

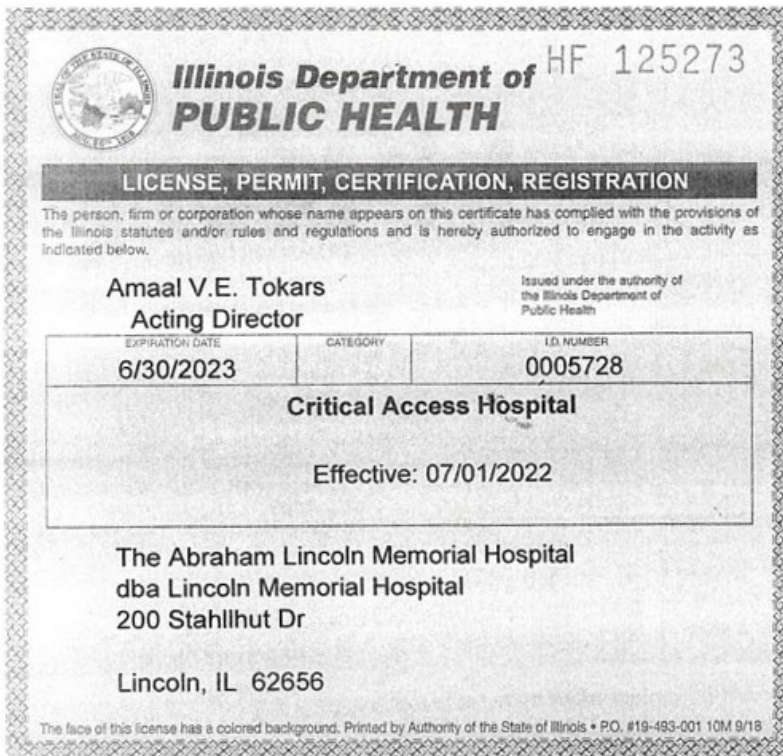
The following Persons own a 5% or greater interest in Lincoln Memorial Hospital:

Name	Percentage Interest
Memorial Health System	100%

The following Persons own a 5% or greater interest in Memorial Health System:

Name	Percentage Interest
Memorial Health System	100%

The Abraham Lincoln Memorial Hospital is the operating licensee:



**Illinois Department of PUBLIC HEALTH** HF 125273

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Amaal V.E. Tokars**  
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE <b>6/30/2023</b>	CATEGORY	I.D. NUMBER <b>0005728</b>
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**Critical Access Hospital**

Effective: 07/01/2022

**The Abraham Lincoln Memorial Hospital**  
dba Lincoln Memorial Hospital  
200 Stahlhut Dr  
Lincoln, IL 62656

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023

Lic Number 0005728

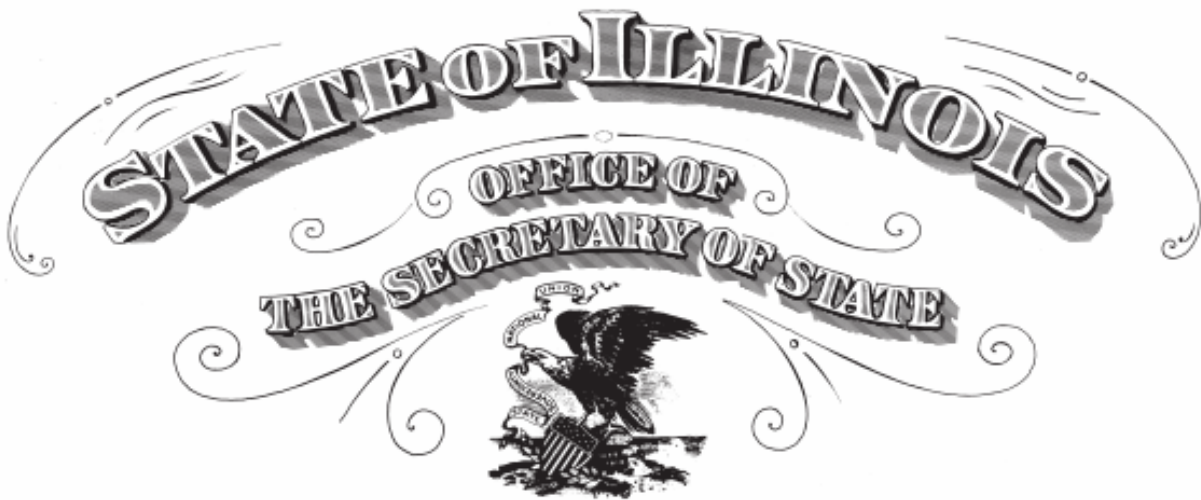
Date Printed 4/5/2022

The Abraham Lincoln Memorial Hospit  
dba Lincoln Memorial Hospital  
200 Stahlhut Dr  
Lincoln, IL 62656

FEE RECEIPT NO.

File Number

3044-833-2



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

THE ABRAHAM LINCOLN MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 19, 1948, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2230502338 verifiable until 11/01/2023

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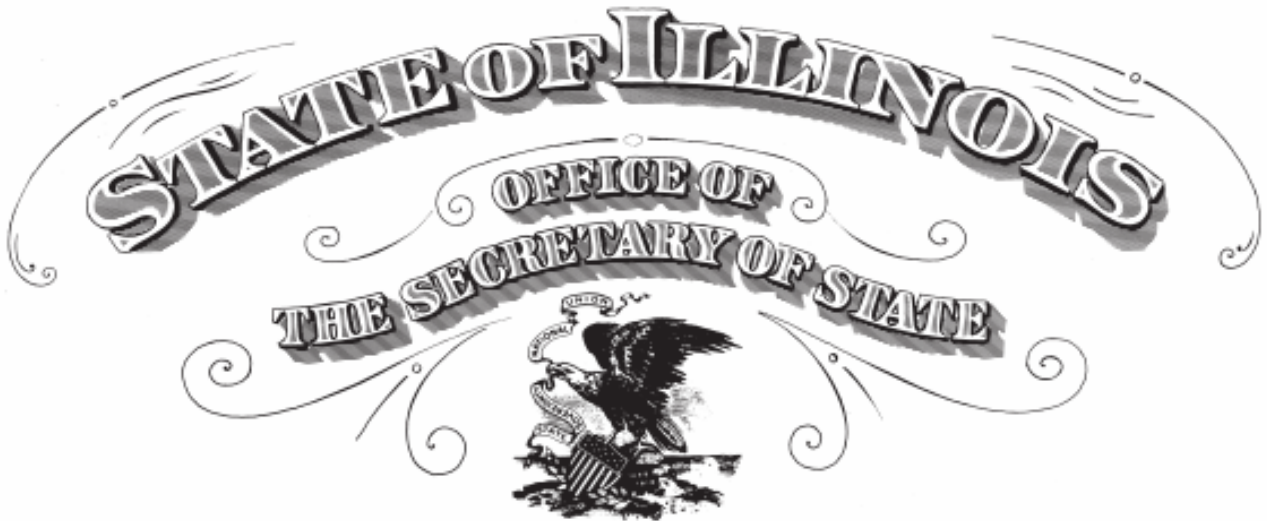
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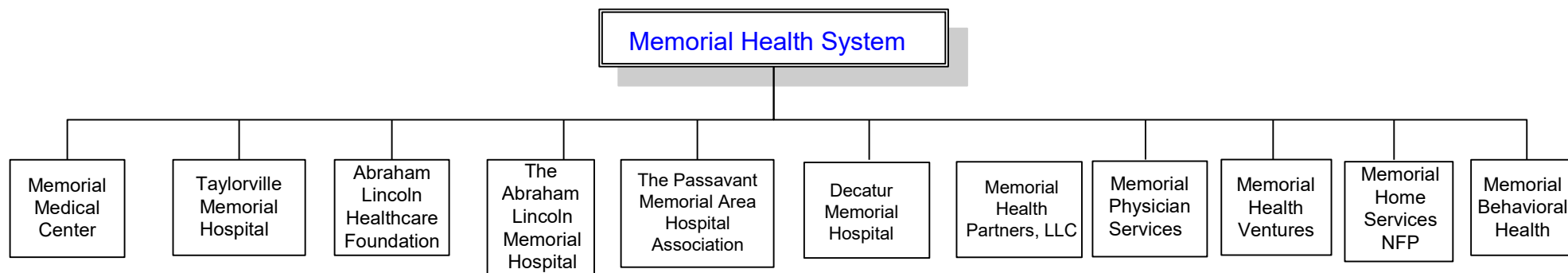
*Jesse White*

SECRETARY OF STATE

Authentication #: 2230502380 verifiable until 11/01/2023

Authenticate at: <https://www.ilsos.gov>

## Organizational Relationships



## ATTACHMENT 5

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

The applicant proposes to discontinue its 3-bed labor and delivery unit and to cease inpatient obstetrical services. The applicant does not intend to relinquish these three beds, but will convert them to the medical / surgical category of service.

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

No clinical services besides those directly related to the inpatient obstetrical services are being discontinued.

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

The applicant plans to discontinue inpatient obstetrical services as of December 31, 2022 pending approval from the Illinois Health Facilities and Services Review Board.

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

The applicant will convert the existing obstetric beds to medical/ surgical beds. Currently, one of the operating rooms is reserved for performing C-sections. This operating room will be put back into service for general inpatient and outpatient surgical cases. Obstetric specific equipment will be transferred to other Memorial Health hospitals for use on their labor and delivery units.

**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.**

By their signatures to this application, the applicants attest that the following notice was provided in the Lincoln Courier, Springfield Journal Register and the Decatur Herald and Review. A copy of the newspaper public notice as well as Lincoln Memorial Hospital's press release are included with this ATTACHMENT 5. Wording for the newspaper public notice is as follows:

Lincoln Memorial Hospital located at 200 Stahlhut Dr., Lincoln, Illinois, intends to close its 3-bed Family Maternity Suite unit and to discontinue inpatient obstetric services after receiving approval by the Illinois Health Facilities and Services Review Board (IHFSRB) due to low utilization and increased demand for other hospital inpatient services. The three obstetric beds will be changed to medical/surgical category of service beds. The hospital plans to submit the required Certificate of Exemption (COE) application on or around November 30, 2022. After submission, a copy of the COE application and information about the discontinuation of the unit may be found on the IHFSRB website at [Illinois.gov/sites/hfsrb](http://Illinois.gov/sites/hfsrb). You may also contact Dana Mollohan at 217-788-4263 at Memorial Health with any questions or concerns.

**Attachment 5 – Press Release****Family Maternity Suites at Lincoln Memorial Hospital to Close**

LINCOLN – Pending approval by the Illinois Health Facilities and Services Review Board, the Family Maternity Suites at Lincoln Memorial Hospital will close on Dec. 31, 2022, ending labor and delivery services at the nonprofit hospital.

“In past decades, there was a major demand for labor and delivery at our hospital,” said LMH President and CEO Dolan Dalpoas. “Today, that demand has decreased and our focus has shifted to providing different kinds of care that better meet the needs of our community.”

For more than 25 years, the number of babies born annually at LMH has declined steadily to its current low of about two per week. At the same time, the need for other inpatient services at LMH has risen. During the past two years, demand for acute care beds has increased 30 percent.

As a critical access hospital, LMH is permitted 25 inpatient beds under federal law. Three of those beds are currently reserved for labor and delivery patients – and, Dalpoas said, they are often empty. “By reallocating those beds to other areas, we can better meet our growing demand,” he added.

All members of the unit’s nursing staff have been offered roles elsewhere at LMH or within another Memorial Health hospital.

Springfield Clinic physicians Kristen Green, MD, and Don Sielaff, MD, currently deliver babies at LMH. They will work with patients who planned to deliver at LMH after Dec. 31 to choose another hospital.

Dalpoas met in person with LMH employees earlier today to talk about the factors that went into the decision.

“Throughout our 120-year history, we’ve constantly evolved and adapted to meet the needs of our patients, and this is the latest chapter in that story,” he said. “While this was a difficult decision, it will allow us to focus our resources where the community needs them the most.”

## Attachment 5 – Newspaper Public Notice

11/2 139562

Public Notice:

Lincoln Memorial Hospital located at 200 Stahlhut Dr, Lincoln, Illinois intends to close its 3 bed Family Maternity Suite unit and to discontinue inpatient obstetric services after receiving approval by the Illinois Health Facilities and Services Review Board (IHFSRB) due to low utilization and increased demand for other hospital inpatient services. The three obstetric beds will be changed to medical/surgical category of service beds. The hospital plans to submit the required Certificate of Exemption (COE) application on or around November 30, 2022. After submission, a copy of the COE application and information about the discontinuation of the unit may be found on the IHFSRB website at [Illinois.gov/sites/hfsrb](https://www.illinois.gov/sites/hfsrb). You may also contact Dana Mollohan at 217-788-4263 at Memorial Health with any questions or concerns.

IN THE CIRCUIT COURT OF

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Dated: 10/  
/s/ Sherry I  
Clerk of the  
Judicial Cir  
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Mark A. Lu  
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**Attachment 6**Reasons for Discontinuation

**The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action.**

The reasons for discontinuation are: (1) insufficient volume and demand for the service; (2) lack of sufficient staff to adequately provide the service; and (3) the service is not economically feasible and its continuation impairs Lincoln Memorial Hospital's (LMH) financial viability.

**Insufficient Volume:** The number of deliveries at LMH has steadily declined over the last two decades. Annually, LMH used to have over 250 deliveries per year. For FY22, LMH only delivered 122 babies. The 2020 Hospital Profile report shows the unit had a 26.9% utilization rate compared to the target utilization rate of 60% established by the Illinois Health Facilities and Services Review Board. For the last six months, approximately 49% of the days there was only one admitted patient on the unit and on approximately 37% of the days the unit did not have any admitted patients. The three beds on the labor and delivery unit are extremely under utilized, and LMH believes it can serve the surrounding community better by converting these beds to general medical/ surgical category of service. During the last two years, the demand for medical/surgical beds at LMH has increased by 33%.

**Lack of Sufficient Staff:** The unit at LMH is fully staffed; however, there is a national shortage of clinical staff, especially nursing staff. Hospitals nationwide are having to utilize temporary agency staffing nurses that are paid at significantly higher than permanent staff. No staff are being displaced as part of this program discontinuation as they will be offered other jobs at LMH. Being able to redeploy the LMH obstetric unit staff to other clinical areas will help reduce the agency staff need at LMH.

**Not Economically Feasible:** For FY22, the obstetrical unit at LMH incurred an operating loss of approximately \$1.2 million dollars. Permanently closing the obstetrical unit at LMH will result in a financial savings and will allow the hospital to expand and reinvest in other needed services in the community.

## Attachment 7

Impact on Access

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

The discontinuation will not have an adverse effect upon access to care for the residents of the facility's market area. There are nine hospitals within 45 miles that currently offer inpatient obstetrical services. Lincoln Memorial Hospital (LMH) is located in Health Planning Area E-01. The September 15, 2022 addendum to the Inventory of Health Care Services indicates an excess of 31 obstetric beds in the planning area. Even with closing the 3 beds at LMH, the planning area will still have an excess of 28 beds. The other two hospitals in the planning area that are approximately 31 miles from LMH are Springfield Memorial Hospital (also a Memorial Health (MH) hospital) and HSHS St. John's Hospital. LMH is in Logan County, which also borders 3 other Health Planning Areas that all have an excess of obstetric beds – C-01 (Peoria area – 38 excess beds); D-02 (Bloomington area – 25 excess beds); and D-04 (Decatur area – 25 excess beds).

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

There are not any facilities within 21 miles that currently provide obstetric services. LMH will continue to provide pre and post-natal care. As previously stated, LMH is part of Memorial Health (MH). MH also owns Springfield Memorial Hospital (SMH) (31 miles from LMH) and Decatur Memorial Hospital (DMH) (34 miles from LMH), so LMH can refer patients to these facilities. As LMH is close to Interstate 55, Springfield and Bloomington both become easily accessible. Based on this, it is reasonable to expect patients might wish to deliver at one of the Bloomington hospitals (approximately 35 miles from LMH) or at St. John's (approximately 31 miles from LMH) in Springfield. As such, notice letters have been provided to SMH, DMH, Carle BroMenn, OSF St. Joseph's and HSHS St. John's Hospitals. Notification letters are attached.



November 9, 2022

Dolan C. Dalpoas  
President and CEO  
Lincoln Memorial Hospital  
200 Stahlhut Drive  
Lincoln, IL 62656

Re: Discontinuation of Inpatient Obstetrical Services at Lincoln Memorial Hospital

Dear Mr. Dalpoas:

I am writing in response to your letter regarding the planned discontinuation of three (3) Obstetric Beds and all inpatient obstetrical services at Lincoln Memorial Hospital.

Decatur Memorial Hospital has sufficient capacity to accommodate the needs of all or a significant portion of the Lincoln Memorial Hospital's three (3) Obstetric Beds. Our facility can meet this need without restriction or limitations that would preclude us from providing inpatient services to residents of the market area.

If you have any questions please contact me at 217-876-8121 or [early.drew@mhsil.com](mailto:early.drew@mhsil.com).

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew M. Early".

Drew M. Early  
President and Chief Executive Officer  
Decatur Memorial Hospital

2300 N. Edward St.  
Decatur, IL 62526

217-876-8121

memorial.health





November 10, 2022

Dolan C. Dalpoas  
President and CEO  
Lincoln Memorial Hospital  
200 Stahlhut Drive  
Lincoln, IL 62656

Re: Discontinuation of Inpatient Obstetrical Services at Lincoln Memorial Hospital

Dear Mr. Dalpoas:

I am writing in response to our letter regarding the planned discontinuation of three (3) Obstetric Beds and all inpatient obstetrical services at Lincoln Memorial Hospital.

Springfield Memorial Hospital has sufficient capacity to accommodate the needs of all or a significant portion of the Lincoln Memorial Hospital's three (3) Obstetric Beds. Our facility can meet this need without restriction or limitations that would preclude us from providing inpatient services to residents of the market area.

If you have any questions please contact me at 217-788-3181 or [callahan.chuck@mhsil.com](mailto:callahan.chuck@mhsil.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "Chuck Callahan".

Charles D. Callahan, PhD, MBA, FACHE  
President, Memorial Hospital Group  
President and Chief Executive Officer, Springfield Memorial Hospital

701 N. First St.  
Springfield, IL 62781  
217-788-3000  
memorial.health





# OSF<sup>®</sup> HEALTHCARE

November 11, 2022

Dolan C. Dalpoas  
President and CEO  
Lincoln Memorial Hospital  
200 Stahlhut Drive  
Lincoln, IL. 62656

Re: Discontinuation of Inpatient Obstetrical Services at Lincoln Memorial Hospital

Dear Mr. Dalpoas:

I am writing in response to our letter regarding the planned discontinuation of three (3) Obstetric Beds and all inpatient obstetrical services at Lincoln Memorial Hospital.

OSF HealthCare St. Joseph Medical Center has sufficient capacity to accommodate the needs of all or a significant portion of the Lincoln Memorial Hospital's three (3) Obstetric Beds. Our facility can meet this need without restriction or limitations that would preclude us from providing inpatient services to residents of the market area.

If you have any questions please contact me at 309-665-5784 or [lynn.a.fulton@osfhealthcare.org](mailto:lynn.a.fulton@osfhealthcare.org).

Thank you.

Sincerely,

Lynn A. Fulton, President  
OSF HealthCare St. Joseph Medical Center



BROMENN MEDICAL CENTER

November 9, 2022

Dolan C. Dalpoas  
President and CEO  
Lincoln Memorial Hospital  
200 Stahlhut Drive  
Lincoln, IL 62656

Re: Discontinuation of Inpatient Obstetrical Services at Lincoln Memorial Hospital

Dear Mr. Dalpoas,

I am writing in response to your letter regarding the planned discontinuation of three (3) Obstetric Beds and all inpatient obstetrical services at Lincoln Memorial Hospital.

Carle BroMenn Medical Center has sufficient capacity to accommodate the needs of all or a significant portion of the Lincoln Memorial Hospital's three (3) Obstetric Beds. Our facility can meet this need without restriction or limitations that would preclude us from providing inpatient services to residents of the market area.

If you have any questions please contact me at 309.268.5186 or colleen.kannaday@carle.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Colleen Kannaday", written over a horizontal line.

Colleen Kannaday  
President



November 4, 2022

**VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Matthew Fry  
President and CEO  
HSHS St. John's Hospital  
800 East Carpenter Street  
Springfield, IL 62769

Re: Discontinuation of Inpatient Obstetrical Services at Lincoln Memorial Hospital

Dear Mr. Fry:

I am writing to inform you that Lincoln Memorial Hospital (LMH) will soon be filing a Certificate of Exemption (COE) Application with the Illinois Health Facilities and Services Review Board to discontinue inpatient obstetrical services and to reclassify the three (3) obstetric beds at LMH to general medical / surgical category of service beds. No other services are being discontinued and LMH will continue to provide pre and post-natal outpatient services. The LMH staff will also be trained and equipped to handle any emergency deliveries. The COE application requires that we request letters from each hospital located within 21 miles from our hospital offering these same services. There are not currently any facilities providing these same services in the required radius. Based on your facilities proximity, it is anticipated some patients may desire to seek inpatient obstetrical care at your facility. LMH is in Health Planning Area E-01 that will have an excess of 28 obstetric beds after this discontinuation. All surrounding Health Planning areas also have an excess of obstetric beds. It is not anticipated that the discontinuation of obstetric services at LMH will have an negative impact on your facility.

Enclosed is a sample letter that we prepared for your reference and editing, as appropriate. Please return your letter in the enclosed stamped envelope on your facility's letterhead by November 20, in order for us to include your letter in our CON application. If you do not respond, we will assume the discontinuation has no impact on your facility.

If you have questions, please contact me (217-732-2161 or [Dalpoas.Dolan@mhsil.com](mailto:Dalpoas.Dolan@mhsil.com)) or Dana Mollohan, who is preparing our COE application (217-788-4263 or [mollohan.dana@mhsil.com](mailto:mollohan.dana@mhsil.com)). Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dolan C. Dalpoas".

Dolan C. Dalpoas  
President and Chief Executive Officer  
Lincoln Memorial Hospital

enc. Sample Letter  
Return Envelope

200 Stahlhut Drive  
Lincoln, IL 62656

217-732-2161

memorial.health



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>Article Addressed to:  HSHS St. John's Hospital  800 East Carpenter St.  Springfield, IL 62761</p> <p>Attn: Matthew Fry</p>	<p>B. Received by (Printed Name)  M. BERDINSKY</p> <p>C. Date of Delivery  DELIVERED NOV 10 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Article Number  (Transfer from service label)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number  (Transfer from service label)</p>	<p>7011 3500 0000 4459 4368</p>

S Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**Attachment 8**Background of Applicant**1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

The Abraham Lincoln Memorial Hospital d/b/a Lincoln Memorial Hospital (LMH) is a critical access hospital with 25 beds located in Lincoln, Illinois. LMH is a fully owned affiliate of Memorial Health System (MHS).

MHS is an Illinois Not for Profit corporation and is the sole corporate member of the following Illinois health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

The identification numbers of each of these health care facilities is shown below, along with their names and locations.

Name and Location of Facility	Identification Numbers
Passavant Area Hospital (DBA Jacksonville Memorial Hospital) Jacksonville, Illinois	Illinois License ID # 1792 Joint Commission ID # 7362
Memorial Medical Center (DBA Springfield Memorial Hospital) Springfield, Illinois	Illinois License ID # 1487 Joint Commission ID # 7431
Abraham Lincoln Hospital (DBA Lincoln Memorial Hospital) Lincoln, Illinois	Illinois License ID # 5728 Joint Commission ID # 7373
Taylorville Memorial Hospital Taylorville, Illinois	Illinois License ID # 5447 Joint Commission ID # 4745
Decatur Memorial Hospital Decatur, Illinois	Illinois License ID # 0471 Joint Commission ID # 4632

**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.**

There have been no adverse actions taken against any facility owned or operated in Illinois by LMH or MHS in the three (3) year period prior to the filing of this 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.**

Letters certifying the above information and granting access to the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health are included in ATTACHMENT 8.

**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.**

Neither applicant, LMH or MHS, have submitted another CON or COE application in the last calendar year.



November 18, 2022

John Kniery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street - Second Floor  
Springfield, IL 62761-0001

Mr. Michael Constantino  
Supervisor, Project Review Section  
525 W. Jefferson Street - Second Floor  
Springfield, IL 62761-0001

Re: Authorization to Access Information and Statement of No Adverse Action

Dear Mr. Kniery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code Section 1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Lincoln Memorial Hospital with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

I also certify that there has been no adverse action taken against any Illinois facility owned and/or operated by the Lincoln Memorial Hospital in the three years prior to the filing of this application for a Certificate of Exemption Permit.

Please contact me at 217-732-2161 or [Dalpoas.dolan@mhsil.com](mailto:Dalpoas.dolan@mhsil.com) if you have any questions.

Sincerely,

A blue ink signature of Dolan C. Dalpoas.

Dolan C. Dalpoas  
President and Chief Executive Officer  
Lincoln Memorial Hospital

200 Stahlhut Drive  
Lincoln, IL 62656  
217-732-2161  
memorial.health

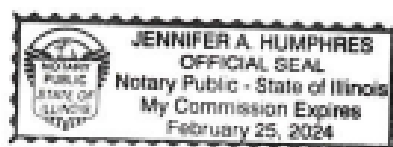




SUBSCRIBED AND SWORN

To before me this 18 day of November, 2022

Jennifer A. Humphres



200 Stahlhut Drive  
Lincoln, IL 62656



217-732-2161



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November 17, 2022

Mr. John Kniery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street - Second Floor  
Springfield, IL 62761-0001

Mr. Michael Constantino  
Supervisor, Project Review Section  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street - Second Floor  
Springfield, IL 62761-0001

RE: Authorization to Access Information and Statement of No Adverse Action

Dear Mr. Kniery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code Section 1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Memorial Health System with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

I also certify that there has been no adverse action taken against any Illinois facility owned and/or operated by the Memorial Health System in the three years prior to the filing of this application for a Certificate of Exemption Permit.

Please contact me at 217-788-3340 or [curtis.ed@mhsil.com](mailto:curtis.ed@mhsil.com) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Edgar J. Curtis".

Edgar J. Curtis  
President and Chief Executive Officer

SUBSCRIBED AND SWORN

To before me this 17<sup>th</sup> day of November, 2022

A handwritten signature in black ink, appearing to read "Cindy Appenzeller".  
\_\_\_\_\_  
Notary Public



340 W. Miller St.  
Springfield, IL 62702

217-788-3000

memorial.health



## Attachment 9

Safety Net Impact Statement

**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.**

Lincoln Memorial Hospital (LMH) does not believe the discontinuations will have an adverse effect upon access to care for patients in its market area. There are nine hospitals within 45 miles that currently offer inpatient obstetrical services. LMH is located in Health Planning Area E-01. The September 15, 2022 addendum to the Inventory of Health Care Services indicates an excess of 31 obstetric beds in the planning area. Even with closing the 3 beds at LMH, the planning area will still have an excess of 28 beds. LMH is in Logan County, which also borders 3 other Health Planning Areas that all have an excess of obstetric beds – C-01 (Peoria area – 38 excess beds); D-02 (Bloomington area – 25 excess beds); and D-04 (Decatur area – 25 excess beds).

**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.**

LMH does not believe this project will materially impact the ability of the other providers or health care systems to cross subsidize safety net services. The need for inpatient obstetrical services at LMH has declined significantly in the last few years and as already stated, there are excess obstetric beds in the surrounding area. Memorial Health (MH) also has sufficient capacity at its other hospitals in Springfield and Decatur to absorb the LMH inpatient obstetrical volume.

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

LMH and MH remain committed to serving this patient population by continuing to offer pre and post-natal services at LMH and inpatient obstetrical services at other MH affiliate hospitals and by maintaining ties with other health providers in our community. The LMH staff and providers will also continue be trained and will be able to provide any emergent obstetrical or delivery services.

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

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

Please see the table below in ATTACHMENT 9.

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

Please see the table below in ATTACHMENT 9.

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

Lincoln Memorial Hospital and Memorial Health System believe there are sufficient inpatient obstetric beds in the local area and that patients will continue to have access to care. This project is not expected to have any impact on safety net services or other health care services in the area.

Safety Net Information per PA 96-0031			
Lincoln Memorial Hospital			
FY '22 thru FY '20			
	Charity Care		
	FY 2022	FY 2021	FY 2020
<b>Charity (# of patients)</b>			
Inpatient	8	9	13
Outpatient	871	871	939
<b>Total</b>	<b>879</b>	<b>880</b>	<b>952</b>
<b>Charity (Cost in \$\$)</b>			
Inpatient	99,341	80,080	88,463
Outpatient	728,503	587,253	543,413
<b>Total</b>	<b>827,844</b>	<b>667,333</b>	<b>631,876</b>
	Medicaid		
	FY 2022	FY 2021	FY 2020
<b>Medicaid (# of patients)</b>			
Inpatient	71	100	118
Outpatient	10,936	10,982	9,606
<b>Total</b>	<b>11,007</b>	<b>11,082</b>	<b>9,724</b>
<b>Medicaid (Revenue)</b>			
Inpatient	394,976	363,185	414,525
Outpatient	9,479,424	8,574,900	7,550,865
<b>Total</b>	<b>9,874,400</b>	<b>8,938,085</b>	<b>7,965,390</b>

## Attachment 10

Charity Care Lincoln Memorial Hospital

The amount of charity care provided by Lincoln Memorial Hospital for the last three **audited** fiscal years, the cost of charity care and the ratio of charity care cost to net patient revenue are shown below. 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 - Lincoln Memorial Hospital			
	FY 2022	FY 2021	FY 2020
<b>Net Patient Service Revenue</b>	\$ 61,503,178	\$ 61,118,852	\$ 50,893,534
Amount of Charity Care (charges)	\$ 3,239,587	\$ 2,801,801	\$ 2,950,747
Cost of Charity Care	\$ 827,844	\$ 667,333	\$ 631,876
Ratio of Cost of Charity Care to Net Patient Service Revenue	1.35%	1.09%	1.24%

Charity Care – Memorial Health

The amount of charity care provided by Memorial Health Affiliates - Decatur Memorial Hospital, Springfield Memorial Hospital, Taylorville Memorial Hospital, Lincoln Memorial Hospital and Jacksonville Memorial Hospital - for the last three **audited** fiscal years, the cost of charity care and the ratio of charity care cost to net patient revenue are shown below.

CHARITY CARE - Memorial Health System			
	FY 2022	FY 2021	FY 2020
<b>Net Patient Service Revenue</b>	\$ 1,244,183,759	\$ 1,194,218,949	\$ 1,089,425,453
Amount of Charity Care (charges)	\$ 21,171,979	\$ 23,287,895	\$ 47,164,011
Cost of Charity Care	\$ 5,226,756	\$ 5,032,084	\$ 10,747,334
Ratio of Cost of Charity Care to Net Patient Service Revenue	0.42%	0.42%	0.99%



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION CERTIFICATE OF EXEMPTION APPLICATION**  
**SEPTEMBER 2022 EDITION**

[illegible]

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**525 WEST JEFFERSON STREET, 2nd FLOOR**  
**SPRINGFIELD, ILLINOIS 62761**  
**(217) 782-3516**

**INSTRUCTIONS****GENERAL**

- The application for exemption (Application) must be completed for all transactions proposing a discontinuation of a single category of service in a 6-month period.
- The persons preparing the Application are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110 and 1130) for more information. Applicants should refer to 77 IAC 1130.140 for definitions of a discontinuation of a category of service.
- Applicants should also refer to 77 IAC 1130.220(a) for information on who the applicant(s) should be.
- 77 IAC 1130.525(a) prohibits any person from discontinuing a health care facility or category of service prior to receiving approval from the State Board.
- It is noted that all applications for exemption for the discontinuation of a single category of service in a 6-month period are subject to the opportunity for a public hearing and public hearing requirements (77 IAC 1130.525(c)).
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections.
- Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board website [www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb).

**SPECIFIC**

- Use the Application as written and formatted.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE, label it as such and state the reason why.**
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.

Provide an original Application and one copy, both **unbound**. **Label the copy** that contains the original signatures **original (put the label on the Application)**.

**Failure to follow these requirements WILL result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void.**

**ADDITIONAL REQUIREMENTS****SAFETY NET IMPACT STATEMENT**

A SAFETY NET IMPACT STATEMENT must be submitted for **ALL DISCONTINUATION PROJECTS**. **SEE SECTION IV** OF THE APPLICATION.

**CHARITY CARE INFORMATION**

CHARITY CARE INFORMATION must be provided for **ALL** substantive projects. **SEE SECTION V** OF THE APPLICATION.

**FEE**

An application-processing fee of \$2,500 MUST be submitted with the application. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

**APPLICATION SUBMISSION**

**Submit an original and one copy of all Sections** of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

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