

25-001

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION **JAN 03 2025**

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Effingham Medical Office Building		
Street Address: 900 North Maple Street		
City and Zip Code: Effingham 62401		
County: Effingham	Health Service Area: 5	Health Planning Area: F-02

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

Exact Legal Name: Sarah Bush Lincoln Health Center		
Street Address: 1000 Health Center Drive		
City and Zip Code: Mattoon 61938		
Name of Registered Agent: Kim Uphoff		
Registered Agent Street Address: 1000 Health Center Drive		
Registered Agent City and Zip Code: Mattoon 61938		
Name of Chief Executive Officer: Kim Uphoff, President and Chief Executive Officer		
CEO Street Address: 1000 Health Center Drive		
CEO City and Zip Code: Mattoon 61938		
CEO Telephone Number: 217-258-2572		

Exact Legal Name: Sarah Bush Lincoln Health System		
Street Address: 1000 Health Center Drive		
City and Zip Code: Mattoon 61938		
Name of Registered Agent: Kim Uphoff		
Registered Agent Street Address: 1000 Health Center Drive		
Registered Agent City and Zip Code: Mattoon 61938		
Name of Chief Executive Officer: Kim Uphoff, President and Chief Executive Officer		
CEO Street Address: 1000 Health Center Drive		
CEO City and Zip Code: Mattoon 61938		
CEO Telephone Number: 217-258-2572		

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o Partnerships must provide the name of the state in which 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: Erica Stollard
Title: Vice President, Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2106
E-mail Address: estollard@sblhs.org
Fax Number: 217-258-2111

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

Name: Marsha Haldorsen
Title: Director, Planning and Business Development
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-4169
E-mail Address: mhaldorsen@sblhs.org
Fax Number: 217-258-4135

Post Permit Contact

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

Name: Erica Stollard
Title: Vice President, Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2106
E-mail Address: estollard@sblhs.org
Fax Number: 217-258-2111

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Sarah Bush Lincoln Health Center
Address of Site Owner: 1000 Health Center Drive, Mattoon, IL 61938
Street Address or Legal Description of the Site: 900 North Maple Street, Effingham IL 62401
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
<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"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

Substantive

Non-substantive

2. Narrative Description

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

Sarah Bush Lincoln Health Center proposes to construct a free-standing, two story outpatient medical office building at 900 North Maple Street in Effingham, Illinois. The total project cost is expected to be \$28,093,000 and will be funded with bond financing. The total project includes 39,946 square feet of new construction.

The project includes the following Clinical Service Areas:

- Patient Exam Rooms and Provider Work Areas
- Cardiology services
 - Nuclear medicine
 - Stress testing
 - Echocardiology
 - Cardiac rehabilitation gym
 - Device testing
 - Pulmonary function testing
- ENT services
 - Audiology testing
 - Hearing aid fitting
- Retail Pharmacy services
- Lab services

The project also includes the following Non-Clinical Service Areas:

- Conference Room
- Administrative Offices
- Environmental Services
- Materials Management
- Storage
- Staff Services
- Mechanical/Electrical Space and Equipment
- Entrances

This project proposes to construct a new health care facility on a new site and is therefore classified as a substantive project as defined by the Illinois Health Facilities Planning Act. Sarah Bush Lincoln currently provides Lab, ENT and Cardiology services in Effingham, including nuclear medicine and stress testing. In addition, Sarah Bush Lincoln has successfully recruited specialists who provide services at SBL Effingham clinics on a visiting basis, improving access to care for Effingham area residents.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation		\$20,000	\$20,000
Site Preparation		\$8,000	\$8,000
Off Site Work			\$0
New Construction Contracts	\$11,978,928	\$7,771,072	\$19,750,000
Modernization Contracts			\$0
Contingencies	\$1,197,893	\$777,107	\$1,975,000
Architectural/Engineering Fees	\$1,507,935	\$962,065	\$2,470,000
Consulting and Other Fees		\$80,000	\$80,000
Movable or Other Equipment (not in construction contracts)	\$1,159,950	\$740,050	\$1,900,000
Bond Issuance Expense (project related)	\$114,964	\$75,036	\$190,000
Net Interest Expense During Construction (project related)	\$1,028,628	\$671,372	\$1,700,000
Fair Market Value of Leased Space or Equipment			\$0
Other Costs to Be Capitalized			\$0
Acquisition of Building or Other Property (excluding land)			\$0
TOTAL USES OF FUNDS	\$16,988,298	\$11,104,702	\$28,093,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$16,988,298	\$11,104,702	\$28,093,000
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$16,988,298	\$11,104,702	\$28,093,000

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price:	\$ <u>2,220,000</u>	
Fair Market Value:	\$ <u>2,220,000</u>	

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

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

Estimated start-up costs and operating deficit cost is \$ \$78,000

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2027

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

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

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

Cost Space Requirements

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

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Sarah Bush Lincoln Health Center			CITY: Mattoon		
REPORTING PERIOD DATES: From: January 1, 2023 to: December 31, 2023					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	93	4,968	33,014	15	0
Obstetrics	19	864	2,181	0	0
Pediatrics	6	20	95	0	0
Intensive Care	14	365	2,071	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	18	892	4,989	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other (identify)	0	0	0	0	0
TOTALS:	150	7,109	42,350	15	0

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o 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).
- o 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).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.


This Application is filed on the behalf of Sarah Bush Lincoln Health Center *
 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.


Kim Uphoff
 SIGNATURE
Kim Uphoff
 PRINTED NAME
President and CEO
 PRINTED TITLE

Steven L. Chidlow
 SIGNATURE
STEVEN L. CHIDLOW
 PRINTED NAME
President, Board of Directors
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 30th day of December, 2024

Notarization:
 Subscribed and sworn to before me
 this 30th day of December, 2024

Jan Davis
 Signature of Notary
 Seal 

Jan Davis
 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:

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o 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).
- o 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).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Sarah Bush Lincoln 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.

Kim Uphoff
 SIGNATURE
Kim Uphoff
 PRINTED NAME
President and CEO
 PRINTED TITLE

Steven L. Childers
 SIGNATURE
STEVEN L. CHILDERS
 PRINTED NAME
President, Board of Directors
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 20th day of December, 2024

Notarization:
 Subscribed and sworn to before me
 this 27th day of December, 2024

Jan Davis
 Signature of Notary
 Seal
OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 3/6/27

Jan Davis
 Signature of Notary
 Seal
OFFICIAL SEAL
JAN DAVIS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 3/6/27

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities.
2. How the services proposed in future projects will improve access to planning area residents.
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed.
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b)-Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed and document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue.
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue.
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.

3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels.
 - b. projected trends in utilization (include the rationale and projection assumptions used in such projections).
 - c. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit.
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit.
3. An item-by-item comparison of the construction elements (i.e., site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project.
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

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

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Comprehensive Physical Rehabilitation		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

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

C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize the Acute Mental Illness and Chronic Mental Illness categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Acute Mental Illness		
<input type="checkbox"/> Chronic Mental Illness		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Criterion 1110.220 - Open Heart Surgery

1. Applicants proposing to establish, expand and/or modernize the Open-Heart Surgery category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Open Heart Surgery		

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

1. Criterion 1110.220(b)(1), Peer Review

Read the criterion and submit a detailed explanation of your peer review program.

2. Criterion 1110.220(b)(2), Establishment of Open-Heart Surgery

Read the criterion and provide the following information:

- a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
- b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. Criterion 1110.220(b)(3), Unnecessary Duplication of Services

Read the criterion and address the following:

- a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
- b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
- c. Provide a copy of all the responses received.

4. Criterion 1110.220(b)(4), Support Services

Read the criterion and indicate on a service-by-service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately always mobilized for emergencies.

5. Criterion 1110.220(b)(5), Staffing

Read the criterion and for those positions described under this criterion provide the following information:

- a. The name and qualifications of the person currently filling the job.
- b. Application filed for a position.
- c. Signed contracts with the required staff.
- d. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Criterion 1110.225 - Cardiac Catheterization

1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.

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

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Cardiac Catheterization		

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

1. **Criterion 1110.225(a), Peer Review**
 Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service**
 Read the criterion and, if applicable, submit the following information:
 - a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
 - b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
 - c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

3. **Criterion 1110.225(c), Unnecessary Duplication of Services**
 Read the criterion and, if applicable, submit the following information.
 - a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
 - b. Copies of the responses received from the facilities to which the letter was sent.

4. **Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**
 Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. **Criterion 1110.225(e), Support Services**
 Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

6. **Criterion 1110.225(f), Laboratory Location**

Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

7. Criterion 1110.225(g), Staffing

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

8. Criterion 1110.225(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.225(i), Multi-institutional Variance

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT 23 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.230 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input type="checkbox"/> In-Center Hemodialysis		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.230(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(i) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Criterion 1110.240 - Selected Organ Transplantation

This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.

1. Applicants proposing to establish or modernize the Selected Organ Transplantation category of service must submit the following information:
2. Indicate changes by Service: Indicate # of rooms changed by action(s):

Transplantation Type	# Existing Beds	# Proposed Beds
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		

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

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.240(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (Formula calculation)	X	
1110.240(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.240(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.240(b)(4) – Planning Area Need - Service Accessibility	X	
1110.240(c)(1) – Unnecessary Duplication of Services	X	
1110.240(c)(2) – Maldistribution	X	
1110.240(c)(3) – Impact of Project on Other Area Providers	X	
1110.240(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.240(d)(4) – Utilization		X
1110.240(e) – Staffing Availability	X	
1110.240(f) – Surgical Staff	X	
1110.240(g) – Collaborative Support	X	
1110.240(h) – Support Services	X	
1110.240(i) – Performance Requirements	X	X
1110.240(j) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

I. Criterion 1110.245 - Kidney Transplantation

This section is applicable to all projects involving the establishment of the Kidney Transplantation service.

1. Applicants proposing to establish or modernize the Kidney Transplantation category of service must submit the following information:

2. Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Kidney Transplantation		

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

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.245(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (Formula calculation)	X	
1110.245(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.245(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.245(b)(4) – Planning Area Need - Service Accessibility	X	
1110.245(c)(1) – Unnecessary Duplication of Services	X	
1110.245(c)(2) – Maldistribution	X	
1110.245(c)(3) – Impact of Project on Other Area Providers	X	
1110.245(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.245(d)(4) – Occupancy		X
1110.245(e) – Staffing Availability	X	
1110.245(f) – Surgical Staff	X	
1110.245(g) – Support Services	X	
1110.245(h) – Performance Requirements	X	X
1110.245(l) – Assurances	X	

APPEND DOCUMENTATION for "Surgical Staff" and "Support Services", AS ATTACHMENT 27 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

J. Criterion 1110.250 - Subacute Care Hospital Model

Category of Service	# Proposed Beds
<input type="checkbox"/> Subacute Care Hospital	

This section is applicable to all projects proposing to establish a subacute care hospital model.

1. Criterion 1110.250(b)(1), Distinct Unit

- a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.
- b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.
- c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

2. Criterion 1110.250(b)(2), Contractual Relationship

- a. If the applicant is a licensed long-term care facility or a previously licensed general hospital, the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility that signed the contract. Explain how the procedures for providing emergency care under this contract will work.
- b. If the applicant is a licensed general hospital, the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

3. Rule 1110.250(c)(1), State Board Prioritization of Hospital Applications

Read this rule, which applies only to hospital applications, and provide the requested information as applicable.

a. Financial Support

Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes ___ No ____

If yes, submit the following information:

- (1) Two years of projected financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model.
- (2) the assumptions used in developing both sets of financial statements.
- (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project.
- (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios.
- (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a

binding agreement with another institution which guarantees the financial viability

Subacute Care Hospital Model (continued)

of the subacute hospital model for a period of five years; and

(6) historical financial statements for each of the last three calendar years.

- b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

- c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

- d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

- e. Case mix and Utilization

Provide the following information:

- (1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

- (2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

- f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

- g. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

Subacute Care Hospital Model (continued)

h. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No
If yes, provide a copy of the latest Joint Commission letter of accreditation.

i. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

j. Audited Financial Reports

Submit audited financial reports of the applicant facility for the latest three fiscal years.

4. Rule 1110.250(c)(2), State Board Prioritization-Long-Term Care Facilities

This rule applies only to LTC facility applications. Read the criterion and submit the required information, as applicable.

a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes _____ No _____

If yes, provide copies of the Exceptional Care Contract with the Illinois Department of Public Aid for each these four years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)

Subacute Care Hospital Model (continued)

- Other complex diagnoses which included physiological monitoring on a continuous basis

(2) for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full time (FTEs) physical therapists
- One or more occupational therapists
- One or more speech therapists

h. Financial Reports

Submit copies of the applicant facility's financial reports for the last three fiscal years.

i. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No
If yes, provide a copy of the latest Joint Commission letter of accreditation.

j. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

5. Section 1110.250(c)(3), State Board Prioritization of Previously Licensed Hospitals - Chicago

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

- a. letters from health facilities establishing a referral agreement for subacute hospital patients.
- b. letters from physicians indicating that they will refer subacute patients to your proposed facility.

- c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):
- Ventilator cases
 - Head trauma cases
 - Rehabilitation cases including spinal cord injuries
 - Amputees
 - Other orthopedic cases requiring subacute care (Specify diagnosis)
 - Other complex diagnoses, which included physiological monitoring on a continuous basis.

APPEND DOCUMENTATION AS ATTACHMENT 28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

K. Community-Based Residential Rehabilitation Center

This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.

A. Criterion 1110.260(b)(1), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position.
2. How special staffing circumstances will be handled.
3. The staffing patterns for the proposed center; and
4. The way non-dedicated staff services will be provided.

B. Criterion 1110.260(b)(2), Mandated Services

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

C. Criterion 1110.260(b)(3), Unit Size

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

D. Criterion 1110.260(b)(4), Utilization

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

E. Criterion 1110.260(b)(5), Background of Applicant

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

APPEND DOCUMENTATION AS **ATTACHMENT 29**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

L. 1110.265 - Long Term Acute Care Hospital

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:
2. Indicate the bed service(s) and capacity changes by Service:
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> LTACH		
<input type="checkbox"/> Intensive Care		
<input type="checkbox"/>		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
1110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/> Nuclear medicine	1	1
<input type="checkbox"/> Exam/minor procedure rooms	0	33
<input type="checkbox"/> Clinical laboratory	2 lab draw 1 testing lab	2 lab draw 1 testing lab
<input type="checkbox"/> Audiology sound booth	1	1
<input type="checkbox"/> Stress testing rooms	1	2
<input type="checkbox"/> Echocardiology	0	2
<input type="checkbox"/> Cardiac rehabilitation gym	0	1
<input type="checkbox"/> Retail pharmacy	0	1

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

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

N. Freestanding Emergency Center Medical Services

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.280 – Establishment of Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. Projected Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined. [1110.280(c)(3)(B)]
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements [1110.280(b)(6)]:
 - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
 - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC [1110.280(c)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
 - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
 - C) Provide either of the following:
 - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
 - b) Patient origin information by zip code from independent data sources (e.g., Illinois Health and Hospital Association COMP data or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at least 50% of the ED patients served during the last

**Freestanding Emergency Center Medical Services
(continued)**

12-month period were residents of the service area.

7. **Area Need; Service Demand – Historical Utilization [1110.280(c)(3)(A)]**
 - A) Provide the annual number of ED patients that have received care at facilities that are in the FEC's service area for the latest two-year period prior to submission of the application
 - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

8. **Area Need; Service Accessibility - Document one of the following (using supporting documentation as specified in accordance with the requirements of 77 Ill. Adm. Code 1110.280(c)(4)(B) Supporting Documentation) [1110.3230(c)(4)(A)]:**
 - i) The absence of the proposed ED service within the service area.
 - ii) The area population and existing care system exhibit indicators of medical care problems,
 - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill Adm. Code 1100.

9. **Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information [1110.280(d)(1)]:**
 - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site.
 - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
 - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. **Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following [1110.280(d)(2)]:**
 - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site; or
 - B) That there is not an insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

11. **Impact on Area Providers [1110.280(d)(3)] – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 Ill. Adm. Code 1110.3230(c)(4)).**

12. **Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).**

**Freestanding Emergency Center Medical Services
(continued)**

B. Criterion 1110.280 – Expansion of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(a)(b)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC [1110.280(c)(2)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
 - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

C. Criterion 1110.280 – Modernization of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

**Freestanding Emergency Center Medical Services
(continued)**

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280.(b)(5)(C)]
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(b)(6)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application, copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT 32, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. BIRTH CENTER – REVIEW CRITERIA

These criteria are applicable only to those projects or components of projects involving a birth center.

Criterion 77 IAC 1110.275(b)(1) – “Location”

1. Document that the proposed birth center will be in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.
2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”

Document whether the proposed site is in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”

Document that the proposed birth center will have no more than 10 beds.

Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**
2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Criterion 77 IAC 1110.275(b)(7) – “Education”

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the

hospital's maternity service, **OR**

2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

Criterion 77 IAC 1110.275(b)(10)- “Charity Care”

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

APPEND DOCUMENTATION AS ATTACHMENT-33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

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

	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p>
	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

	Outpatient			
	Total			

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

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

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

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

1. Applicant: _____ (Name) _____ (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____ (Address) _____ (City) (State)

(County) (Township) (Section)

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

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes ___ No ___?

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

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

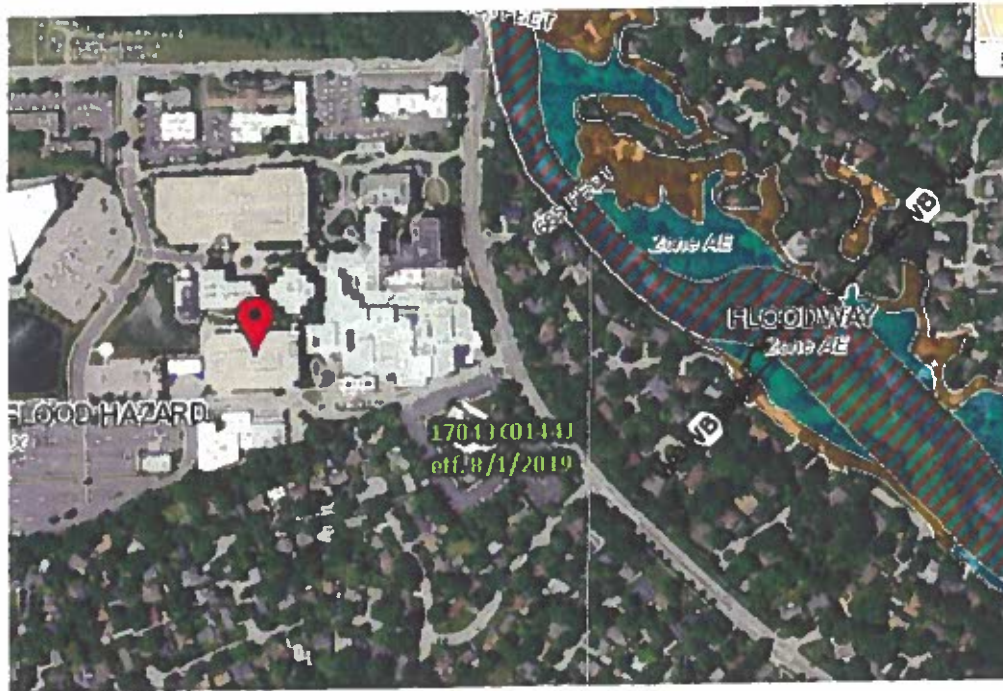
Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



National Flood Hazard Layer FIRMette



88°42'57"W 41°45'33"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	<ul style="list-style-type: none"> Without Base Flood Elevation (BFE) Zone A, V, A99 With BFE or Depth Zone AE, AH, AN, VE, AR Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	<ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee, See Notes, Zone X Area with Flood Risk due to Levee Zone D
OTHER AREAS	<ul style="list-style-type: none"> NO SCREEN Area of Minimal Flood Hazard Zone X Effective LDMRs Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	<ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall
OTHER FEATURES	<ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature
MAP PANELS	<ul style="list-style-type: none"> Digital Data Available No Digital Data Available Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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	56-57
2	Site Ownership	58-62
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	63
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	64
5	Flood Plain Requirements	65
6	Historic Preservation Act Requirements	66
7	Project and Sources of Funds Itemization	67
8	Financial Commitment Document if required	68
9	Cost Space Requirements	69
10	Discontinuation	70
11	Background of the Applicant	71-83
12	Purpose of the Project	84-90
13	Alternatives to the Project	91-92
14	Size of the Project	93-99
15	Project Service Utilization	100-101
16	Unfinished or Shell Space	102
17	Assurances for Unfinished/Shell Space	103
	<i>Section V. Master Design + Related Projects</i>	104
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	105
19	Comprehensive Physical Rehabilitation	106
20	Acute Mental Illness	107
21	Open Heart Surgery	108
22	Cardiac Catheterization	109
23	In-Center Hemodialysis	110
24	Non-Hospital Based Ambulatory Surgery	111
25	Selected Organ Transplantation	112
26	Kidney Transplantation	113
27	Subacute Care Hospital Model	114
28	Community-Based Residential Rehabilitation Center	115
29	Long Term Acute Care Hospital	116
30	Clinical Service Areas Other than Categories of Service	117-118
31	Freestanding Emergency Center Medical Services	119
32	Birth Center	120
	Financial and Economic Feasibility:	
33	Availability of Funds	121
34	Financial Waiver	122-129
35	Financial Viability	130
36	Economic Feasibility	131
37	Safety Net Impact Statement	132-133
38	Charity Care Information	135
39	Flood Plain Information	136



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

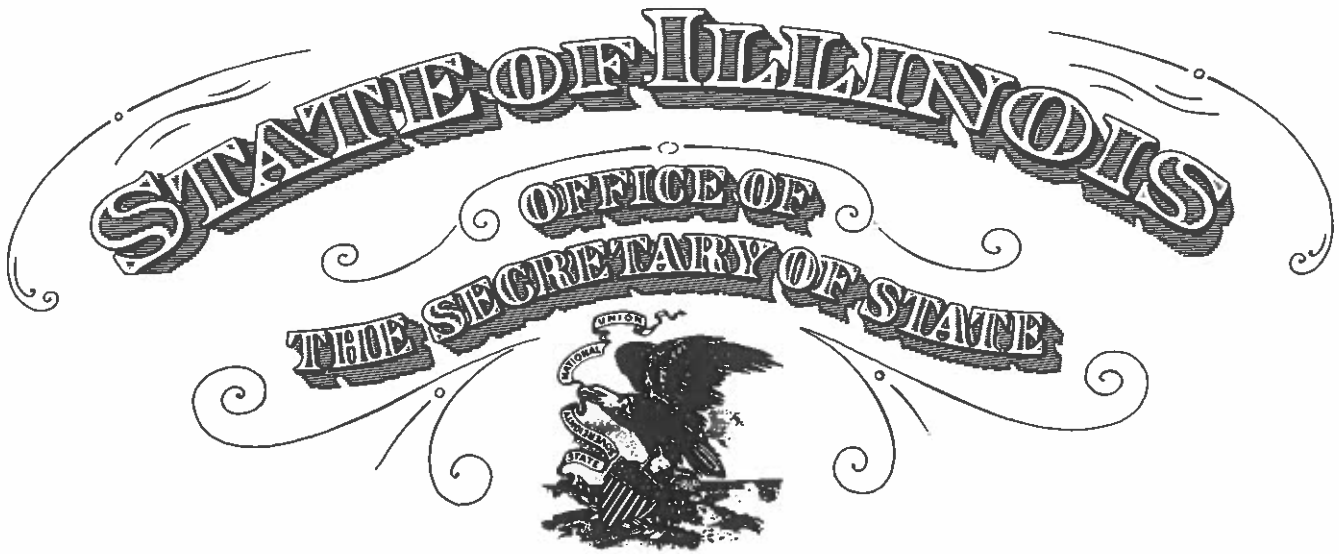
SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE 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 3RD day of JANUARY A.D. 2024 .



Authentication #: 2400302170 verifiable until 01/03/2025
 Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
 SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SARAH BUSH LINCOLN HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 25, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of DECEMBER A.D. 2024 .



Authentication #: 2435304694 verifiable until 12/18/2025

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

SECRETARY OF STATE

24-24736(3)

202424000632
Filed for Record in
EFFINGHAM COUNTY, IL
MICHELLE KOLLMANN
COUNTY RECORDER
02/28/2024 03:09 PM
WARRANTY DEED
TOTAL: 74.00
RHSP STATE FEE

18.00

(This space reserved for Recorder's use)

SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH, THE GRANTOR, EFFINGHAM MEDICAL PARK, L.L.C., an Illinois limited liability company, for valuable consideration of one dollar (\$1.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, hereby conveys and warrants unto SARAH BUSH LINCOLN HEALTH CENTER, an Illinois not-for-profit corporation, hereinafter "GRANTEE", the following described real estate, together with all improvements located thereon, situated in the County of Effingham and State of Illinois, to wit:

Part of the North Half of Section 20, Township 8 North, Range 6 East of the Third Principal Meridian, Effingham County, Illinois, being more particularly described as follows: Beginning at the Southwest corner of Lot 5 of Schafer Place Subdivision, reference made to Plat Book 8 Page 80 in the Effingham County Recorder's Office, Effingham County, Illinois, being an iron pin; thence South 87 degrees 57 minutes 47 seconds East, all bearings are referenced to the Illinois State Plane Coordinate System East Zone Datum of 1983, along the South line of said Schafer Place Subdivision to the Southeast corner of said Schafer Place Subdivision, a distance of 449.00 feet to a point; thence continuing South 87 degrees 57 minutes 47 seconds East along the South line of Goeckner's Subdivision "A", reference made to Plat Book 3 Page 480 in the Effingham County Recorder's Office, to the Southeast corner of said Goeckner's Subdivision "A", a distance of 139.99 feet to a point; thence continuing South 87 degrees 57 minutes 47 seconds East along the South line of Goeckner's Subdivision, reference made to Plat Book 3 Page 227 in the Effingham County Recorder's Office, to the Northwest corner of George M. Eden's Second Subdivision, reference made to Plat Book 3 Page 187 in the Effingham County Recorder's Office, a distance of 332.61 feet to a point; thence South 00 degrees 06 minutes 42 seconds West along the West line of said George M. Eden's Second Subdivision to the Northwest corner of C.A. Thoele Subdivision, reference made to Plat Book 2 Page 1 in the Effingham County Recorder's Office, a distance of 630.04 feet to a point; thence

continuing South 00 degrees 06 minutes 42 seconds West along the West line of said C.A. Thoele Subdivision to the Northeast corner of Bohn's Subdivision, reference made to Plat Book 29 Page 571 in the Effingham County Recorder's Office, a distance of 31.79 feet to a point; thence North 88 degrees 13 minutes 26 seconds West along the North line of said Bohn's Subdivision to the East Right-of-Way line of Maple Street, a distance of 660.73 feet to a point; thence North 00 degrees 15 minutes 49 seconds East along the East Right-of-Way line of Maple Street, a distance of 184.18 feet to a point; thence North 89 degrees 44 minutes 11 seconds West continuing along the East Right-of-Way line of Maple Street, a distance of 92.53 feet to a point; thence North 29 degrees 35 minutes 20 seconds West continuing along the East Right-of-Way line of Maple Street, a distance of 175.74 feet to a point; thence Northerly along the East Right-of-Way line of Maple Street, being a curve to the Right, having a radius of 624.81 feet, an arc length of 346.14 feet, a chord direction of North 13 degrees 43 minutes 06 seconds West, and a chord length of 341.73 feet to a point; thence North 02 degrees 09 minutes 09 seconds East along the East Right-of-Way line of Maple Street, a distance of 4.70 feet to the Point of Beginning, as more specifically shown by the Plat of Survey dated November 13, 2017 and prepared by Milano & Grunloh Engineers, LLC; situated in the County of Effingham and State of Illinois.

Property Index Numbers 03-11-020-124 and 03-11-020-059

Also known as North Maple Street, Effingham, Illinois 62401.

Subject to the following permitted exceptions:

1. Taxes for the years 2023 and 2024 and payable 2024 and 2025, respectively, are a lien not yet due and payable.
2. Terms, provisions and conditions of a Permanent Easement of Right of Way granted to the City of Effingham, Illinois, recorded June 17, 1974 as Document Number 24332 in Book 488 page 46.
3. Terms, provisions and conditions of a Permanent and Temporary Easement granted to City of Effingham, a municipal corporation, recorded July 28, 1981 as Document Number 54801 in Book 649 page 306.
4. Terms, provisions and conditions of a Permanent and Temporary Easement granted to the City of Effingham, a municipal corporation, recorded October 28, 1981 as Document Number 55664 in Book 655 page 9.

5. Terms, provisions and conditions of a Permanent Easement granted to the City of Effingham, a municipal corporation, recorded December 29, 1983 as Document Number 63865 in Book 695 page 232.
6. Terms, provisions and conditions of a Permanent Easement granted to the City of Effingham, a municipal corporation, recorded January 5, 1984 as Document Number 63955 in Book 695 page 291.
7. Terms, provisions and conditions of an Easement granted to the City of Effingham, a municipal corporation, recorded January 24, 1997 as Document Number 970396 in Book 1262 page 68.
8. Terms, provisions and conditions of an Easement granted to the City of Effingham, a municipal corporation, recorded April 4, 1997 as Document Number 971607 in Book 1275 page 112.
9. Terms, provisions and conditions of an Ordinance No. 53-99 prohibiting the use of ground water as a potable water supply recorded December 27, 1999 in Book 1507 page 29.
10. Reservation of an undivided one-third interest in the oil and mineral rights as contained in the Quitclaim Deed dated October 4, 1938 and recorded October 6, 1938 in Book 191 page 111.
11. Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used, or dedicated for roads or highways.
12. Rights of way for drainage ditches, drain tiles, feeders, laterals, and underground pipes, if any.
13. Existing unrecorded leases and all rights thereunder of the lessees, including farm lessees, if any, and of any person claiming by, through or under the leases.
14. Any rights, easements, interests or claims which may exist by reason of or reflected by the following facts shown on the Plat of Survey dated November 13, 2017 and prepared by Milano & Grunloh Engineers, LLC; said Plat of Survey should be filed in the Recorder's Office of Effingham County, Illinois.
15. Per the Plat of Survey dated November 13, 2017 and prepared by Milano & Grunloh Engineers, LLC, it appears that a part of the premises in question lies within Penguin Street.

16. Possible encroachments by fences, sheds, or other objects located on property in Schafer Place Subdivision, Goeckner's Subdivision "A", and Bohn's Subdivision onto the premises in question.

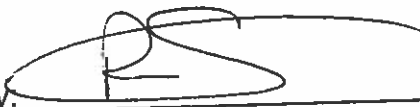
TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's successors and assigns forever, with all and singular the tenements, hereditaments and appurtenances thereunto belonging or it anyway appertaining, the reversion, remainder and remainders, rents, issues and profits thereof.

Grantor does for Grantor and Grantor's personal representatives, executors and assigns forever hereby covenant with Grantee that Grantor is lawfully seized in fee simple absolute of said premises; that the premises are free from all encumbrances, unless otherwise noted above; that Grantor has a good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor but not otherwise.

27th IN WITNESS WHEREOF, this deed was executed by the undersigned on this the day of February, 2024.

EFFINGHAM MEDICAL PARK, L.L.C., an Illinois limited liability company

By: AGRACEL, INC., an Illinois Corporation,
Manager

By: 
Ryan Witges, President

ACKNOWLEDGMENT

STATE OF ILLINOIS)
)
COUNTY OF EFFINGHAM)

I, the undersigned, a Notary Public, in and for said county, in the state aforesaid, DO HEREBY CERTIFY that Ryan Witges, personally known to me to be the President of AGRACEL, INC., an Illinois Corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such President, he signed and delivered the said instrument as President, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation, as his free and voluntary act and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this 27th day of February, 2024.



[Signature]

Notary Public

Mail tax bills to:

Sarah Bush Lincoln Health Center
Attention: Erica Stollard, Vice President
Operations
1000 Health Center Drive
Mattoon, IL 61938

This document prepared by:

Robert G. Grierson
Craig & Craig
1807 Broadway Avenue
PO Box 689
Mattoon, IL 61938-0689

Exempt under provisions of 35 ILCS 200/31-45 (b)
Real Estate Transfer Tax Act.

02/ 27 /2024
Date

[Signature]

Buyer, Seller or Representative

[Handwritten scribble]



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, 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 3RD day of JANUARY A.D. 2024 .

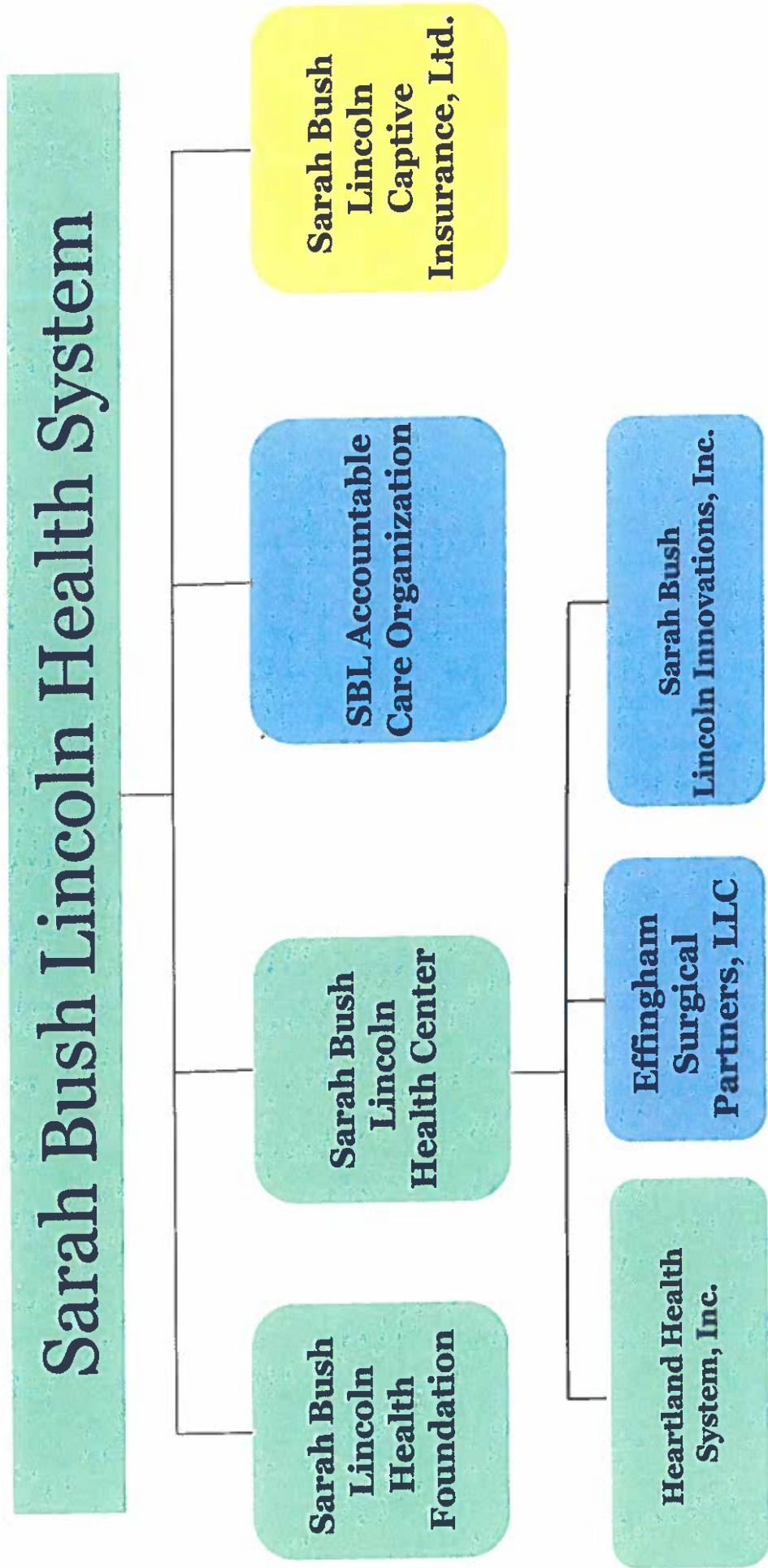


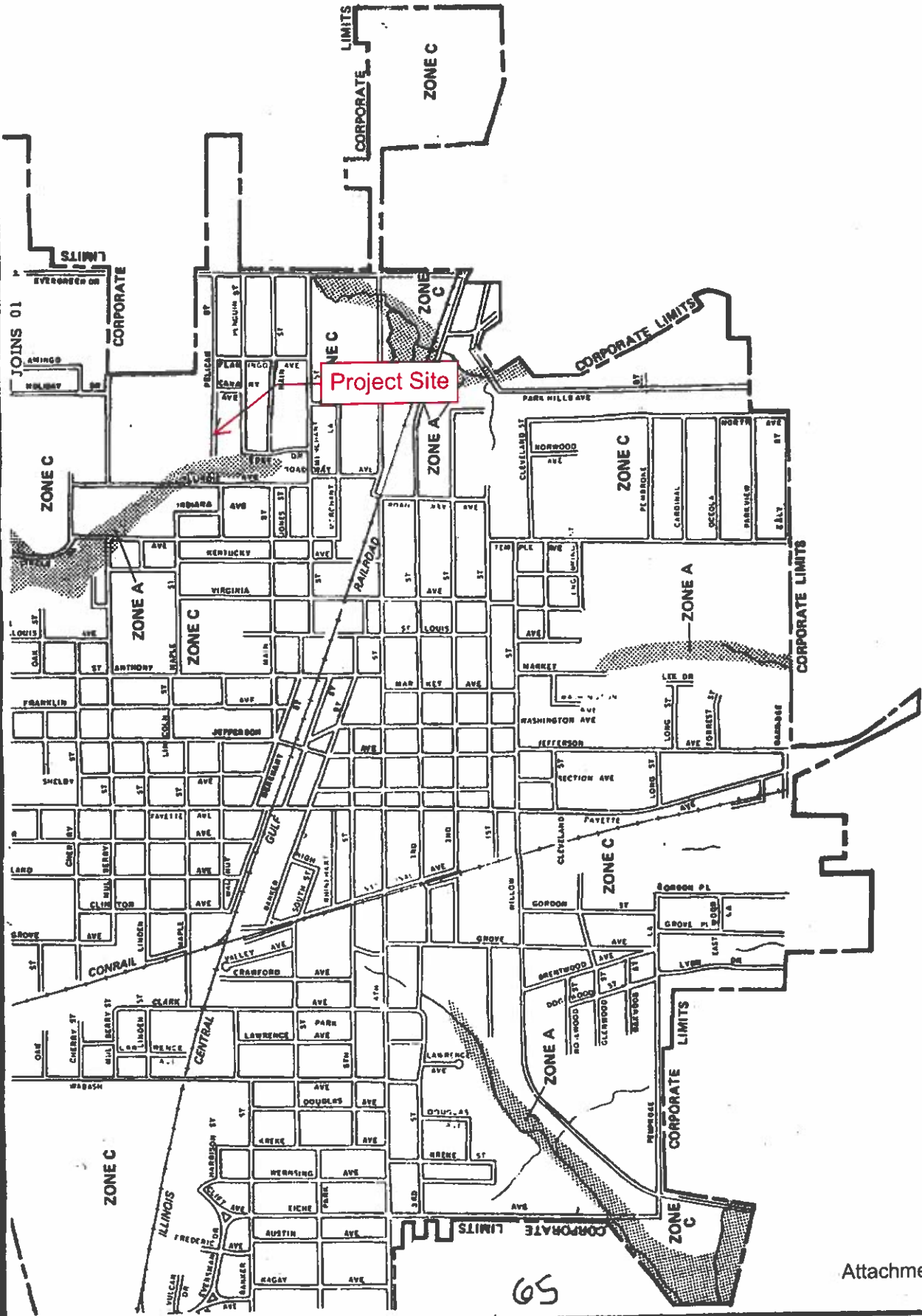
Authentication #: 2400302170 verifiable until 01/03/2025

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

SECRETARY OF STATE

CORPORATE STRUCTURE





65



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Effingham County
Effingham
902 N. Maple Street
Section:20-Township:8N-Range:6E
IEPA
New Construction, Sarah Bush Lincoln Medical Facility Building

PLEASE REFER TO: SHPO LOG #019112524

December 18, 2024

Shea M. Krotz
Civil Design, Inc.
5220 Oakland Avenue
St. Louis, MO 63110

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state undertakings for their effect on cultural resources. Pursuant to this requirement, we have received information regarding the above referenced project for our comment.

According to the information provided there is no federal involvement in your project. Be aware the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case so we can determine which entity should initiate consultation.

No historic properties were identified within the area of potential visual effects. Additionally, our files do not identify any known archaeological sites within the area of potential direct effects, nor is it within a high probability area for archaeological resources as defined in the state statute. Accordingly, this project is **EXEMPT** from archaeological survey requests pursuant to Section 6 of the Illinois State Agency Historic Resources Preservation Act. An archaeological survey is not *required* under state law as there is no public funding nor is it on public land.

Since the area has never been surveyed for archaeological resources, however, it is possible that historic properties are present but remain unidentified. Please consider assisting the State of Illinois in its efforts to preserve and protect historic resources by sharing with us the results of any due diligence archaeological surveys. Early awareness of the presence of historic properties may help prevent unanticipated discoveries and potential construction delays. Our most recently updated list of archaeological contractors is available on our website.

This letter remains in effect for two (2) years from the date of issuance. This does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440). If further assistance is needed please contact Jeff Kruchten, Principal Archaeologist, at 217/785-1279 or jeff.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

**SBL Effingham Medical Office Building
Itemized Project Costs**

USE OF FUNDS	Clinical	Non-Clinical	TOTAL
Pre-Planning Costs:	\$0	\$0	\$0
Site Survey and Soil Investigation:	\$0	\$20,000	\$20,000
Site Preparation:	\$0	\$8,000	\$8,000
Off-Site Work:	\$0	\$0	\$0
New Construction Contracts			
Site Work	\$0	\$2,500,000	\$2,500,000
New Construction	\$11,978,928	\$5,271,072	\$17,250,000
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$1,197,893	\$777,107	\$1,975,000
Architectural and Engineering Fees:	\$1,507,935	\$962,065	\$2,470,000
Consulting and Other Fees:			
CON Application Processing Fee		\$80,000	\$80,000
Movable or Other Equipment			
Computer Equipment	\$345,721	\$224,279	\$570,000
Equipment	\$345,721	\$224,279	\$570,000
General Equipment, Furniture/Furnishings and Artwork	\$460,961	\$299,039	\$760,000
Total Movable or Other Equipment	\$1,152,403	\$747,597	\$1,900,000
Bond Issuance Expense (Project Related)	\$114,964	\$75,036	\$190,000
Net Interest Expense During Construction (Project Related)	\$1,028,628	\$671,372	\$1,700,000
Fair Market Value of Leases Space or Equipment	\$0	\$0	\$0
Other Costs to be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$16,980,751	\$11,112,249	\$28,093,000

Project Financial Commitment

This section is not applicable as the applicant's financial commitment is not contingent upon permit issuance.

Cost Space Requirements

Dept/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet that is:			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
REVIEWABLE							
Nuclear Medicine	\$410,169		643	643			
Patient Exam Rooms & Provider Work Areas	\$14,672,835		21,735	21,735			
Laboratory	\$1,897,747		2,975	2,975			
Total Clinical	\$16,980,751	0	25,353	25,353	0	0	-
NON-REVIEWABLE							
Retail Pharmacy	\$2,465,360		2,431	2,431			-
Common Area-Building Mechanicals	\$6,146,889		12,162	12,162			-
Site Work	\$2,500,000						
Total Non-Clinical	\$11,112,249		14,593	14,593	0	0	-
TOTAL	\$28,093,000	-	39,946	39,946			-

Note: Gross square feet is Departmental Gross Square Feet (DGSF)

Section II. Discontinuation

This section is not applicable as the applicants do not propose the discontinuation of a health care facility or a category of service.

December 19, 2024

Mr. John P. Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Attachment 11 – Background of Applicant

Dear Mr. Kniery,

The following information address the five points of criterion 1110.110(a):

1. The health care facilities owned or operated by the applicants include:

Sarah Bush Lincoln Health Center

1000 Health Center Drive
Mattoon, IL 61938
IDPH license #0003392 (attached)
The Joint Commission ID# 7257 (attached)

Sarah Bush Lincoln Fayette County Hospital

650 West Taylor Street
Vandalia, IL 62471
IDPH license #0006320 (attached)
The Joint Commission ID# 141346 (attached)

Effingham Ambulatory Surgery Center

904 West Temple Avenue
Effingham, IL 62401
IDPH license #7003178 (attached)
Accreditation Association for Ambulatory Health Care #20887 (attached)

Proof of current licensure and accreditation for these three health care facilities is attached.

2. There are no additional health care facilities currently owned and/or operated by corporate officers or directors, LLC members, partners, or owners.
3. There has been no adverse actions taken against the health care facilities owned or operated by the applicants during the three years prior to the filing of this application.

ATTACHMENT 11

4. This letter serves as authorization permitting the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to information in order to verify any documentation or information submitted, including but not limited to official records of IDPH or other state agencies; licensing or certification records of other states; and the records of nationally recognized accreditation organizations.
5. This item is not applicable to this application because the requested materials are being submitted as part of this application.

Sincerely,

A handwritten signature in black ink that reads "Kim Uphoff". The signature is written in a cursive, flowing style with a long horizontal stroke extending from the end of the name.

Kim Uphoff
President and Chief Executive Officer



ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF129265

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 4/30/2025	CATEGORY	ID NUMBER 7003178
Ambulatory Surgery Treatment Center		
Effective: 05/01/2024		

Exp. Date 4/30/2025

Lic Number 7003178

Date Printed 3/8/2024

Effingham Ambulatory Surgery Center
904 W Temple Ave
Effingham, IL 62401


Effingham Ambulatory Surgery Center
904 W Temple Ave
Effingham, IL 62401-2178

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

FEE RECEIPT NO.

Sarah Bush Lincoln Fayette County Hospital

License

	ILLINOIS DEPARTMENT OF PUBLIC HEALTH	HF131029
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.		
Sameer Vohra, MD,JD,MA Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 6/29/2025	CATEGORY	LD. NUMBER 0006320
Critical Access Hospital		
Effective: 06/30/2024		
Sarah Bush Lincoln Health Center dba Sarah Bush Lincoln Fayette County Hospital 650 W Taylor St		
Vandalia, IL 62471		
The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #447201 10M 372		



ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF 130299

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

<small>EXPIRATION DATE</small> 12/31/2024	<small>CATEGORY</small> General Hospital	<small>ID NUMBER</small> 0003392
Effective: 01/01/2024		

Sarah Bush Lincoln Health Center
1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

← **DISPLAY THIS PART IN A CONSPICUOUS PLACE**


Exp. Date 12/31/2024
Lic Number 0003392
Date Printed 11/06/2023

Sarah Bush Lincoln Health Center
1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

FEE RECEIPT NO.

Sarah Bush Lincoln Health Center

License

	ILLINOIS DEPARTMENT OF PUBLIC HEALTH	HF132168
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.		
Sameer Vohra, MD,JD,MA Director		Issued under the authority of the Illinois Department of Public Health
<small>EXPIRATION DATE</small> 12/31/2025	<small>CATEGORY</small>	<small>ID NUMBER</small> 0003392
General Hospital		
Effective: 01/01/2025		
Sarah Bush Lincoln Health Center 1000 Health Ctr Dr, PO Box 372 Mattoon, IL 61938		
<small>The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24</small>		

Attachment 11



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

March 27, 2023

Organization #	20887		
Organization Name	Effingham Surgical Partners, LLC DbA Effingham Ambulatory Surgery Center		
Address	904 W Temple Ave		
City State Zip	Effingham	IL	62401-2178
Decision Recipient	Ms. Jean Dunaway, RN, CASC		
Survey Date	2/13/2023-2/14/2023	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	4/8/2023	Accreditation Term Expires	4/7/2026
Interim Survey Required	10/7/2023 - Interim - focused		
Accreditation Renewal Code	D0EBC50820887		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
 - AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
 - Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
 - In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.
- NOTE:** You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Organization # 20887

Organization: Effingham Surgical Partners, LLC DbA Effingham Ambulatory Surgery Center

March 27, 2023

Page 2

Additional Information

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifycqa@aaaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.



March 17, 2023

Kim Uphoff
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 3/15/2023

Dear Mrs. Uphoff:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning November 19, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in cursive script that reads "Deborah A. Ryan".

Deborah A. Ryan, MS, RN
Executive Vice President
Division of Accreditation and Certification Operations



October 9, 2023

Karen Dyer
CEO
Sarah Bush Lincoln Fayette County Hospital
650 West Taylor Street
Vandalia, IL 62471

Re: # 3780
CCN: # 141346
Deemed Program: Critical Access Hospital
Accreditation Expiration Date: July 28, 2026

Dear Ms. Dyer:

This letter confirms that your July 25, 2023 - July 27, 2023 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for critical access hospitals, including your swing bed service through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on October 9, 2023. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 28, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective July 28, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Sarah Bush Lincoln Fayette County Hospital
650 West Taylor Street, Vandalia, IL, 62471

Sarah Bush Lincoln Fayette County Hospital
d/b/a The Wellness Complex
The Wellness Complex 825 New York, Vandalia, IL, 62471

Sarah Bush Lincoln Fayette County Hospital
d/b/a FCH Rural Health Vandalia
RHC Vandalia 1442 N. 8th St., Vandalia, IL, 62471

Sarah Bush Lincoln Fayette County Hospital
d/b/a FCH Rural Health St. Elmo
RHC St. Elmo 515 North Main St., Saint Elmo, IL, 62458

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Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(630) 792-5000 Voice



Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services
CMS/SOG Location 5 /Survey and Certification Staff



October 9, 2023

Karen Dyer
CEO
Sarah Bush Lincoln Fayette County Hospital
650 West Taylor Street
Vandalia, IL 62471

Joint Commission ID #: 3780
Program: Critical Access Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 10/9/2023

Dear Ms. Dyer:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning July 28, 2023 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Grubbs', written over a light blue horizontal line.

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations



March 17, 2023

Kim Uphoff
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 3/6/2023

Dear Mrs. Uphoff:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 19, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Deborah A. Ryan, MS, RN
Executive Vice President
Division of Accreditation and Certification Operations

Section III.

Criterion 1110.110(b) – Purpose of Project

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

This project will improve the health care and well-being of the market area by expanding Sarah Bush Lincoln Health Center's capacity to serve patients who seek services. The medical office building will consolidate services already provided in Effingham by Sarah Bush Lincoln, including Cardiology services such as nuclear medicine, Otolaryngology services and other visiting specialty services.

The medical office building will provide the patients of Sarah Bush Lincoln Health Center's 10-county market area with a wide range of services in appropriately sized and configured facilities. The new medical office building will also provide patients with the opportunity to access healthcare services in one convenient location by consolidating several services into a centralized building.

The clinical services that will be included in the medical office building include the following:

- Patient Exam Rooms and Provider Work Areas
- Cardiology services
 - Nuclear medicine
 - Stress testing
 - Echocardiology
 - Cardiac rehabilitation gym
 - Device testing
 - Pulmonary function testing
- Otolaryngology services
 - Audiology testing
 - Hearing aid fitting
- Retail Pharmacy services
- Lab services

This project is needed and appropriate to address Sarah Bush Lincoln Health Center's growth in the Effingham market area. Demand for SBL Cardiology services has outgrown its current space. In addition, the project will expand cardiology services such as cardiac rehabilitation, device testing and pulmonary function testing, in a centralized location.

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

Sarah Bush Lincoln Health Center serves a 10-county region including Coles, Clark, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby counties. This market area includes the state-designated Planning Areas of D-01, D-04, D-05, F-

02 and F-03. A map of Sarah Bush Lincoln Health Center service area is included with Attachment 12. Patient origin data for inpatient discharges at Sarah Bush Lincoln Health Center from January 2023 through December 2023 are also found in Attachment 12. This 10-county service area accounted for over 94% of the total discharges to Sarah Bush Lincoln Health Center during this 12 month period.

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

The need for this project is based upon the following:

- a. *Increasing demand and growth has resulting in the need for additional space*

As indicated in Table 1110.110a below, the number of visits to Sarah Bush Lincoln Health Center's Effingham Cardiology clinic has grown by 45% since the clinic opened in 2023. This project will relocate current cardiology services such as nuclear medicine and stress testing and provide additional cardiology services such as cardiac rehabilitation, device testing and pulmonary function testing, in a centralized location. This will improve access to care for Sarah Bush Lincoln Health Center's patients in the Effingham geographic area.

Table 1110.110a: Number of clinic visits to Sarah Bush Lincoln Effingham Cardiology Clinic		
Year	SBL Effingham Cardiology Clinic visits	Annual Growth
2023	1,560	
2024	2,268	45%

Sarah Bush Lincoln Health Center has also experienced growth in the number of patients choosing SBLHC for hospital care. In the past three years, we have experienced a 29% percent increase in the number of hospital admissions from patients residing in Effingham County (see Table 1110.110b). The proposed medical office building will provide those patients with the opportunity to access ancillary services and follow-up care closer to home, therefore improving the patient experience.

Table 1110.110b: Number of admissions to Sarah Bush Lincoln (inpatient + observation)		
Year	SBL Hospital Admissions from Effingham County	Annual Growth
FY21	509	
FY22	651	28%
FY23	616	-5%
FY24	655	8%
Overall FY21-FY24		29%

b. Limitations of Current Spaces

The existing locations for Cardiology, Otolaryngology and Lab services are not ideal for current and projected visit volumes. In addition, Sarah Bush Lincoln has continued to successfully recruit providers to improve access to primary and specialty care for residents living in its service area. As indicated in Table 1110.110c below, the number of providers employed by Sarah Bush Lincoln has increased 10% or more each of the last 3 years. With this increase, there are an insufficient number of exam rooms and provider work areas for increasing volumes of visits. The waiting rooms and support spaces of the current buildings are also not ideal to support the increased volumes. By expanding these spaces, access to care will be improved.

Table 1110.110c: Number of Sarah Bush Lincoln employed providers		
Fiscal Year	Number of SBL Employed Providers	Annual Growth
FY21	184	
FY22	208	13%
FY23	228	10%
FY24	251	10%

In addition, the number of unique patients from Effingham County that seek services at Sarah Bush Lincoln clinics continues to grow, with a 34% increase over the past four years (see Table 1110.110d). Providing specialty care services closer to their residence will improve access to care as well as patient experience. Existing space that is vacated with the relocation of these services will be utilized to accommodate growing primary and specialty care clinic services

Table 1110.110d: Number of unique patients from Effingham County visiting SBL clinics		
Fiscal Year	Number of unique patients from Effingham county visiting SBL clinics	Annual Growth
FY21	11,290	
FY22	13,348	18%
FY23	14,150	6%
FY24	15,169	7%
Overall FY21-FY24		34%

4. Cite the sources of the documentation.

The sources of information provided as documentation are the following:

- a. 77 Ill Adm. Code 1100.520 for identification of counties in Planning areas
- b. Illinois Health and Hospital Association, COMPdata Informatics for hospital discharge data
- c. Hospital records regarding the current medical staff and provider office visit volumes

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

This project will address and improve the health care of residents in the market area, specifically Effingham County, by providing patients with a new facility that is appropriately designed, sized and configured to deliver exceptional patient care. Patients will be able to access numerous services, including specialty care services as well as laboratory and pharmacy services, in one convenient location.

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

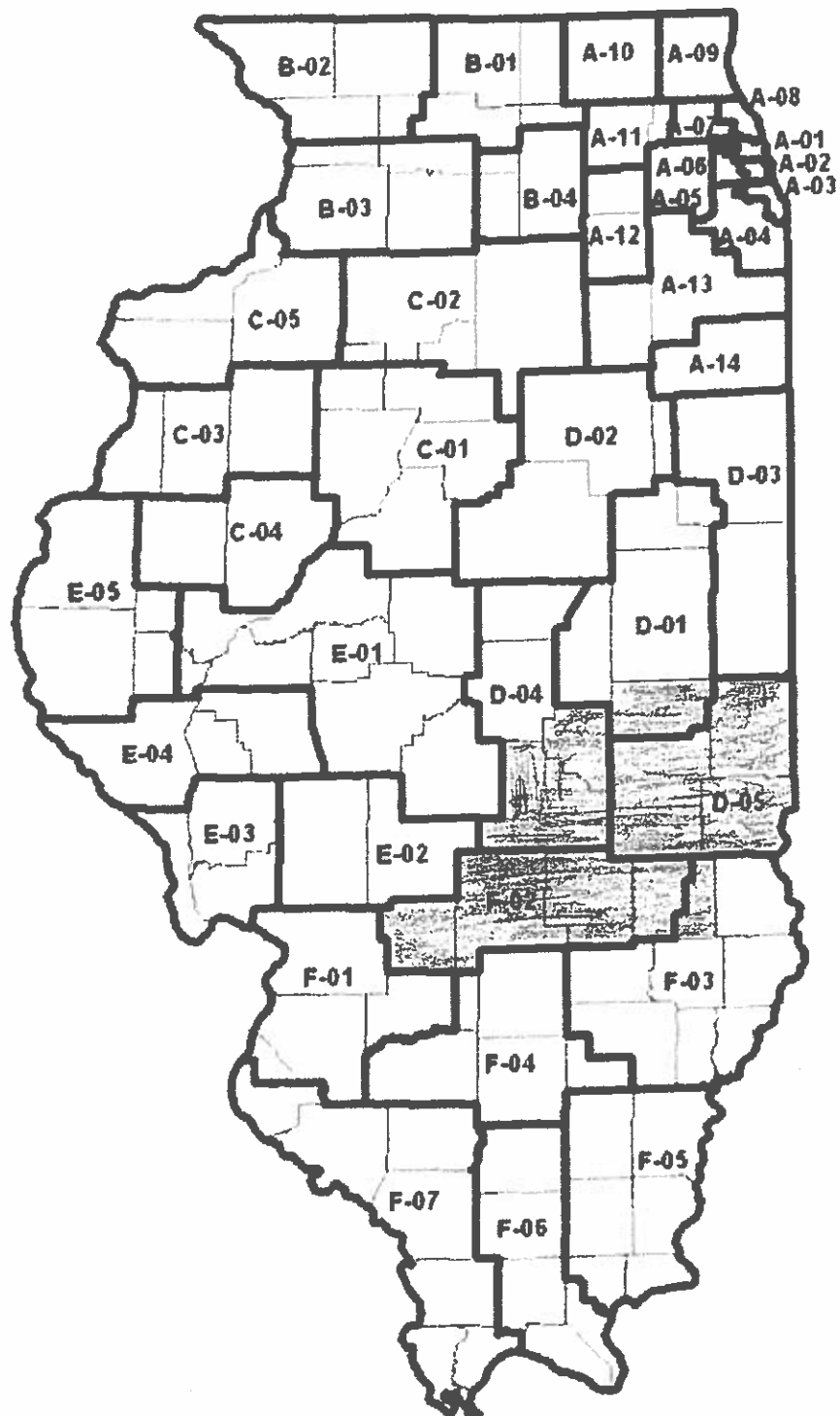
Sarah Bush Lincoln Health Center's mission is to provide exceptional care for all and to create healthy communities. Specifically, the goals of this Project are:

- To meet the increased demand for services in the Effingham County market
- Address the shortage of physical space available to accommodate the growth in the southern market
- Improve the patient experience by expanding access to health care services to those living and working within the market area

These goals can be achieved within the timeframe for Project completion.

Sarah Bush Lincoln Health Center

Service Area Map



Inpatient Discharges by Patient County of Residence
January - December 2023

Hospital	Discharge Year	Patient Type	Patient County	Discharge Count	% Patient Origin
SARAH BUSH LINCOLN HEALTH CENTER - 17037501	2023	ILIP	17029 - COLES COUNTY, IL	3,877	49.9%
			17041 - DOUGLAS COUNTY, IL	680	8.8%
			17035 - CUMBERLAND COUNTY, IL	631	8.1%
			17173 - SHELBY COUNTY, IL	473	6.1%
			17139 - MOULTRIE COUNTY, IL	429	5.5%
			17023 - CLARK COUNTY, IL	418	5.4%
			17049 - EFFINGHAM COUNTY, IL	410	5.3%
			17045 - EDGAR COUNTY, IL	201	2.6%
			17079 - JASPER COUNTY, IL	156	2.0%
			17051 - FAYETTE COUNTY, IL	98	1.3%
			17019 - CHAMPAIGN COUNTY, IL	37	0.5%
			17033 - CRAWFORD COUNTY, IL	35	0.5%
			17025 - CLAY COUNTY, IL	28	0.4%
			17115 - MACON COUNTY, IL	24	0.3%
			17159 - RICHLAND COUNTY, IL	22	0.3%
			17021 - CHRISTIAN COUNTY, IL	13	0.2%
			17077 - JACKSON COUNTY, IL	13	0.2%
			17121 - MARION COUNTY, IL	12	0.2%
			17055 - FRANKLIN COUNTY, IL	11	0.1%
			17147 - PIATT COUNTY, IL	10	0.1%
			17191 - WAYNE COUNTY, IL	10	0.1%
			17199 - WILLIAMSON COUNTY, IL	10	0.1%
			17135 - MONTGOMERY COUNTY, IL	9	0.1%
			17031 - COOK COUNTY, IL	8	0.1%
			17183 - VERMILION COUNTY, IL	8	0.1%
			17113 - MCLEAN COUNTY, IL	7	0.1%
			17081 - JEFFERSON COUNTY, IL	6	0.1%
			17145 - PERRY COUNTY, IL	6	0.1%
			17165 - SALINE COUNTY, IL	6	0.1%
			17167 - SANGAMON COUNTY, IL	6	0.1%
			17099 - LASALLE COUNTY, IL	4	0.1%
			17119 - MADISON COUNTY, IL	4	0.1%
			48201 - HARRIS COUNTY, TX	4	0.1%
			17065 - HAMILTON COUNTY, IL	3	0.0%
			17101 - LAWRENCE COUNTY, IL	3	0.0%
			17163 - ST. CLAIR COUNTY, IL	3	0.0%
			18167 - VIGO COUNTY, IN	3	0.0%
			21093 - HARDIN COUNTY, KY	3	0.0%
			29099 - JEFFERSON COUNTY, MO	3	0.0%
			06001 - ALAMEDA COUNTY, CA	2	0.0%
			17091 - KANKAKEE COUNTY, IL	2	0.0%
17107 - LOGAN COUNTY, IL	2	0.0%			
17109 - MCDONOUGH COUNTY, IL	2	0.0%			
17179 - TAZEWELL COUNTY, IL	2	0.0%			
17185 - WABASH COUNTY, IL	2	0.0%			
17189 - WASHINGTON COUNTY, IL	2	0.0%			
18083 - KNOX COUNTY, IN	2	0.0%			
42011 - BERKS COUNTY, PA	2	0.0%			
48061 - CAMERON COUNTY, TX	2	0.0%			
01003 - BALDWIN COUNTY, AL	1	0.0%			
01005 - BARBOUR COUNTY, AL	1	0.0%			
04019 - PIMA COUNTY, AZ	1	0.0%			
06067 - SACRAMENTO COUNTY, CA	1	0.0%			
06089 - SHASTA COUNTY, CA	1	0.0%			
12021 - COLLIER COUNTY, FL	1	0.0%			
12083 - MARION COUNTY, FL	1	0.0%			
12093 - OKEECHOBEE COUNTY, FL	1	0.0%			
12117 - SEMINOLE COUNTY, FL	1	0.0%			

94.9%

Inpatient Discharges by Patient County of Residence
January - December 2023

Hospital	Discharge Year	Patient Type	Patient County	Discharge Count	% Patient Origin
			13131 - GRADY COUNTY, GA	1	0.0%
			13135 - GWINNETT COUNTY, GA	1	0.0%
			17005 - BOND COUNTY, IL	1	0.0%
			17037 - DEKALB COUNTY, IL	1	0.0%
			17039 - DE WITT COUNTY, IL	1	0.0%
			17063 - GRUNDY COUNTY, IL	1	0.0%
			17069 - HARDIN COUNTY, IL	1	0.0%
			17083 - JERSEY COUNTY, IL	1	0.0%
			17087 - JOHNSON COUNTY, IL	1	0.0%
			17089 - KANE COUNTY, IL	1	0.0%
			17117 - MACOUPIN COUNTY, IL	1	0.0%
			17141 - OGLE COUNTY, IL	1	0.0%
			17181 - UNION COUNTY, IL	1	0.0%
			17193 - WHITE COUNTY, IL	1	0.0%
			17195 - WHITESIDE COUNTY, IL	1	0.0%
			17197 - WILL COUNTY, IL	1	0.0%
			18019 - CLARK COUNTY, IN	1	0.0%
			18045 - FOUNTAIN COUNTY, IN	1	0.0%
			18089 - LAKE COUNTY, IN	1	0.0%
			18133 - PUTNAM COUNTY, IN	1	0.0%
			19061 - DUBUQUE COUNTY, IA	1	0.0%
			19153 - POLK COUNTY, IA	1	0.0%
			20209 - WYANDOTTE COUNTY, KS	1	0.0%
			22015 - BOSSIER PARISH, LA	1	0.0%
			22051 - JEFFERSON PARISH, LA	1	0.0%
			27053 - HENNEPIN COUNTY, MN	1	0.0%
			27067 - KANDIYOHI COUNTY, MN	1	0.0%
			27141 - SHERBURNE COUNTY, MN	1	0.0%
			28089 - MADISON COUNTY, MS	1	0.0%
			29043 - CHRISTIAN COUNTY, MO	1	0.0%
			29065 - DENT COUNTY, MO	1	0.0%
			29091 - HOWELL COUNTY, MO	1	0.0%
			29095 - JACKSON COUNTY, MO	1	0.0%
			29183 - ST. CHARLES COUNTY, MO	1	0.0%
			29189 - ST. LOUIS COUNTY, MO	1	0.0%
			29213 - TANEY COUNTY, MO	1	0.0%
			29510 - ST. LOUIS CITY, MO	1	0.0%
			31055 - DOUGLAS COUNTY, NE	1	0.0%
			32003 - CLARK COUNTY, NV	1	0.0%
			32031 - WASHOE COUNTY, NV	1	0.0%
			37059 - DAVIE COUNTY, NC	1	0.0%
			39061 - HAMILTON COUNTY, OH	1	0.0%
			39101 - MARION COUNTY, OH	1	0.0%
			40109 - OKLAHOMA COUNTY, OK	1	0.0%
			42045 - DELAWARE COUNTY, PA	1	0.0%
			47037 - DAVIDSON COUNTY, TN	1	0.0%
			47157 - SHELBY COUNTY, TN	1	0.0%
			48121 - DENTON COUNTY, TX	1	0.0%
			48139 - ELLIS COUNTY, TX	1	0.0%
			48141 - EL PASO COUNTY, TX	1	0.0%
			48303 - LUBBOCK COUNTY, TX	1	0.0%
			48339 - MONTGOMERY COUNTY, TX	1	0.0%
			48439 - TARRANT COUNTY, TX	1	0.0%
			53063 - SPOKANE COUNTY, WA	1	0.0%
			55009 - BROWN COUNTY, WI	1	0.0%
				7,768	100.0%

Section III.

Criterion 1110.110(d) – Alternatives

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two-story outpatient medical office building in Effingham County. The applicants believe that the proposed project is the most effective and least costly alternative to the other alternatives considered. The following narrative compares the proposed project to the alternative options.

Sarah Bush Lincoln Health Center considered the following alternatives:

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

Project of Lesser Scope: Do Nothing

This option would not address the growth Sarah Bush Lincoln Health Center has experienced in the Effingham County market. It would also prohibit the applicants from centralizing current medical office practices into one location, offering new services such as cardiac rehabilitation and pulmonary function testing and providing specialty care to area residents through visiting specialists which Sarah Bush Lincoln has been successful in recruiting to practice in its service area.

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

This project involves core healthcare services and would not be appropriate for joint venture arrangements. For this reason, this alternative was rejected.

C. Utilizing other health care resources that are available to service all or a portion of the population proposed to be served by the project.

Expand Existing Spaces

Sarah Bush Lincoln Health Center's medical office buildings in Effingham are currently operating at capacity. Expanding existing spaces is not a feasible option due to:

- (1) A lack of physical land space on which to expand facilities in current locations
- (2) A lack of physical land space on which to expand necessary parking space to support expanded facilities and operations
- (3) Construction to expand current facilities would create substantial noise and disrupt operations of the existing medical office departments as well as create an unpleasant environment for patients. During construction, temporary facilities would need to be utilized to maintain current operations

For these reasons, this alternative was rejected.

D. Construct a free-standing, two story outpatient medical office building (Proposed).

The chosen option will centralize and expand Sarah Bush Lincoln Health Center's healthcare operations in the Effingham County market. It will improve patient access with adequate medical office space to meet forecasted volumes. It will also improve operational efficiency and patient satisfaction. For these reasons, this option was chosen for the proposed project.

Section IV.
 Criterion 1110.120 – Project Scope, Utilization

Size of Project

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two-story outpatient medical office building located in Effingham County, Illinois.

Appendix B of Section 1110 of the Administrative Code documents the established standards for certain departments, clinical service areas and facilities.

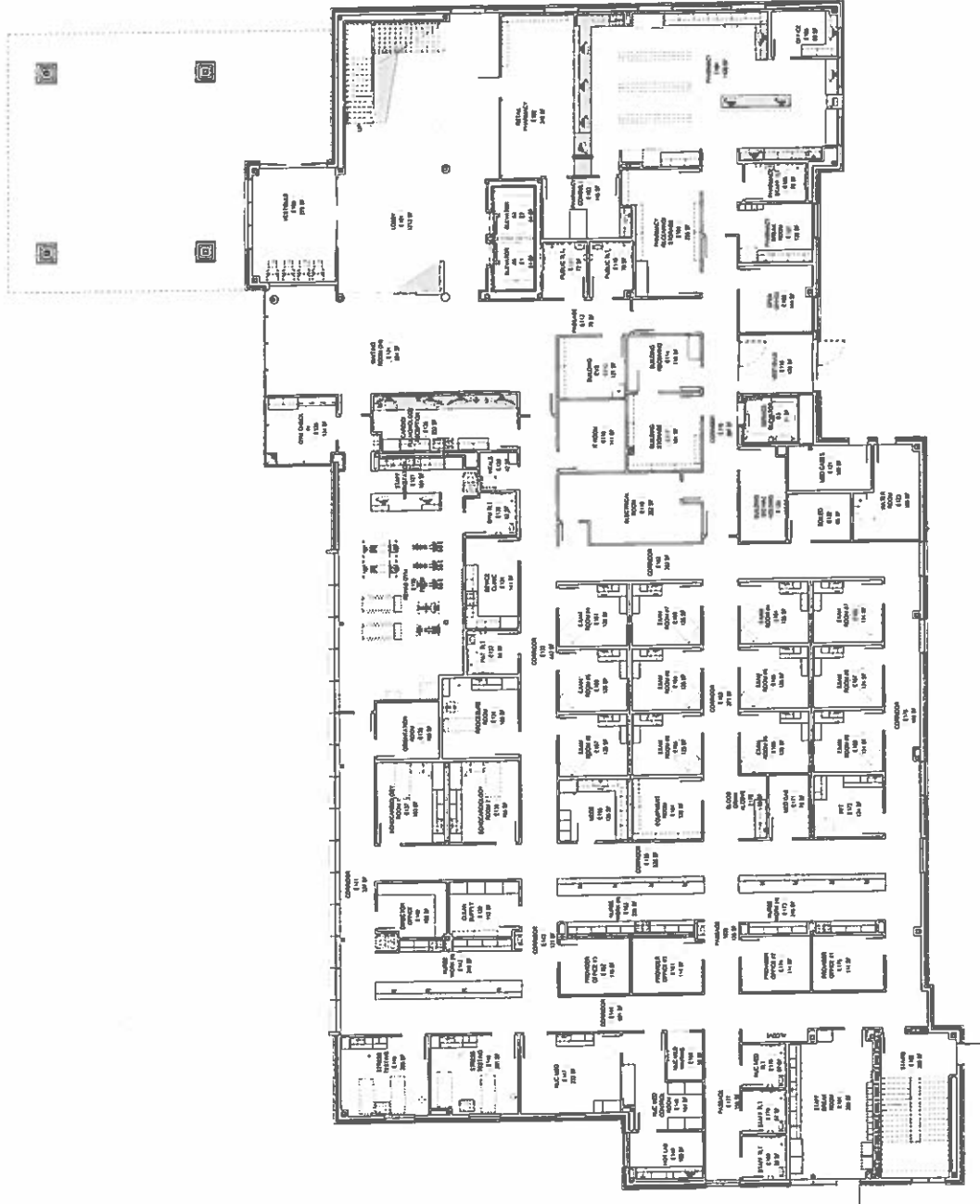
The table below summarizes the department, proposed DGSF, applicable state standards and project compliance with the state standards.

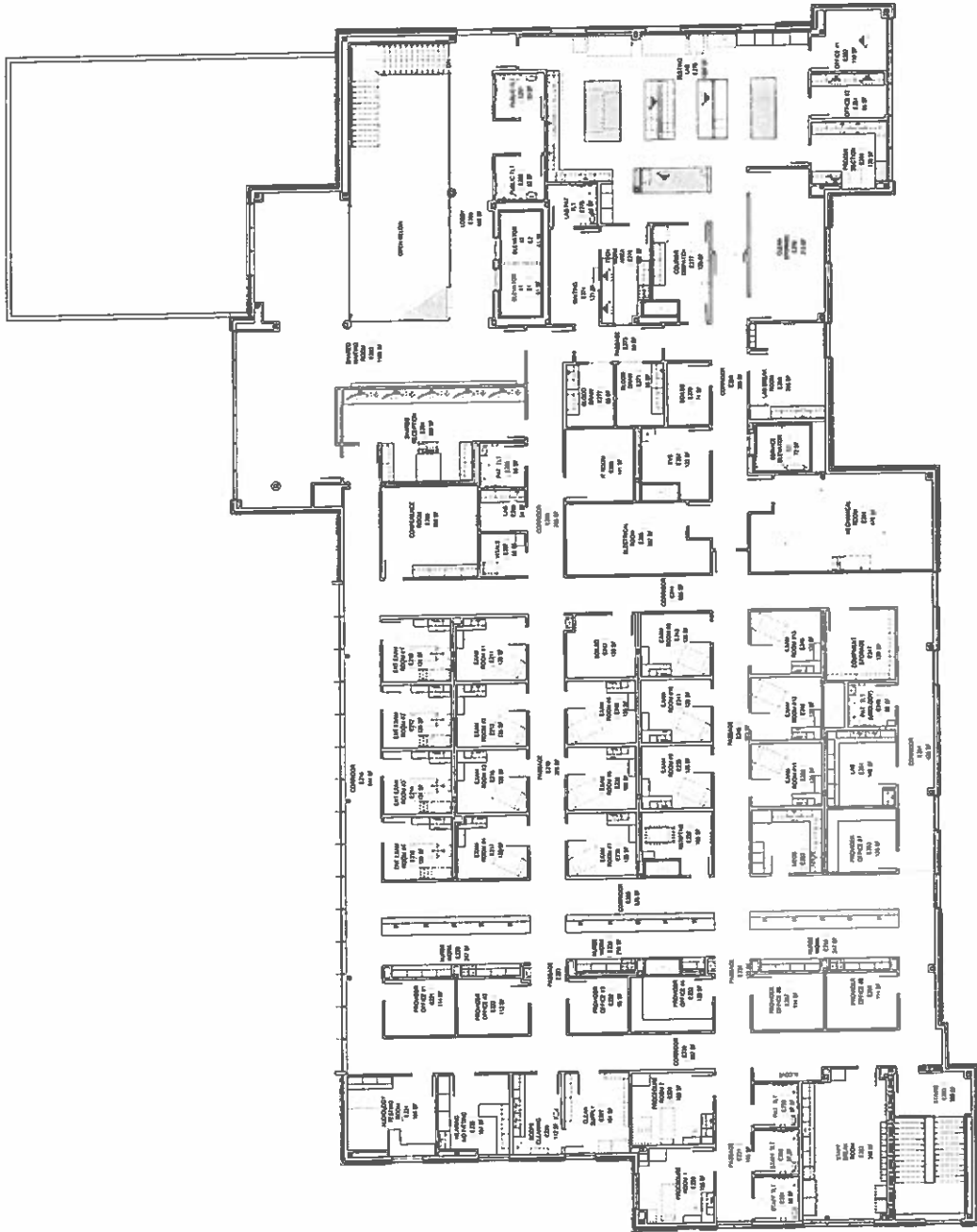
Nuclear medicine is a department that has an established State standard of 1,600 DGSF/unit. Sarah Bush Lincoln Health Center proposes to have one nuclear medicine room. The proposed DGSF for the room of 643 DGSF is within the state standard.

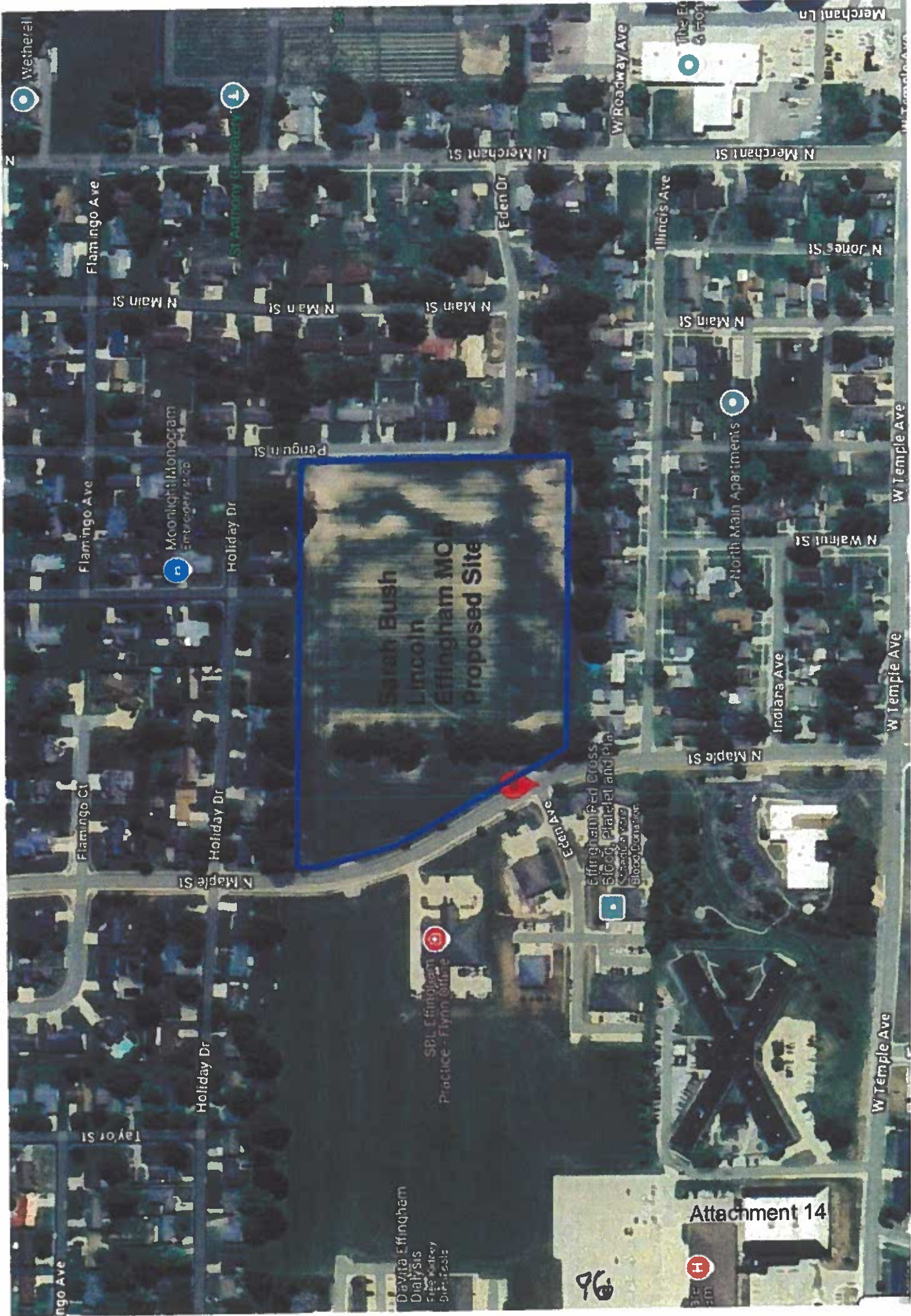
SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Nuclear Medicine	643 DGSF/unit	1,600 DGSF/unit	957 DGSF under the standard	Yes

The proposed project will also involve the construction of patient exam rooms and provider work areas and clinical laboratory services. The patient exam rooms and provider work areas will encompass 21,735 DGSF. The clinical laboratory services will encompass 2,975 DGSF. There are no size standards for these departments under the State Board's rules.

Project schematics and building renderings are included in Attachment 14.

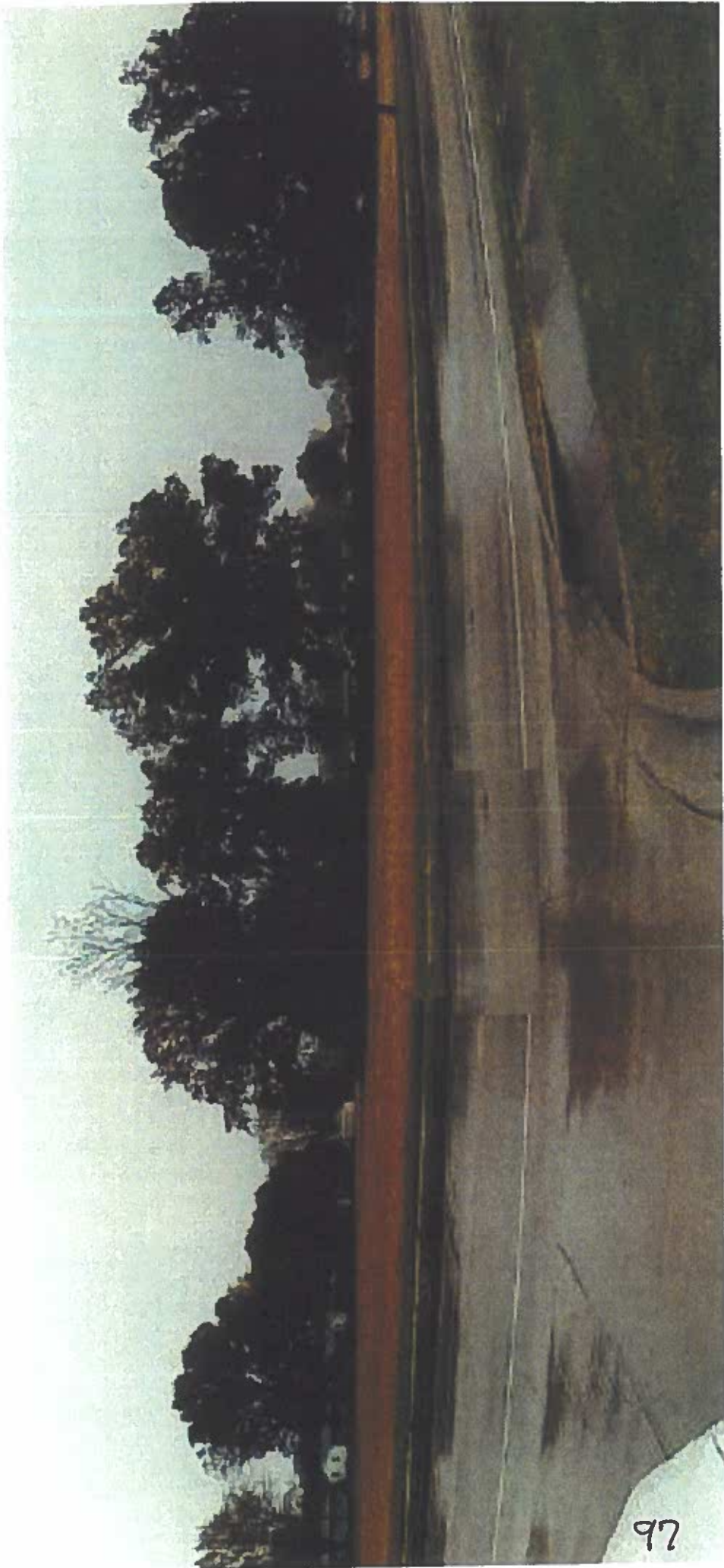






Attachment 14

96



97

BSA

BSA Life Structures
12645 Olive Blvd, Suite 100
Creve Coeur, MO 63141
ph 314 754-6305 fax 314 754-4652



823 769 Avenue
Rock Island, IL 61201
ph 309 768 0673 fax 309 766 9067
www.imegcorp.com



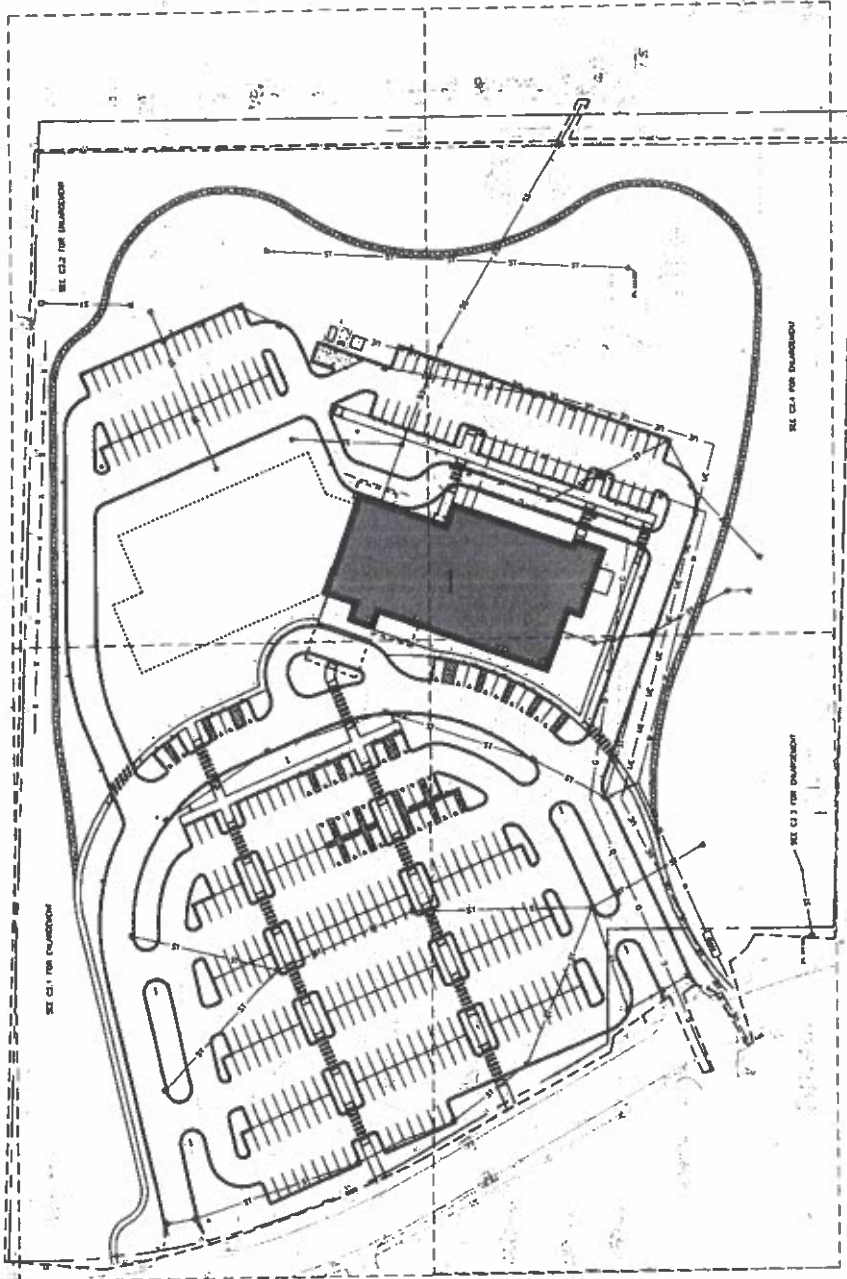
Sarah Bush
Lincoln
United & Unappreciated Care

EFFINGHAM MOB II
90% CONSTRUCTION SET:
10 OCTOBER 2024



KEYPLAN

MARK DATE DESCRIPTION



NOT FOR CONSTRUCTION
PRELIMINARY DRAWING

OVERALL SITE PLAN

PROJECT NO. CLIENT NO.
DATE APPROVED BY C2.0



CADWORK LOCATED:
REVISIONS: 01/2024
REVISIONS: 02/2024
REVISIONS: 03/2024
REVISIONS: 04/2024
REVISIONS: 05/2024
REVISIONS: 06/2024
REVISIONS: 07/2024
REVISIONS: 08/2024
REVISIONS: 09/2024
REVISIONS: 10/2024

BINDING AREA
89

Attachment 14

SARAH BUSH LINCOLN

EFFINGHAM MOB II

MEDICAL OFFICE BUILDING

900 North Maple Ave, Effingham, IL 62401

90% CONSTRUCTION SET



BSA
 ARCHITECTURAL DESIGN
 104 N 2nd Street, Suite A
 Effingham, IL 62401
 PH: 309-788-5961
 WWW.BSACORP.COM

IMEG
 623 25TH Avenue
 Rock Island, IL 63404
 PH: 309-788-5961
 WWW.IMEG-CORP.COM

CDI
 COMMERCIAL DESIGN
 104 N 2nd Street, Suite A
 Effingham, IL 62401
 CIVIL ENGINEER: JAMES H. HART
 ELEC. ENGINEER: JAMES H. HART

BSA
 ARCHITECTURAL DESIGN
 104 N 2nd Street, Suite A
 Effingham, IL 62401
 PH: 309-788-5961
 WWW.BSACORP.COM

BSA
 ARCHITECTURAL DESIGN
 104 N 2nd Street, Suite A
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90% CONSTRUCTION SET
11 OCTOBER 2024

Section IV.
 Criterion 1110.120 – Project Scope and Utilization

Project Services Utilization

Sarah Bush Lincoln Health Center proposes to construct a freestanding, two-story outpatient medical office building located in Effingham County, Illinois.

Appendix B of Section 1110 of the Administrative Code documents the established utilization standards for certain departments, clinical service area, and facilities.

For the outpatient medical office building, the Applicants propose:

- **One nuclear medicine room**

Sarah Bush Lincoln Health Center proposes to provide cardiac-specific nuclear medicine services in the medical office building. Sarah Bush Lincoln recently began providing nuclear medicine services in Effingham, therefore historical utilization is not available. Projected utilization was determined based on estimated referral patterns for the Sarah Bush Lincoln Health Center employed providers who practice in the Effingham market and from those providers who will be practicing at the proposed new medical office building.

Sarah Bush Lincoln will provide only cardiac-specific nuclear medicine services in the proposed new medical office building. The State standard includes all nuclear medicine services.

Based on growth trends for provider office visits, Sarah Bush Lincoln Health Center projects that volumes will continue to grow in the future.

UTILIZATION					
	DEPT/ SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	Nuclear Medicine	Not available	600 visits	2,000 visits	No
YEAR 2	Nuclear Medicine		650 visits	2,000 visits	No

- **21,735 square feet of space for patient exam rooms and provider work areas**

There are no associated standards for utilization of patient exam rooms and provider work areas. The space is based on the current number of providers who will be

practicing in the proposed medical office building as well as projected need to accommodate ongoing recruitment of additional providers.

- **2,975 square feet of space for Clinical Laboratory Services**

There is no associated standard for utilization for clinical laboratory services. The size of this area was determined based on provider office visit volumes, specimen processing volumes and associated laboratory needs. The space includes two blood draw bays/rooms, specimen processing areas and support spaces.

Unfinished or Shell Space

This project does not propose any unfinished or shell space so this section is not applicable.

Assurances

This project does not propose any shell space so this section is not applicable.

Section V. Master Design and Related Projects

This project does not require a master design application so this section is not applicable.

Criterion 1110.200

Medical/Surgical, Obstetric, Pediatric and Intensive Care

The applicants do not propose to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service so this section is not applicable.

Criterion 1110.205

Comprehensive Physical Rehabilitation

The applicants do not propose to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service so this section is not applicable.

Criterion 1110.210

Acute Mental Illness and Chronic Mental Illness

The applicants do not propose to establish, expand and/or modernize the Acute Mental Illness and/or Chronic Mental Illness categories of service so this section is not applicable.

Criterion 1110.220

Open Heart Surgery

The applicants do not propose to establish, expand and/or modernize the Open Heart Surgery category of service so this section is not applicable.

Criterion 1110.225

Cardiac Catheterization

The applicants do not propose to establish, expand and/or modernize the Cardiac Catheterization category of service so this section is not applicable.

Criterion 1110.230

In-Center Hemodialysis

The applicants do not propose to establish, expand and/or modernize the In-Center Hemodialysis category of service so this section is not applicable.

Non-Hospital Based Ambulatory Surgery

The applicants do not propose to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service so this section is not applicable.

Criterion 1110.240

Selected Organ Transplantation

The applicants do not propose to establish or modernize the Selected Organ Transplantation category of service so this section is not applicable.

Criterion 1110.245

Kidney Transplantation

The applicants do not propose to establish or modernize the Kidney Transplantation category of service so this section is not applicable.

Criterion 1110.250

Subacute Care Hospital Model

The applicants do not propose to establish a subacute care hospital model so this section is not applicable.

Criterion 1110.260

Community –Based Residential Rehabilitation Center

The applicants do not propose to establish a community-based residential rehabilitation center alternative health care model so this section is not applicable.

Criterion 1110.265

Long Term Acute Care Hospital

The applicants do not propose to establish, expand and/or modernize a long term acute care hospital so this section is not applicable.

Section V, Service Specific Review Criteria

Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Need Determination: Establishment of New Facility

Sarah Bush Lincoln Health Center (SBLHC) proposes to construct a freestanding, two-story outpatient medical office building. The proposed building is necessary to meet current volumes and expected growth in services currently provided by Sarah Bush Lincoln in the Effingham market as well as new service offerings such as cardiac rehabilitation and pulmonary function testing. In addition, with continued success in recruiting specialty providers to practice in its service area, Sarah Bush Lincoln will continue to provide visiting specialist services to Effingham area residents to improve access to care and patient experience.

2. Utilization – Service or Facility

The proposed medical office building includes the following clinical service areas:

- Patient Exam Rooms and Provider Work Areas
- Cardiology services
 - Nuclear medicine
 - Stress testing
 - Echocardiology
 - Cardiac rehabilitation gym
 - Device testing
 - Pulmonary function testing
- ENT services
 - Audiology testing
 - Hearing aid fitting
- Retail Pharmacy services
- Lab services

Nuclear medicine services have State standards for utilization, as illustrated in Attachment 15. The other clinical areas in this building do not have associated standards for utilization.

The proposed medical office building is necessary to accommodate the growth in SBLHC employed medical staff in Effingham County, the growth in the number of office visits at the SBLHC Effingham-based practices and to address the projected demand for future services. SBLHC office visits in the Effingham area have increased over 21% in the last 3 years. This is due to success in provider recruitment as well as increased demand for outpatient healthcare services. As illustrated in Table 1110.270(a) below, Sarah Bush Lincoln Health Center anticipates volumes will continue to grow. The growth projections do not anticipate referrals from providers who currently do not refer to Sarah Bush Lincoln Health Center therefore no provider referral letters have been submitted.

Table 1110.1270(a): Historical & Projected Utilization Provider office visits at SBL Effingham-based practices		
Fiscal Year	Number of Office Visits	Annual Growth
FY22	70,431	
FY23	78,450	11%
FY24	85,269	9%
Projected FY25	91,238	7%
Projected FY26	97,625	7%
Projected FY27	104,459	7%

In addition to the volume growth in office visits in the Effingham market, Sarah Bush Lincoln Health Center has experienced growth in the number of specimens processed in its current Effingham laboratory location (see Table 1110.270(b) below).

Table 1110.1270(b): Historical & Projected Utilization Lab specimens processed at SBL Effingham Lab		
Fiscal Year	Number of Specimens Processed	Annual Growth
FY24	145,564	
FY25 Annualized	163,942	13%
Projected FY26	175,418	7%
Projected FY27	187,697	7%

The proposed medical office building will accommodate the growth in services provided by the Sarah Bush Lincoln Effingham laboratory, which will improve turn-around times to current and future laboratory clients in the Effingham market.

Criterion 1110.280

Freestanding Emergency Center Medical Services

This project does not involve the freestanding emergency center medical services category of service so this section is not applicable.

Criterion 1110.275

Birth Center

This project does not involve a birth center so this section is not applicable.

Criterion 1120.120

Availability of Funds

Sarah Bush Lincoln Health System has an A+ bond rating therefore this section is not required to be completed. The most recent bond rating is attached.

RatingsDirect®

Sarah Bush Lincoln Health System, Illinois; Hospital

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Table Of Contents

Credit Highlights

Outlook

Credit Opinion

Enterprise Profile: Adequate

Financial Profile: Very Strong

Credit Snapshot

Related Research

Attachments 34-37

122

Sarah Bush Lincoln Health System, Illinois; Hospital

Credit Profile

Illinois Fin Auth (Sarah Bush Lincoln Hlth System) ICR

Long Term Rating

A+/Stable

Current

Credit Highlights

- S&P Global Ratings' issuer credit rating (ICR) on Sarah Bush Lincoln Health System (Sarah Bush), Ill., is 'A+'.
- The outlook is stable.

Security

The ICR applies to Sarah Bush's general creditworthiness and is not specific to any bond issue.

Credit overview

The rating reflects Sarah Bush's track record of consistent positive operating performance, solid maximum annual debt service (MADS) coverage, and exceptional balance sheet metrics. The rating further reflects our view of Sarah Bush's stable enterprise profile and leading market share in a limited service area with a small population. The acquisition and integration of Fayette County Hospital, a critical access hospital, in 2022 allowed Sarah Bush to expand its geographic footprint, strengthen relationships with physicians, and grow its operating base. Management has continued to focus on physician recruitment and retention strategies, resulting in expected expansion of clinical service lines and maintenance of a low turnover rate. We believe this investment in physician practice will continue to support Sarah Bush's competitive position.

Sarah Bush has produced very healthy operating margins despite industrywide labor and wage headwinds. Through the 10-month interim period ending April 30, 2024, operations continue to generate positive margins, albeit somewhat compressed from more exceptional recent results but similar to historical levels. The rating also reflects Sarah Bush's very healthy balance sheet, highlighted by days' cash on hand (DCOH) and cash-to-debt metrics that are favorable compared to peers. The balance sheet metrics are more aligned with an 'A+' rating, which warrants the application of a positive holistic adjustment to the anchor rating.

In June 2024, Sarah Bush issued a \$40 million direct purchase revenue bond to support capital projects at its Effingham and Fayette campuses. Though the recent issue increases Sarah Bush's debt load and weakens unrestricted reserves to long-term debt to 3.8x from 5.1x, and increases leverage to 15.7% from 11.9%, we still view pro forma metrics as in line with its 'A+' rated peers.

The rating further reflects our view of Sarah Bush's:

- Healthy cash-to-debt, coupled with very robust DCOH, despite a slight weakening due to additional debt;
- Trend of healthy operating margins and cash flow, generating solid maximum annual debt service (MADS)

Attachments 34-37

coverage; and

- Leading business position in Coles County.

Partially offsetting the above strengths, in our view, are Sarah Bush's:

- Limited economic base that leaves the system vulnerable to payer mix and population changes;
- Elevated capital spending plans as well as onboarding and execution risk related to expansion projects; and
- Fully contingent liability debt position, with events of default that could result in immediate acceleration of debt, although this is tempered by strong reserves.

Environmental, social, and governance

We view Sarah Bush's social risk to be elevated in our credit rating analysis given the hospital's operations are situated in a very limited primary service area (PSA), with an aggregate population well below 100,000. The area remains challenged by continued negative population and employment growth trends, both of which are below the national averages. Additionally, we believe Sarah Bush, like other providers, face additional human capital risks tied to industrywide labor and wage pressures, although management has weathered this well to date. Finally, we consider Sarah Bush's environmental and governance factors to be neutral in our credit analysis.

Outlook

The stable outlook reflects our view that Sarah Bush will continue to produce healthy financial results given its leading market position in its eastern Illinois service area with strategic initiatives to enhance competitiveness. Our outlook also reflects our view of Sarah Bush's balance sheet metrics we consider robust, which should remain stable through the recent debt issuance and future capital spending.

Downside scenario

We could revise the outlook to negative or lower the rating should financial operations deteriorate, resulting in diminished debt service coverage. There could also be rating pressure should balance-sheet metrics significantly decline, either via loss in unrestricted reserves, or a large debt issuance that reduces the cash-to-debt metric to levels below its similarly rated peers.

Upside scenario

We believe an upgrade or positive outlook during the outlook period is unlikely due to inherent risks associated with the hospital's smaller scale of operations, heightened future capital spend, as well as risks associated with operations in a very limited service area.

Credit Opinion

Enterprise Profile: Adequate

Leading business position in a limited PSA

Sarah Bush serves a ten-county service area with a population of just over 200,000. Its PSA in Cole County serves a population less than 50,000. Though economic indicators, such as projected population and employment decline, are weak, the economy is stabilized with the presence of Eastern Illinois University, the area's second-largest employer and driver of a strong student population. Additionally, there is continued development of a sports complex in the area, which has the potential to boost to local economy, and potentially add \$150 million in hotel service- and restaurant-type revenue. Sarah Bush plans to open a clinic close to the site when completed.

Sarah Bush has maintained the leading market share as there are only three competing hospitals, one with 133 beds, and the other two with less than 25 beds each, in the secondary service area, and with no developments from any competitors. Sarah Bush is a part of the BJC Collaborative, an eight-hospital multistate collaborative that covers mostly Missouri and southern Illinois. Sarah Bush entered the collaborative more than five years ago, over which time management believes the relationship has been beneficial. Looking forward, management has indicated that they are working on several initiatives and remain focused on collaboration and affiliations.

In July 2022, Sarah Bush acquired Fayette County Hospital, a district-owned hospital previously operated by Heartland Health System Inc. Fayette is a critical-access hospital in the southern portion of the hospital's service area that also maintains approximately 65 long-term care beds. Fayette is fully consolidated into Sarah Bush, and the acquisition has resulted in Fayette's improved financial performance, as well as strengthening the hospital's market position and physician relationships in the area.

Management recently focused on recruitment and retention efforts, which has resulted in the addition of new specialty service lines such as pulmonology, and expansion of its current service line offerings such as gastrointestinal and OBGYN. These efforts have additionally resulted in a healthy 87% retention rate in fiscal 2024.

Effective strategy despite management turnover

Sarah Bush's management team will experience turnover with the CFO's planned retirement in January 2025. The new CFO, hired from outside the organization, started in February 2024 and brings leadership experience as the former CFO at McLaren Bay Regional Hospital. We believe the overlap in tenure exemplifies effective change management.

Sarah Bush Lincoln Health Center & Subsidiaries, Illinois--enterprise statistics

	--10 months ended April 30--	--Fiscal year ended June 30--		
	2024	2023	2022	2021
PSA population	N.A.	46,863	51,979	51,979
PSA market share (%)	N.A.	78.0	75.0	75.0
Inpatient admissions	6,439	7,531	7,945	7,873
Equivalent inpatient admissions	26,784	35,257	39,130	36,363
Emergency visits	41,480	48,031	45,031	38,998
Inpatient surgeries	1,098	1,281	1,356	1,498
Outpatient surgeries	8,324	9,905	8,714	8,241

Attachments 34-37

Sarah Bush Lincoln Health Center & Subsidiaries, Illinois--enterprise statistics (cont.)

	--10 months ended April 30--		--Fiscal year ended June 30--	
	2024	2023	2022	2021
Medicare case mix index	1.5264	1.4996	1.5212	1.5182
FTE employees	2,964	2,722	2,555	2,454
Active physicians	163	155	154	138
Top 10 physicians admissions (%)	N.A.	N.A.	N.A.	N.A.
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	28.6	28.1	34.0	34.0
Medicaid (%)	10.1	9.0	11.0	10.0
Commercial/Blues (%)	56.6	58.4	53.0	55.0

Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions. PSA--Primary service area.
FTE--Full-time equivalent. N.A.--Not available.

Financial Profile: Very Strong

Robust financial profile expected to moderate but remain sound

Sarah Bush ended fiscal 2024 with a positive operating margin due to prudent labor and supply expense management. Operating results through the 10-month interim period in fiscal 2024 exceed budgeted projections of 2%, but represent a compression compared to prior years. Looking forward, management expects year-end margins will be close to interim results and has targeted 3%-5% operating margins during the next few years. We view these results as likely given management's execution of expense mitigation and planned growth in service lines.

Although the series 2024 issuance increases annual debt service and MADS, the margin improvement and positive cash flow have supported very healthy MADS coverage, which we expect will continue.

Unrestricted reserves exhibit recovery, balance sheet absorbs recent debt well

Sarah Bush's balance sheet, which has historically been a credit strength, experienced some loss in fiscal 2022 concurrent with the expansion of the expense base, as well as investment market volatility. Unrestricted reserves have since grown in line with the positive financial performance, supportive of the rating and excellent relative to its similarly rated peers. Given the majority of capital spend for Sarah Bush's expansion projects will be supported by bond proceeds and management's expectation for continued strong cash flow, we expect the balance sheet will remain very healthy. Sarah Bush's pro forma debt burden and leverage will remain very low, which we consider an additional credit strength.

Notable capital projects include \$16 million to improve facilities build a medical office building in Effingham, and \$14 million to improve facilities at the Fayette campus. These projects will be funded with the proceeds of the series 2024 revenue bonds. Management notes no additional debt is planned at this time.

Long-term debt includes the series three variable-rate demand bonds (VRDBs) with First Mid Wealth Management Company, two fixed-rate bonds with JPMorgan Chase, the fixed-rate series 2024 bonds with TD Bank, as well as a note payable. The terms contain various event-of-default provisions, remedies to which may accelerate the bond payments if efforts to cure the event are not underway within 30 days. Certain events of default could lead to debt

Attachments 34-37

Sarah Bush Lincoln Health System, Illinois; Hospital

acceleration immediately, including financial covenants and a rating trigger, but most of those would be known in advance and financial covenants are measured on specific dates, with debt service coverage (DSC) measured quarterly and days' cash on hand measured semiannually. While we consider all of Sarah Bush's debt to be contingent, we believe this risk is offset by exceptional liquidity, with unrestricted reserves able to accommodate debt acceleration. The hospital has no defined-benefit pension exposure, which we consider favorable within our financial profile assessment.

Sarah Bush Lincoln Health Center & Subsidiaries, Illinois--financial statistics

	--10 months ended April 30--	--Fiscal year ended June 30--		Medians for 'A+' rated stand-alone hospitals	
	2024	2023	2022	2021	2022
Financial performance					
Net patient revenue (\$000s)	438,313	551,870	501,274	464,126	690,129
Total operating revenue (\$000s)	536,939	592,210	543,375	513,791	735,651
Total operating expenses (\$000s)	520,453	562,464	495,954	439,323	746,478
Operating income (\$000s)	16,486	29,746	47,421	74,468	3,229
Operating margin (%)	3.07	5.02	8.73	14.49	0.60
Net nonoperating income (\$000s)	17,511	3,092	8,811	19,892	21,777
Excess income (\$000s)	33,997	32,838	56,232	94,360	21,044
Excess margin (%)	6.13	5.52	10.18	17.68	3.10
Operating EBIDA margin (%)	8.25	10.27	13.89	19.63	6.60
EBIDA margin (%)	11.15	10.74	15.26	22.63	8.90
Net available for debt service (\$000s)	61,817	63,926	84,268	120,763	62,241
Maximum annual debt service (\$000s)	10,617	10,617	10,617	10,617	21,325
Maximum annual debt service coverage (x)	6.99	6.02	7.94	11.37	4.20
Operating lease-adjusted coverage (x)	6.78	5.66	6.83	9.58	2.90
Liquidity and financial flexibility					
Unrestricted reserves (\$000s)	550,742	497,272	443,053	430,215	663,419
Unrestricted days' cash on hand	338.6	340.3	344.6	379.1	361.6
Unrestricted reserves/total long-term debt (%)	514.0	534.9	670.7	894.2	286.2
Unrestricted reserves/contingent liabilities (%)	514.0	542.0	670.7	894.2	859.3
Average age of plant (years)	9.1	8.6	8.5	8.2	12.8
Capital expenditures/depreciation and amortization (%)	148.4	199.7	139.2	107.9	130.7
Debt and liabilities					
Total long-term debt (\$000s)	107,155	92,959	66,058	48,110	230,619
Long-term debt/capitalization (%)	11.9	11.6	9.4	7.3	21.4
Contingent liabilities (\$000s)	107,155	91,743	66,058	48,110	100,000
Contingent liabilities/total long-term debt (%)	100.0	98.7	100.0	100.0	27.9
Debt burden (%)	1.60	1.78	1.92	1.99	2.40
Defined-benefit plan funded status (%)	N.M.	N.M.	N.M.	N.M.	89.40

Attachments 34-37

JULY 26, 2024 6

Sarah Bush Lincoln Health Center & Subsidiaries, Illinois--financial statistics (cont.)

	--10 months ended April 30--	--Fiscal year ended June 30--			Medians for 'A+' rated stand-alone hospitals
	2024	2023	2022	2021	2022
Pro forma ratios					
Unrestricted reserves (\$000s)	559,070	N.A.	N.A.	N.A.	MNR
Total long-term debt (\$000s)	147,155	N.A.	N.A.	N.A.	MNR
Unrestricted days' cash on hand	343.7	N.A.	N.A.	N.A.	MNR
Unrestricted reserves/total long-term debt (%)	379.9	N.M.	N.M.	N.M.	MNR
Long-term debt/capitalization (%)	15.7	N.A.	N.A.	N.A.	MNR
Miscellaneous					
Medicare advance payments (\$000s)*	0	0	0	0	MNR
Short-term borrowings (\$000s)*	0	0	0	0	MNR
COVID-19 stimulus recognized (\$000s)	0	0	8,995	14,972	MNR
Risk based capital ratio (%)	N/A	N/A	N/A	N/A	MNR
Total net special funding (\$000s)	28,182	19,606	15,574	7,067	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N/A--Not applicable. N.A.--Not available. MNR--Median not reported.

Credit Snapshot

- Group rating methodology: Core.
- Organization description: Sarah Bush Lincoln Health System is the parent entity of the health center, which operates a 150-bed acute care facility in Mattoon, in east-central Illinois, approximately 50 miles south of Champaign, and a 25-bed acute care facility in Fayette County. Other subsidiaries include a foundation and a captive insurance company. Our analysis is based on the entire system unless otherwise noted.

Related Research

Through The ESG Lens 3.0: The Intersection Of ESG Credit Factors And U.S. Public Finance Credit Factors, March 2, 2022

This article doesn't constitute a rating action.

Attachments 34-37

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Attachments 34-37

Section VIII. Criterion 1120.130

Financial Viability

Sarah Bush Lincoln Health System has an A+ bond rating therefore this section is not required to be completed. The most recent bond rating is attached.

Section VIII. Criterion 1120.140

Economic Feasibility

Sarah Bush Lincoln Health System has an A+ bond rating therefore this section is not required to be completed. The most recent bond rating is attached.

Section IX. Criterion 1120.140
 Safety Net Information per PA 96-0031

Safety Net Information per PA 96-0031				
CHARITY CARE				
SBLHC	Charity (# of Patients)	FY23	FY22	FY21
	Inpatient	797	970	903
	Outpatient	33,974	33,428	27,521
	Total	34,771	34,398	28,424
	Charity (Cost in dollars)			
	Inpatient	506,828	553,177	643,818
	Outpatient	1,394,484	1,522,009	1,771,398
	Total	1,901,312	2,075,186	2,415,216
Medicaid				
	Medicaid (# of Patients)	FY23	FY22	FY21
	Inpatient	1,357	1,508	1,457
	Outpatient	69,447	74,016	59,474
	Total	70,804	75,524	60,931
	Medicaid (Revenue)			
	Inpatient	8,364,108	7,189,353	6,127,372
	Outpatient	21,575,456	18,522,835	14,566,188
	Total	29,939,564	25,712,188	20,693,560

Safety Net Information per PA 96-0031				
CHARITY CARE				
SBLFCH	Charity (# of Patients)	FY23	FY22	FY21
	Inpatient	37	71	35
	Outpatient	328	658	324
	Total	365	729	359
	Charity (Cost in dollars)			
	Inpatient	71,553	103,809	84,814
	Outpatient	145,274	210,763	172,197
	Total	216,827	314,572	257,011
Medicaid				
	Medicaid (# of Patients)	FY23	FY22	FY21
	Inpatient	30	23	43
	Outpatient	16,360	2,322	3,124
	Total	16,390	2,345	3,167
	Medicaid (Revenue)			
	Inpatient	755,371	447,165	723,717
	Outpatient	2,266,114	1,742,101	2,227,687
	Total	3,021,485	2,189,266	2,951,404

Section IX. Criterion 1120.140
 Safety Net Information per PA 96-0031

Safety Net Information per PA 96-0031				
CHARITY CARE				
Consolidated SBLHC and SBLFCH	Charity (# of Patients)	FY23	FY22	FY21
		Inpatient	834	1,041
	Outpatient	34,302	34,086	27,845
	Total	35,136	35,127	28,783
Charity (Cost in dollars)				
	Inpatient	578,381	656,986	728,632
	Outpatient	1,539,758	1,732,772	1,943,595
	Total	2,118,139	2,389,758	2,672,227
Medicaid				
Consolidated SBLHC and SBLFCH	Medicaid (# of Patients)	FY23	FY22	FY21
		Inpatient	1,387	1,531
	Outpatient	85,807	76,338	62,598
	Total	87,194	77,869	64,098
Medicaid (Revenue)				
	Inpatient	9,119,479	7,636,518	6,851,089
	Outpatient	23,841,570	20,264,936	16,793,875
	Total	32,961,049	27,901,454	23,644,964

Section X. Safety Net Impact Statement

Sarah Bush Lincoln Health Center proposes to construct a free-standing, two-story outpatient medical office building at 900 North Maple Street in Effingham, Illinois. This project proposes to construct a new health care facility on a new site and is therefore classified as a substantive project as defined by the Illinois Health Facilities Planning Act. Sarah Bush Lincoln currently provides Lab, ENT and Cardiology services in Effingham, including nuclear medicine and stress testing. In addition, Sarah Bush Lincoln has successfully recruited specialists who provide services at SBL Effingham clinics on a visiting basis, improving access to care for Effingham area residents.

1. The Applicants do not believe or foresee that this project will have any material impact on essential safety net services in the community, including any impact on racial and health care disparities in the community. Sarah Bush Lincoln's mission is to provide exceptional care for all and create healthy communities. Through this project, Sarah Bush Lincoln will continue to provide specialty care services to all area residents, most of which are not provided by many safety net services, such as public health departments, school-based health centers and community mental health centers.
2. The Applicants do not believe or foresee that this project will impact the ability of another provider or health care system to cross-subsidize safety net services, as most of the services provided in the proposed project do not provide a significant operating margin.
3. The Applicants do not believe or foresee that the discontinuation of a facility or service proposed in this project would impact the remaining safety net providers in the Effingham market, as most safety net providers do not provide the specialty services in the proposed project and would refer to other care providers within and outside of the community.
4. As outlined in Attachment 37 – Safety Net Information – Charity Care, for the 3 fiscal years prior to this application, Sarah Bush Lincoln, with hospitals in Mattoon (SBLHC) and Vandalia (SBLFCH), has provided over \$2 million dollars of charity care (at cost) to over 35,000 patients who reside in its service area.
5. As outlined in Attachment 37 – Safety Net Information – Charity Care, for the 3 fiscal years prior to this application, Sarah Bush Lincoln, with hospitals in Mattoon (SBLHC) and Vandalia (SBLFCH), has provided care to an increasing number of Medicaid patients. In fact, the number of Medicaid patients for which Sarah Bush Lincoln has provided care has increased 36% over the last 3 years to over 87,000 patients in FY23. This amounts to Medicaid revenues that have increased from \$23.6 million in FY21 to \$33.0 million in FY23.
6. The Applicants do not believe that there is any other information directly relevant to safety net services in the Effingham market, including information regarding teaching, research or any other service.

Section X. Charity Care Information

		CHARITY CARE		
		FY23	FY22	FY21
Sarah Bush Lincoln Health Center	Net Patient Revenue	\$ 441,984,137	\$ 392,486,842	\$ 366,298,735
	Amount of Charity Care (charges)	\$ 8,524,994	\$ 9,304,599	\$ 10,829,205
	Cost of Charity Care	\$ 3,560,090	\$ 3,667,707	\$ 3,973,986

		CHARITY CARE		
		FY23	FY22	FY21
Sarah Bush Lincoln Fayette County Hospital	Net Patient Revenue	\$ 33,755,418	\$ 33,394,804	\$ 31,925,230
	Amount of Charity Care (charges)	\$ 867,308	\$ 1,350,644	\$ 534,660
	Cost of Charity Care	\$ 325,387	\$ 528,076	\$ 291,499

		CHARITY CARE		
		FY23	FY22	FY21
Consolidated Sarah Bush Lincoln Health System	Net Patient Revenue	\$ 475,739,555	\$ 425,881,646	\$ 398,223,965
	Amount of Charity Care (charges)	\$ 9,392,301	\$ 10,655,243	\$ 11,363,865
	Cost of Charity Care	\$ 3,885,477	\$ 4,195,783	\$ 4,265,485



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

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

1. Applicant: Sarah Bush Lincoln Health Center 1000 Health Center Drive
 (Name) (Address)
Mattoon IL 61938 217-258-2537
 (City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 902 N Maple Street Effingham, IL
 (Address) (City) (State)
Effingham 8N 20
 (County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes X No

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? Yes X No

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428