

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Sarah Bush Lincoln Health Center Bed Tower		
Street Address: 1000 Health Center Drive		
City and Zip Code: Mattoon 61938		
County: Coles	Health Service Area: 4	Health Planning Area: D-05

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

☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which 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:
1000 Health Center Drive, Mattoon, IL 61938
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
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐ Other ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

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 four-story addition to its hospital facility located at 1000 Health Center Drive in Mattoon. The project includes approximately 168,773 square feet of new construction and 19,925 square feet of renovated space. Project cost is expected to be \$113,632,278 and will be funded with bond financing. The anticipated completion date of the project is August 15, 2031.

The project will include the addition of:

- Two 22-bed medical-surgical units for a total increase of 44 medical-surgical beds
- 10 observation beds
- 8 inpatient dialysis bays
- A therapy gym for hospitalized patients
- A 2-story connector from the current bed tower to the new bed tower
- 2 cardiac catheterization labs
- 1 Class C surgical operating suite
- 2 Class B surgical procedural suites
- Work and respite spaces for staff, waiting areas for families and caregivers and space for storage and mechanical infrastructure

The project will also include the relocation and/or expansion of:

- 2 Class B pain procedural suites
- 4 Class B endoscopy procedural suites
- 74+ prep/post/recovery bays

The project will be completed in three phases:

- Phase 1 (May 2029): 44 licensed beds, 10 observation beds, 2 cardiac catheterization labs and 8 procedural suites
- Phase 2 (March 2030): renovation of existing prep/recovery bays
- Phase 3 (February 2031): 1 Class C surgical operating suite

The Medical/Surgical and Cardiac Catheterization categories of service as well as Clinical Service Areas Other Than Categories of Service are part of this project. The project will result in an increase of 44 authorized medical-surgical beds, 2 cardiac catheterization labs, 1 Class C surgical operating suite and 2 Class B surgical procedural suites.

This project is classified as substantive pursuant to Section 1110.20 as it includes an increase in the total number of beds by more than 10% of Sarah Bush Lincoln Health Center's total bed capacity. This will increase the number of CON authorized medical-surgical beds from 108 to 152 medical-surgical beds. Upon project completion, the total number of hospital beds will increase to 209.

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

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ _____.

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): August 15, 2031

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, 2025 to: December 31, 2025					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	108	5,591	35,002	0	44
Obstetrics	19	832	1,844	0	0
Pediatrics	6	77	408	0	0
Intensive Care	14	466	2,743	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	18	888	4,843	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:	165	7854	44,840	0	209

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of 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
CEO
PRINTED TITLE

Steve Chubb
SIGNATURE
Steve Chubb
PRINTED NAME
SBLHC Board Chair
PRINTED TITLE

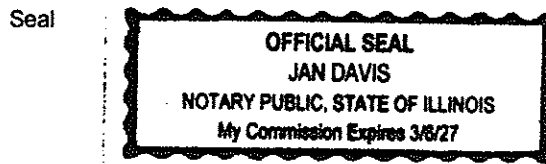
Notarization:
Subscribed and sworn to before me
this 25th day of May, 2026

Jan Davis
Signature of Notary



Notarization:
Subscribed and sworn to before me
this 25th day of May, 2026

Jan Davis
Signature of Notary



*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of 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.


SIGNATURE
Kim Uphoff
PRINTED NAME
CEO
PRINTED TITLE

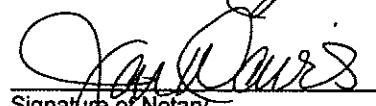

SIGNATURE
Steve Cuijpers
PRINTED NAME
SBHLS Board Chair
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of May 2024


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 28th day of May 2024


Signature of Notary



*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.ilqa.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	MET 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
☒ Medical/Surgical	108	44
☐ Obstetric		
☐ Pediatric		
☐ 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 <u>ATTACHMENT 19</u>, 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
☐ 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 <u>20</u>, 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
☐ Acute Mental Illness		
☐ 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
☐ 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
☐ 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

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

Category of Service	# Existing Stations	# Proposed Stations
☐ In-Center Hemodialysis		

- 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.			

- 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
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☐ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☐ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ 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
☐ _____		
☐ _____		

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
☐ 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(i) – 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
☐ 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
☐ LTACH		
☐ Intensive Care		
☐		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(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
☐		
☐		
☐		

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
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 12-month

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

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]:

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

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

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

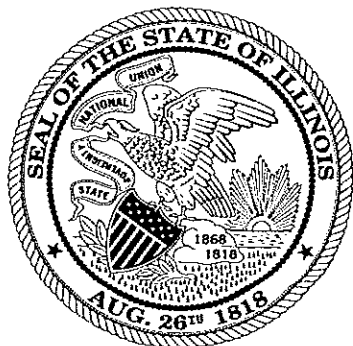
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To all to whom these Presents Shall Come, Greeting:

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

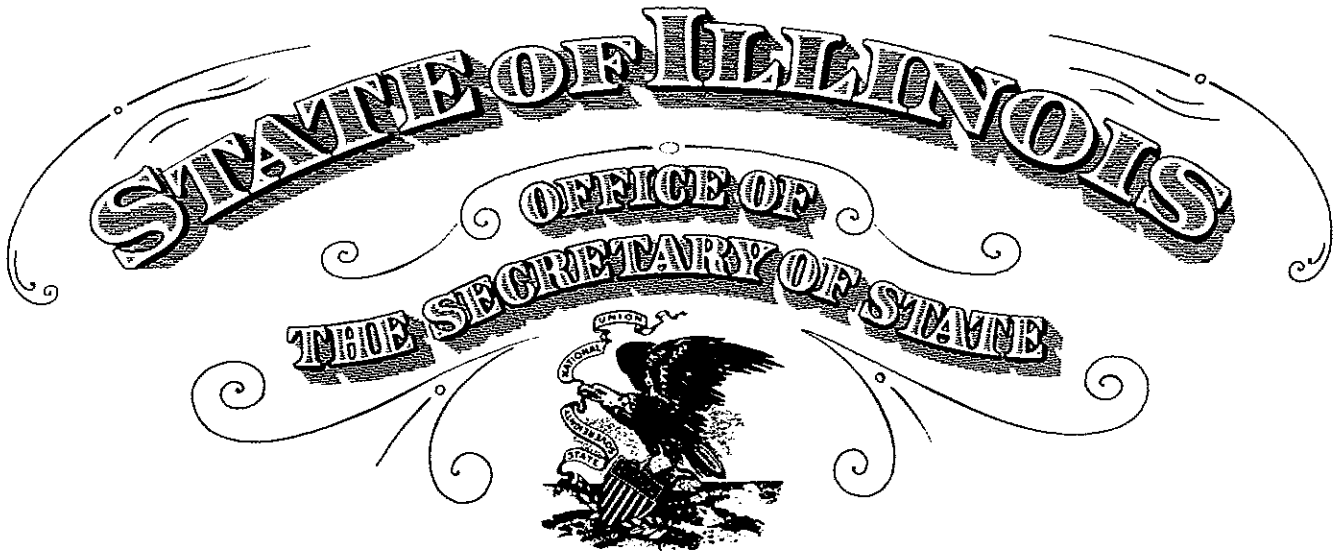
SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE 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 4TH day of APRIL A.D. 2026 .

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 4TH day of APRIL A.D. 2026 .

Authentication #: 2609400614 verifiable until 04/04/2027

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

Alexi Giannoulis

SECRETARY OF STATE

**Lawyers Title
Insurance Corporation**

**INSURANCE COMMITMENT
SCHEDULE A**

**NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA**

1. Commitment Date: March 28, 1996 @ 8:00 A.M. Case No. 9603172

2. Policy (or policies) to be issued:
(a)

Amount: \$To Be
Determined

X ALTA Owner's Policy - (10-17-92)

Proposed Insured:

To Be Determined..

(b) ALTA Loan Policy - (10-17-92)

Amount: \$NONE

Proposed Insured:

NONE

Fee Simple interest in the land described in this Commitment is owned,
at the Commitment Date, by:

John Bush Lincoln Health Center FKA Area E-7 Hospital Association

The land referred to in this Commitment is described as follows:

(SEE NEXT PAGE FOR LEGAL DESCRIPTION)

Witnessed at: Mattoon, Illinois Commitment No. 9603172
Schedule A - Page 1

CRITES TITLE COMPANY, INC.

Attachment 2

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS

RICHMOND, VIRGINIA

LEGAL DESCRIPTION - CASE NO. 9603172

BEGINNING AT A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID POINT BEING 1857.33 FEET SOUTH OF THE NORTHEAST CORNER OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 259.96 FEET; THENCE SOUTH 21 DEGREES 15 MINUTES EAST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 53.25 FEET; THENCE NORTH 21 DEGREES 15 MINUTES WEST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 279.00 FEET; THENCE SOUTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 149.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 304.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 134.76 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 83.94 FEET; THENCE SOUTH 33 DEGREES 45 MINUTES WEST 275.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 80.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 75.46 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 61.75 FEET; THENCE NORTH 33 DEGREES 45 MINUTES EAST 180.00 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 192.17 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 71.05 FEET ALONG SAID RIGHT-OF-WAY LINE; THENCE NORTH 81 DEGREES 30 FEET EAST 84.80 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 78 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 83.86 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 360.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 365.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 90.00 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 132.39 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 109.53 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 497.39 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 285.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 985.89 FEET; THENCE SOUTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 422.20 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 252.28 FEET TO A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE SOUTH 0 DEGREES 06 MINUTES 11 SECONDS EAST 936.00 FEET ALONG SAID EAST LINE TO THE POINT OF BEGINNING, ALL SITUATED IN THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, COLES COUNTY, ILLINOIS.

Attachment 2

57

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

Schedule B - Section 2 Exceptions

Any policy issued will have the following exceptions unless they are imposed of to our satisfaction.

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the proposed insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.

2. Rights or claims of parties in possession, boundary line disputes, overlaps, encroachments, and any other matters not shown by the public records which would be disclosed by an accurate survey and inspection of the land described in Schedule A. You are not insured against the forced removal of any structure on account of the matters referred to in this exception.

Easements, or claims of easements, not shown by the public records.

Liens on your title, arising now or later, for labor or material owed before or after the date of this policy, which are imposed by and not filed in the public records.

Taxes or assessments which are not shown as existing liens by either the public records or the records of any taxing authority that levies taxes or assessments on real property.

Taxes for 1995, due and payable in 1996, and for all subsequent years.

Rights of Way for drainage ditches, drain tiles, feeders, laterals underground pipes, if any.

Any and all rights of the People of the State of Illinois, County of [] or other municipality for any part of said premises described in Schedule "A" being used or taken by right of way or dedication for highway or public road purposes.

Title to all minerals, including, oil, gas and coal within and underlying the premises, including mortgages and mineral deeds thereon, together with all mining and drilling rights or other rights, privileges and immunities relating thereto.

Subject to Right of Way Grant to Central Illinois Public Service Company, filed for record in the office of the Recorder of Coles County, Illinois, September 26, 1994, in Miscellaneous Record 894 Page 3, reserving the right to construct, operate, maintain and repair a gas transmission and distribution system over and across part of said premises.

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

0. Security Interest, if any, of Helena Laboratories as disclosed by Financing Statement #95-51, filed for record January 11, 1995, covering equipment.

1. Security Interest, if any, of Cerner Corporation as disclosed by Financing Statement #94-66, filed for record January 19, 1994, covering computer system.

2. Security Interest, if any, of Citizens Fidelity Bank and Trust Company as disclosed by Financing Statement #92-462, filed for record May 8, 1992, covering equipment.

. Subject to the interest of Illinois Health Facilities Authority by reason of a UCC-1 fixture filing executed by Sarah Bush Lincoln Health Center, December 15, 1994 as #94-1387 and indexed in the Mortgage Records Document #572011.

Subject to Right of Way Grant to Central Illinois Public Service Company, filed for record, June 18, 1975, in Deed Record 484 at Page granting the right to construct, operate, maintain and repair a gas transmission pipeline and appurtenances over and across part of said lands.

Subject to Easement and Agreement by and between Area E-7 Hospital Association and Coles-Moultrie Electric Cooperative, filed for record June 1977 in Deed Record 502 at Page 477, granting the right to construct electric transmission line and appurtenances over and across part of said lands and a temporary construction easement over and across part of said lands. (SEE RECORD)

Subject to Rights of the United States of America and the State of Illinois, or either of them, to recover any public funds advanced under either or both the provisions of the "Hill-Burton" Act (Title 42 U.S.C. 291 et seq.) or the "Illinois Hospital Construction Act" (Ill. Stat., CH 23, pars. 1301 et seq.)

File Line and Agreement and Easement by and between Area E-7 Hospital Association and the First National Bank, Mattoon, Illinois, Trustee, Trust #23, filed for record November 14, 1980 in Misc. Record 561 at Page

Subject to Right of Way Permit to Illinois Consolidated Telephone Company, filed for record November 13, 1981 in Misc. Record 581 at Page granting the right to construct, operate, maintain and repair communication lines and appurtenances over and across part of said lands.

(Page 2 of 4 Pages)

Attachment 2

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

19. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record October 15, 1982 in Misc. Record 598 at Page 1, subject to its terms and provisions. (SEE RECORD)

20. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record February 10, 1983 in Misc. Record 604 at Page 4, subject to its terms and provisions. (SEE RECORD)

21. Public utility easements and appurtenances as disclosed by survey of site, March 2, 1984, signed by Fred L. Frick IRLS #2645.

22. Public utility easements and appurtenances as disclosed by survey of site, April 6, 1992, signed by William A. Boyd IRLS #2440.

23. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-336, filed for record March 12, 1987, and CONTINUED February 26, 1992, covering collateral under Lease. (SEE RECORD)

24. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-535, filed for record April 30, 1987, CONTINUED April 6, 1992 as F/S #92-286, covering one (1) Mag Tape System 3422 and one (1) Power Warning Feature.

25. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-536, filed for record April 30, 1987, CONTINUED April 6, 1992 as F/S #92-287, covering collateral under Lease. (SEE RECORD)

26. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-721, filed for record June 25, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED May 22, 1992 as F/S #92-521, and CONTINUED June 25, 1992 as F/S #92-682.

(Page 3 of 4 Pages)

Attachment 2

Use in USA

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

1. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-789, filed for record July 23, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED June 25, 1992 as F/S #92-683.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1367, filed for record October 16, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED September 1992 as F/S #92-964.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1607, filed for record December 3, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED November 1992 as F/S #92-1352.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-149, filed for record February 22, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED January 1993 as F/S #93-79.

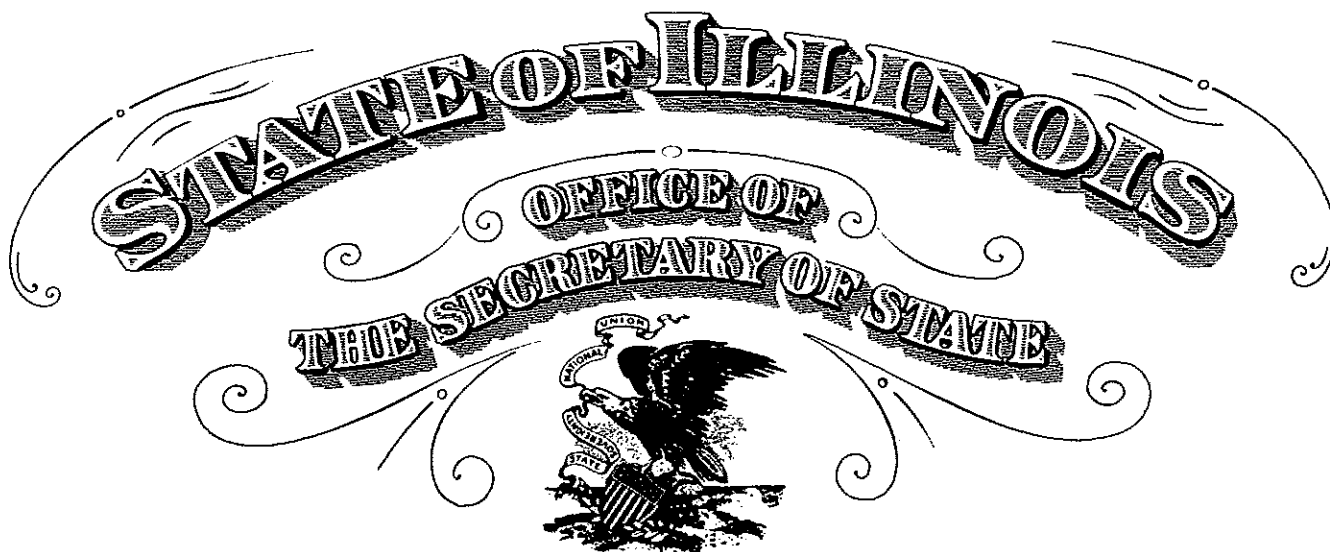
Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-349, filed May 6, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED April 28, 1993 as F/S #93-479.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-867, filed November 21, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED October 13, 1993 as F/S #93-1028.

Schedule B - Section 2 - Page 4 - Commitment No. 9603172

Commitment is invalid unless the Insuring Provisions and Schedule A are attached.

Attachment 2



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 4TH day of APRIL A.D. 2026 .

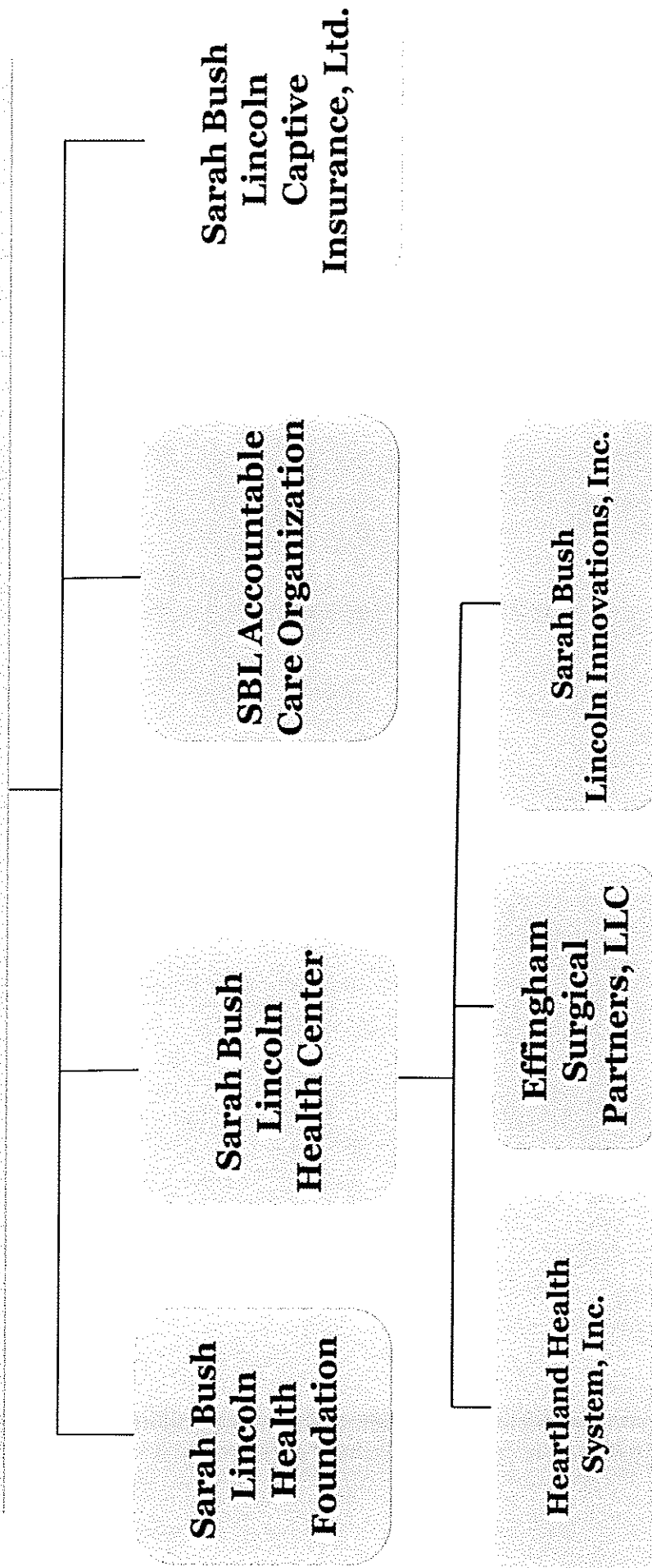
Authentication #: 2609400598 verifiable until 04/04/2027

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

Alexi Giannoulas
SECRETARY OF STATE

CORPORATE STRUCTURE

Sarah Bush Lincoln Health System





Civil Design, Inc.

5220 Oakland Avenue | St. Louis, MO 63110 | 314.863.5570
WWW.CIVILDESIGNING.COM

May 22, 2026

Re: Executive Order #2006-5

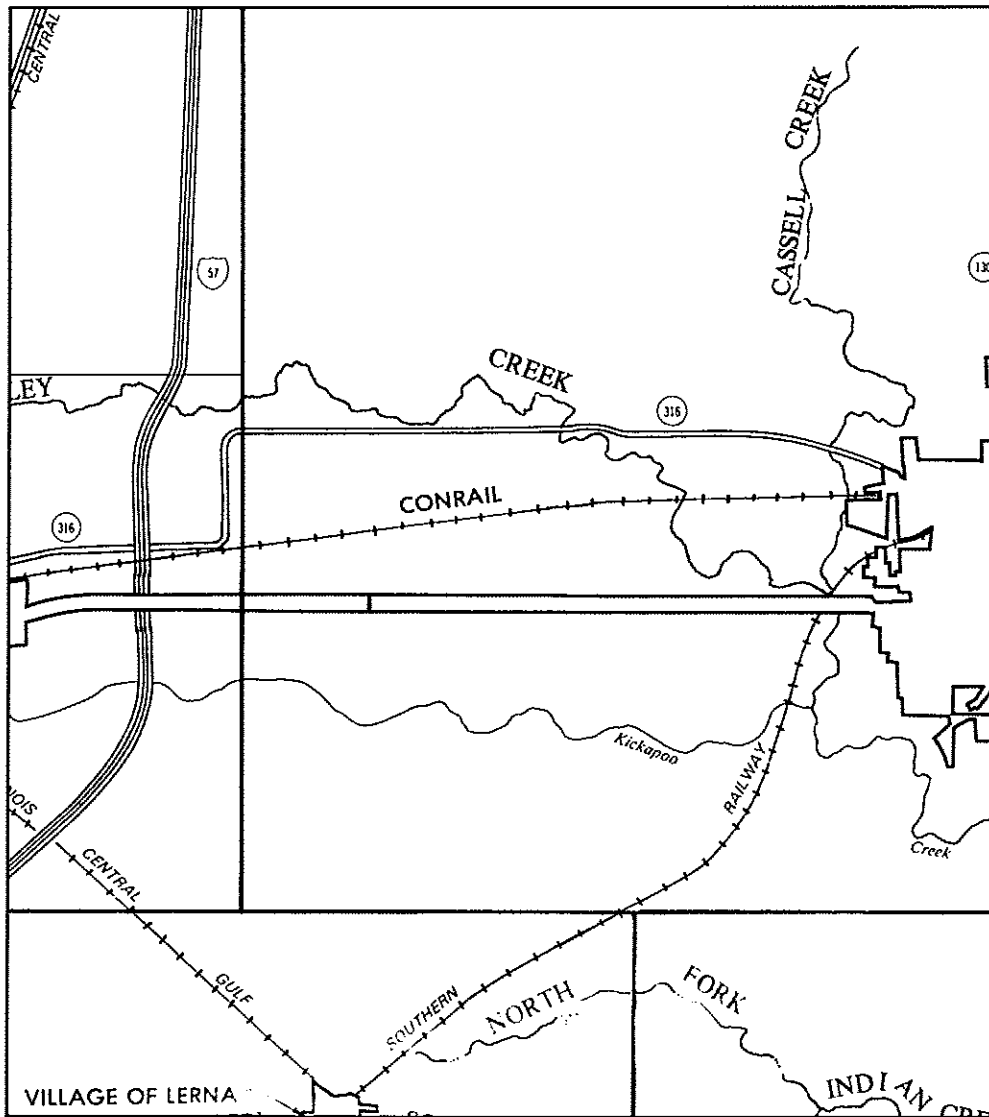
To whom it may concern,

The Sarah Bush Lincoln Inpatient Tower located at 1000 Health Center Drive, Mattoon, IL is in compliance with Executive Order #2006-5

1. The new building is located outside of the floodplain in Zone X (Areas determined to be outside of the 0.2% annual chance floodplain)
2. The lowest floor elevation is 694.09 there is not a flood protection elevation identified on the FIS Map.

Sincerely,

Shea Krotz



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLES COUNTY,
ILLINOIS
(UNINCORPORATED AREAS)

MAP INDEX

PANELS PRINTED: 25, 50, 75, 95,
100, 125, 150, 175, 200

COMMUNITY-PANEL NUMBERS
170986 0001-0200

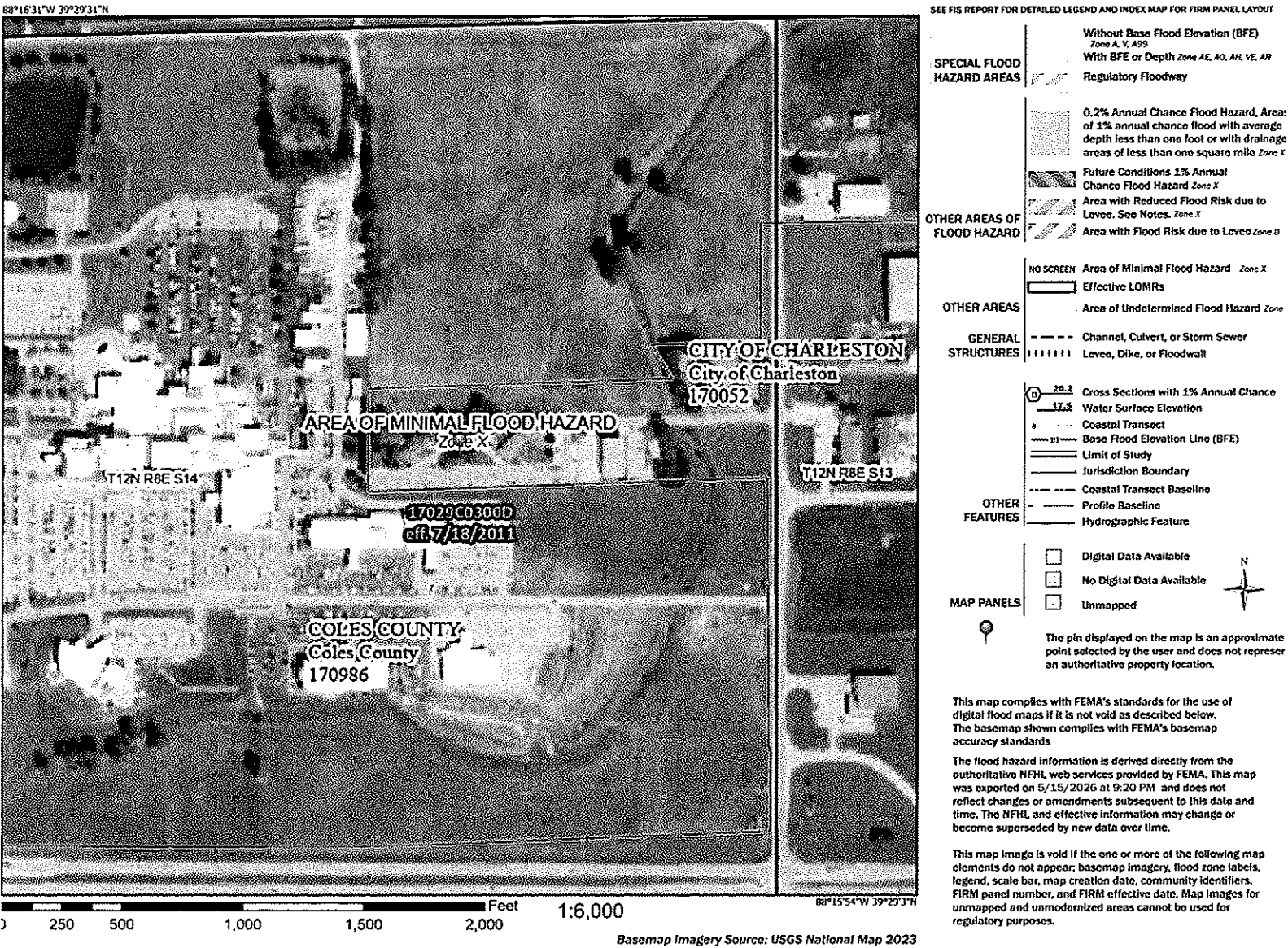
EFFECTIVE DATE:
AUGUST 5, 1985

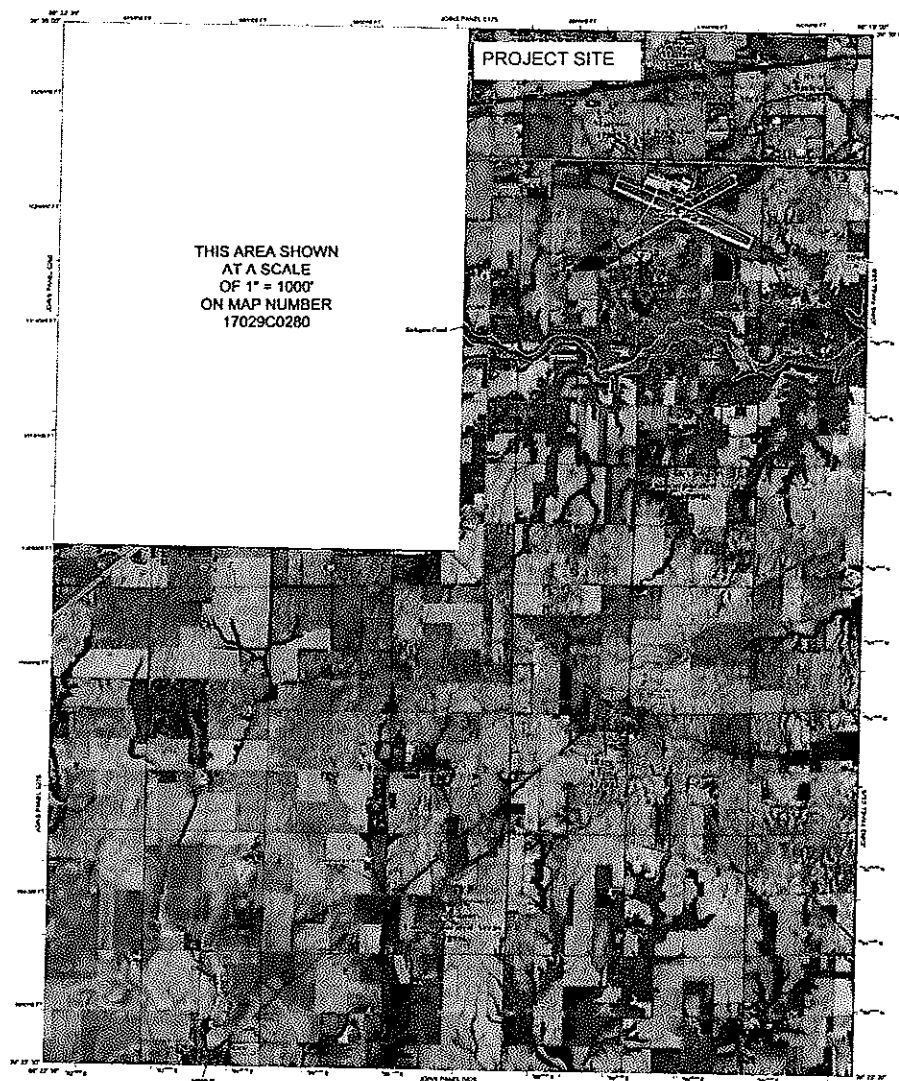


Federal Emergency Management Agency

This is an official FIRMette showing a portion of the above-referenced flood map created from the MSC FIRMette Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.

National Flood Hazard Layer FIRMette



[illegible][illegible][illegible]



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Pryor, Director
One Natural Resources Way • Springfield, Illinois 62102-1271
www.dnr.illinois.gov

Cook County

Mattoon

CON - Rehabilitation and New Construction of a New Patient Tower

1000 Health Center Dr.

IIFSRB, SHPO Log #019042226

April 23, 2026

Marsha Haldorsen

Sarah Bush Lincoln Health Center

1000 Health Center Dr.

P.O. Box 372

Mattoon, IL 61938-0372

This letter is to inform you that we have reviewed the information provided concerning the referenced project. Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It 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 you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer, AIA

Deputy State Historic Preservation Officer

Project Costs and Source of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs			\$0
Site Survey and Soil Investigation			\$0
Site Preparation			\$0
Off Site Work			\$0
New Construction Contracts	\$32,705,172	\$50,021,861	\$82,727,033
Modernization Contracts	\$4,969,631	\$3,726,027	\$8,695,658
Contingencies	\$1,506,992	\$4,299,831	\$5,806,823
Architectural/Engineering Fees	\$2,825,610	\$4,031,092	\$6,856,702
Consulting and Other Fees	\$54,000	\$96,000	\$150,000
Movable or Other Equipment (not in construction contracts)	\$3,164,970	\$4,031,092	\$7,196,062
Bond Issuance Expense (project related)	\$792,000	\$1,408,000	\$2,200,000
Net Interest Expense During Construction (project related)			\$0
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	\$46,018,375	\$67,613,902	\$113,632,278
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			\$0
Pledges			\$0
Gifts and Bequests			\$0
Bond Issues (project related)	\$46,018,375	\$67,613,902	\$113,632,278
Mortgages			\$0
Leases (fair market value)			\$0
Governmental Appropriations			\$0
Grants			\$0
Other Funds and Sources			\$0
TOTAL SOURCES OF FUNDS	\$46,018,375	\$67,613,902	\$113,632,278
			Attachment 7

Project Status

The Applicants, Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, have one active Certificate of Need permit:

Project #25-001

Sarah Bush Lincoln Effingham Medical Office Building

Estimated project completion date is March 2027

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet DGSF		Amount of Proposed Total Square Feet That is:			Vacated Space
		Existing	Proposed	New Construction	Modernized	As Is	
Reviewable							
Med/Surg Unit	\$20,344,023		37,249	37,249			
Inpatient Dialysis	\$2,879,612		4,899	4,899			
Observations Unit	\$4,920,379		9,009	9,009			
Procedural Rooms	\$3,991,536		5,744	5,744			
Prep/Preop/Recovery	\$11,950,704		19,960	10,933	9,027		
Surgical Suite	\$1,162,904		1,146		1,146		
Therapy Gym	\$769,218		1,336	1,336			
Clinical Sub Total	\$46,018,375		79,343	69,170	10,173		
Non-Reviewable							
Lobby/Public Areas	\$12,038,816		28,690	25,836	2,854		
Staff Areas	\$10,131,390		22,137	15,239	6,898		
Pharmacy Work Rooms	\$387,762		873	873			
Hospitalist Offices	\$1,717,890		3,570	3,570			
Mechanical/Electrical	\$13,564,538		13,679	13,679			
Basement Storage-Beds, Supplies	\$5,027,434		13,135	13,135			
Physical Therapy Office	\$479,794		1,080	1,080			
Case Managers Office	\$372,644		839	839			
Surgery Staff Sleep Rooms	\$616,463		1,281	1,281			
Roof Deck-Penthouse-Equipment	\$23,277,171		24,071	24,071			
Non-Clinical Sub Total	\$67,613,902		109,356	99,604	9,752		
Project Total	\$113,632,278		188,698	168,773	19,925		

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.

June 8, 2026

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 addresses 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# 3780 (attached)

Effingham Ambulatory Surgery Center

904 West Temple Avenue
Effingham, IL 62401
IDPH license #7003178 (attached)
Covered under Sarah Bush Lincoln's Joint Commission accreditation

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 have 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.

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, appearing to read "Kim Uphoff". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Kim Uphoff
President and Chief Executive Officer



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH HF134940

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	CATEGORY	I.D. NUMBER
12/31/2026		0003392
General Hospital		
Effective: 01/01/2026		

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. #4025001 2M 4/25

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2026

Lic Number 0003392

Date Printed 10/16/2025

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

FEE RECEIPT NO.



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF133686

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	CATEGORY	I.D. NUMBER
6/29/2026		0006320
Critical Access Hospital		
Effective: 06/30/2025		

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. #4025001 2M 4/25



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF136107

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.

Issued under the authority of
the Illinois Department of
Public Health

Sameer Vohra, MD,JD,MA

EXPIRATION DATE	CATEGORY	LD NUMBER
4/30/2027	Director	7003178
Ambulatory Surgery Treatment Center		
Effective: 05/01/2026		

Effingham Surgical Partners, LLC
dba Sarah Bush Lincoln Effingham Surgery Center
904 W Temple Ave

Effingham, IL 62401

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 4/30/2027

Lic Number 7003178

Date Printed 3/30/2026

Validation Num 19282

Effingham Surgical Partners, LLC
dba Sarah Bush Lincoln Effingham Sur
904 W Temple Ave
Effingham, IL 62401-2178

FEE RECEIPT NO.



February 11, 2026

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

Re: 7257
CCN: 140189
Deemed Program: Hospital
Accreditation Expiration Date: November 8, 2028

Dear Mrs. Uphoff:

This letter confirms that your November 4, 2025 - November 7, 2025 unannounced full resurvey event was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on February 10, 2026, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of November 8, 2025.

The Joint Commission is also recommending your organization for continued Medicare certification effective November 8, 2025. 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 location(s):

Sarah Bush Lincoln Health Center
1000 Health Center Drive, Mattoon, IL, 61938-4644

Family Medical Center
200 Richmond Avenue, E., Mattoon, IL, 61938-4652

Casey Clinic
934 N Rt. 49, Casey, IL, 62420-1454

Neoga Clinic
650 Oak Ave., Neoga, IL, 62447-1502



Arthur Clinic

211 S. Walnut St., Arthur, IL, 61911-1269

Sullivan Clinic

7 Hawthorne Lane, Sullivan, IL, 61951-9490

Prairie Family Practice

1005 Health Center Drive, Mattoon, IL, 61938-4637

Toledo Clinic

104 Courthouse Square, Toledo, IL, 62468-1052

Arcola Clinic

241 W. Springfield Road, Arcola, IL, 61910-1202

Charleston Family Practice

116 W Buchanan Ave, Charleston, IL, 61920-2522

Effingham Family Practice

905 N Maple, Effingham, IL, 62401-6401

SBL Orthopedics & Sports Medicine

1004 Health Center Drive, Mattoon, IL, 61938-4607

Walk-in Clinic Mattoon

1201 Wooddell Way, Suite B, Mattoon, IL, 61938-9003

Charleston East Family Practice

2040 Lincoln Ave, Charleston, IL, 61920-3197

Newton Clinic

807 W. Jourdan St, Newton, IL, 62448-1727

Shelbyville Clinic

1215 W. Main St, Shelbyville, IL, 62565-1252

Martinsville Clinic

890 E Ridgelawn Rd, Martinsville, IL, 62442-2551

Tuscola Clinic

www.jointcommission.org

Headquarters

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

80

Attachment 11



1100 Tuscola Blvd., Tuscola, IL, 61953-2065

SBL Regional Cancer Center
1001 Health Center Drive, Mattoon, IL, 61938-4693

Neurosurgery Clinic
100 Deerpath Rd, Charleston, IL, 61920-9427

Bonutti Clinic
1303 W Evergreen Ave, Effingham, IL, 62401-1638

Effingham General Surgery Clinic
1104 W Evergreen Ave, Effingham, Illinois, Effingham, IL, 62401-1710

Surgery Center
1007 Health Center Drive, Mattoon, IL, 61938-4693

Southern Illinois Hand Center
901 Medical Park Drive, Effingham, IL, 62401-2191

SBL Altamont Physical and Occupational Therapy
15 North Main Street, Altamont, IL, 62411-1446

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

Pine Eye Center
200 Dettro Drive, Mattoon, IL, 61938-9003

Outpatient Mental Health
700 W Lincoln Ave, Ste 200, Charleston, IL, 61920-2468

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,

www.jointcommission.org

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

81

Attachment 11



A handwritten signature in black ink, appearing to read "Ken Grubbs".

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

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
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

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

www.jointcommission.org

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

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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,

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

Criterion 1110.110(b)

Purpose of Project

1. The purpose of the proposed project is to improve health care for the residents of Sarah Bush Lincoln's service area in east central Illinois. As we have continued to successfully recruit primary and specialty providers and enhance our capabilities, we have experienced a higher average daily census in our medical-surgical units. The additional capacity will allow Sarah Bush Lincoln to provide care to more patients who live in our region. As we continue to recruit primary and specialty providers, and as population projections indicate growth in the total population and in the population who are 65 years of age and older, we anticipate that our medical-surgical patient days will continue to increase.

Adding 44 medical-surgical beds will increase access to care for patients in our service area. In addition, establishing an observation unit with 10 observation beds will allow Sarah Bush Lincoln to care for a growing number of observation patients. Since FY2020, the number of inpatients and observation patients admitted at Sarah Bush Lincoln Health Center has increased by 23%, from 11,599 patients in FY2019 to 14,273 patients in FY2025.

Sarah Bush Lincoln has also experienced an increase in the number of patient days and average inpatient length of stay. The total number of patient days at Sarah Bush Lincoln Health Center has increased 35%, from 29,718 in FY2019 to 45,535 in FY2025, and the average inpatient length of stay has increased from 3.4 days to 4.1 days during the same time period. At times of peak demand, lack of available medical-surgical beds can cause delays and inefficiencies in patient care.

Sarah Bush Lincoln continually works to understand and address the health care needs of those who reside in its service area. In 2022, Sarah Bush Lincoln began providing dialysis treatments to patients who were hospitalized and needed treatments while in the hospital. This has reduced the number of transfers to hospitals outside of SBL's service area, allowing patients to receive care closer to home. The number of patients receiving dialysis while hospitalized at SBL has increased 144% in the 3 years since beginning the service line. The proposed project includes 8 bays to provide space for patients to receive dialysis treatments as needed while hospitalized.

Substance abuse has been identified as one of the largest health care issues in SBL's service area, ranked second only to mental health in recent needs assessments. Sarah Bush Lincoln has successfully recruited an internal medicine physician with a specialty in addiction medicine, who will begin practicing at Sarah Bush Lincoln in August 2026. This patient population will be cared for on the medical-surgical units, increasing the need for medical-surgical beds.

Sarah Bush Lincoln has experienced growth in its cardiology service line due to the successful recruitment of additional cardiology providers as well as growth in the population 65 years of age and older. According to the Illinois Department of Public Health, heart disease is the leading cause of death for the residents of Sarah Bush Lincoln's service area. In September 2025, Sarah Bush Lincoln added electrophysiology physicians to their medical staff on a full-time basis,

greatly enhancing capacity for those needing specialty services. The total number of outpatient clinic visits to SBL's cardiology practice has increased 30% in the past 3 years. The number of patients receiving care in SBL's two cardiac catheterization labs has almost doubled in the past 3 years with a 94% increase in patient cases.

Since 2019, surgical cases performed at Sarah Bush Lincoln have increased 32%, from 7,129 cases in 2019 to 9,425 cases in 2025. With successful recruitment of general and specialty surgeons and the growth in the population 65 years and older, whose health status often places them at greater risk of potential complications related to surgery, Sarah Bush Lincoln anticipates the need for one additional Class C operating suite in the main hospital building.

With the successful recruitment of additional gastroenterology surgeons, Sarah Bush Lincoln has experienced a 57% increase in gastrointestinal surgical cases in SBL's Class B surgical procedure suites since 2019. With total population growth and growth in the population 65 years and older, Sarah Bush Lincoln projects that procedural volumes will continue to increase, resulting in the need for one additional endoscopy suite.

Through a partnership with Christie Clinic in Champaign and through successful recruitment of employed pulmonologists, Sarah Bush Lincoln provides pulmonology services to both hospitalized patients and outpatients. Since 2024, procedure volumes have increased from an average of 60 per year to almost 250 procedures annually. The growth in this service line has resulted in the need for a dedicated bronchoscopy suite to provide space for surgical procedures.

Additional space included in the project will provide post-anesthesia recovery stations, work and respite space for clinical staff, waiting areas for families and caregivers and space for storage and mechanical infrastructure.

Spaces to be renovated as part of the project include an office and a storage room in the Cardiac Catheterization Lab area and renovation of some post-anesthesia recovery bays.

2. Sarah Bush Lincoln Health Center is located in health service area 4, health planning area D-05, which includes Clark, Coles, Cumberland and Edgar counties. SBLHC's market area is a 10-county area in east central Illinois that includes Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby counties.
3. During the past two years, Sarah Bush Lincoln Health Center has experienced occupancy rates in its medical-surgical units above the state standard of 85% for "Addition of Beds" for facilities with 100-199 beds, as specified in 77 Ill Adm Code 1100.520.

Sarah Bush Lincoln routinely experiences demand for medical-surgical patient beds beyond its capacity. In 2025, SBLHC experienced demand for medical-surgical beds beyond its 108 licensed beds during 100 days of the 365 days in the year. During the first 4 months of 2026, SBLHC has experienced demand for medical-surgical beds beyond its 108 licensed beds during 73 days of

the 120 days during that time period.

In times of peak demand, SBLHC accommodates medical-surgical patients by converting four medical-surgical rooms to semi-private rooms and temporarily placing patients in beds in procedural and post-anesthesia care units. This can lead to rescheduled appointments, procedures and surgeries. Peak demand also often results in patients being held in the Emergency Department prior to admission, which leads to longer wait times for patients presenting to the Emergency Department for care.

4. Sources used to document the need for additional medical-surgical beds and surgical and procedural areas include internal EMR reports, IHA COMPdata, IDPH population projections, IDPH annual hospital questionnaires, IHFSRB-IDPH inventory of health care facilities and services and need determinations and Title 77 of the Illinois Administrative Code. Volume projections were obtained through a master facility plan study conducted by Wipfli LLP in 2024.
5. Adding 44 medical-surgical beds will increase capacity for Sarah Bush Lincoln to care for patients who need hospital care and will reduce or eliminate pressure on the system, namely the Emergency Department, medical-surgical units and surgical and procedural areas, at times of peak demand. As the population in SBL's service area grows and ages, the additional capacity will provide space to meet projected volumes, allowing Sarah Bush Lincoln to be in line with State occupancy rates.

Adding one surgical operating suite and two surgical procedural suites will provide space for specialty physicians whom Sarah Bush Lincoln has recruited to care for the residents of its service area without the need to travel outside of the service area.

6. Sarah Bush Lincoln Health Center's goal in adding space for patient care is to meet the demands experienced through several years of volume growth as well as the anticipated demands with a patient population that is projected to grow in both the total population and in the population age 65 and older, who often require more frequent hospital care.

A measurable goal of this project is to eliminate the need to use temporary overflow spaces to care for hospitalized patients at times of peak demand. SBL will continue to track the number of days each month when these spaces are used to care for patients who need to be hospitalized. Other measurable goals include reducing the number of rescheduled surgeries, procedures and appointments that are at times disrupted during peak census days to provide temporary overflow spaces; improving throughput and decreasing wait times in the Emergency Department that can be greatly impacted by a lack of available hospital beds; and achieving greater satisfaction for patients and families with their care and experience at Sarah Bush Lincoln.

Goals for adding space for non-clinical functions such as work and respite areas for staff are to continue to be the employer of choice in SBL's service area and to maintain high levels of employee engagement. These will help Sarah Bush Lincoln maintain top decile employee retention rates, thereby reducing staffing costs.

Criterion 1110.110(d)

Alternatives

The following alternatives to the proposed project were evaluated and determined to be sub-optimal or impractical.

1. Do not add medical-surgical beds.

This would not meet the demand Sarah Bush Lincoln Health Center has experienced during the past 2.5 years. During times of peak census, it would continue to place undue strain on our facilities and staff and could negatively impact patient care.

2. Add fewer than 44 medical-surgical beds.

This would not meet the projected demand given the aging population SBLHC serves. At times of peak demand, patients may need to be transferred to another facility for services, which could cause a delay in care and negatively impact outcomes.

3. Transition existing beds for other categories of service at Sarah Bush Lincoln Health Center to medical-surgical beds.

Existing beds for other categories of service at Sarah Bush Lincoln Health Center also reach peak capacity at times throughout the year. Therefore, this is not a viable option.

4. Pursuing a joint venture with other entities; developing alternative settings.

Pursuing a joint venture with another entity to add medical-surgical beds would be neither efficient nor realistic. In addition, identifying an alternative setting for medical-surgical care would introduce inefficiencies that could negatively impact the quality of care provided to patients.

For the reasons listed above, Sarah Bush Lincoln Health Center believes the best option to meet the demand for medical-surgical care services in our service area is to increase our current capacity by 44 medical-surgical care beds to meet the current needs and projected increased volumes that will come with growth in total population and growth in the population 65 years of age and older.

Section IV.
Criterion 1110.120

Size of Project

Sarah Bush Lincoln Health Center has worked with architects to plan spaces for the proposed project that are necessary and not excessive. The proposed spaces include the following:

Ground Floor

The ground floor will include dedicated work and respite spaces for clinical staff, including hospitalists, pharmacy, physical therapy and case management. The ground floor will also include areas for storage and space for necessary mechanical infrastructure. The ground floor of the new structure will be connected to the ground floor of the existing hospital structure.

First Floor

The first floor will provide space to add one Class C surgical operating suite adjacent to the existing Class C surgical operating suites. The first floor space will also be used to relocate four existing class B procedural suites to the area adjacent to the existing surgical operating suites and cardiac catheterization labs. Procedural suites to be relocated to the area include four endoscopy suites and two pain management procedural suites. Two procedural suites will be added, one additional endoscopy suite and a dedicated bronchoscopy suite.

Space will be added for two additional cardiac catheterization labs adjacent to the two existing cardiac catheterization labs. Other spaces on the first floor will include post-anesthesia recovery stations, work and respite areas for clinical staff, as well as a waiting area for families and caregivers. The first floor of the new structure will be connected to the first floor of the existing hospital structure.

Second Floor

The second floor will provide private rooms for 22 medical-surgical beds and 10 observation beds. Other spaces will include a therapy gym for hospitalized patients, work and respite areas for clinical staff and a family lounge. There will be a connecting corridor joining the second floor of the new structure to the second floor of the existing hospital structure.

Third Floor

The third floor will provide private rooms for 22 medical-surgical beds as well as space for 8 inpatient dialysis bays. Other spaces on the third floor will include work and respite areas for clinical staff and a family lounge. There will be a connecting corridor joining the third floor of the new structure to the third floor of the existing hospital structure.

Detailed architectural plans with spaces labeled with intended uses and square footage are included in this attachment.

The proposed spaces meet the State standards as outlined in Section 1110.APPENDIX B.

SIZE OF PROJECT				
Department/Service	Proposed BGSF/DGSF	State Standard	Difference	Met Standard?
Medical-surgical beds	602 dgsf/bed	500-660 dgsf/bed	58 dgsf/bed	Yes
Cardiac catheterization laboratory	1331 dgsf	1800 dgsf	469 dgsf	Yes
Surgical operating suite Class C	1458	2750 dgsf/ operating room	1,292 dgsf	Yes
Surgical procedural suite Class B	576	1,100 dgsf/ procedure room	524 dgsf	Yes
Post-anesthesia recovery Phase 1	144	180 dgsf/ recovery station	36 dgsf	Yes
Post-anesthesia recovery Phase 2	370	400 dgsf/ recovery station	30 dgsf	Yes

Additional spaces included in the proposed project do not have established State standards for size but are designed to be necessary and not excessive in square footage for the intended purpose.

BSA

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1945 Ohio Ave., Suite 100
Cleveland, OH 44115
PH 314.754.4333 FX 314.754.4432
FAX 314.754.4333

IMEG

IMEG Corp
471 25th Avenue
P.O. Box 10000
Cleveland, OH 44110-1000
PH 216.267.1000 FX 216.267.1001

ADP

ADP, LLC
1000 Lincoln Hwy
Fairview Heights, IL 62224
PH 618.623.1887 FX 618.623.0859

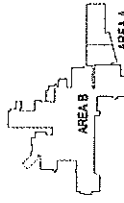
CDP

CDP Group Inc.
307 E. 17th Street
Cleveland, OH 44115
PH 216.242.2025

Sarah Bush
Lincoln
THOMAS CARPENTERS CARE

PATIENT TOWER
EXPANSION
1000 HEALTH CENTER DR. AMT 1000-A
61320

DESIGN DEVELOPMENT



MARK	DATE	DESCRIPTION
1	01/11/11	REVISED

NOT FOR CONSTRUCTION
PRELIMINARY DRAWING

ARCHITECTURAL PLAN -
LEVEL 0 - OVERALL

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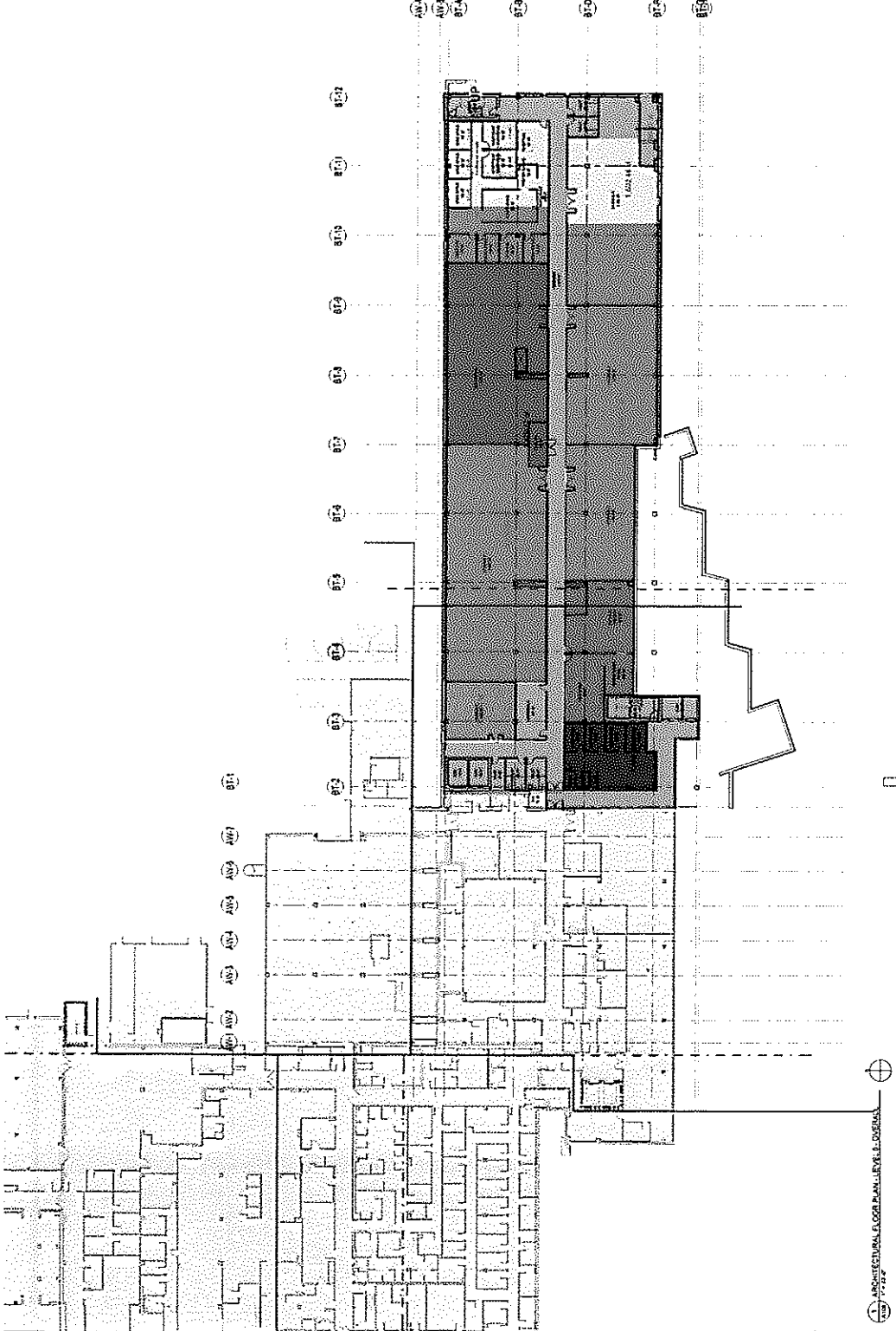
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ARCHITECTURAL PLAN LEGEND

- CONSTRUCTION NOTES
1. SEE ARCHITECTURAL PLAN FOR ALL NOTES AND DETAILS.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND ALL APPLICABLE STANDARDS.
 3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
 4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES.
 5. THE CONTRACTOR SHALL PROTECT ALL EXISTING UTILITIES AND STRUCTURES NOT TO BE REMOVED OR ALTERED.
 6. THE CONTRACTOR SHALL MAINTAIN ADEQUATE DRAINAGE AND FLOOD CONTROL MEASURES THROUGHOUT THE PROJECT.
 7. THE CONTRACTOR SHALL MAINTAIN ADEQUATE ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES.
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- SYMBOLS
- 1. EXISTING STRUCTURE
 - 2. NEW STRUCTURE
 - 3. EXISTING UTILITIES
 - 4. NEW UTILITIES
 - 5. EXISTING LANDSCAPE
 - 6. NEW LANDSCAPE
 - 7. EXISTING PAVING
 - 8. NEW PAVING
 - 9. EXISTING FENCE
 - 10. NEW FENCE
 - 11. EXISTING SIGNAGE
 - 12. NEW SIGNAGE
 - 13. EXISTING LIGHTING
 - 14. NEW LIGHTING
 - 15. EXISTING SECURITY
 - 16. NEW SECURITY
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 - 26. NEW STAIR
 - 27. EXISTING ELEVATOR
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 - 29. EXISTING MECHANICAL
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 - 42. NEW RADIO
 - 43. EXISTING TV
 - 44. NEW TV
 - 45. EXISTING AUDIO
 - 46. NEW AUDIO
 - 47. EXISTING VIDEO
 - 48. NEW VIDEO
 - 49. EXISTING PERFORMING ARTS
 - 50. NEW PERFORMING ARTS
 - 51. EXISTING VISUAL ARTS
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 - 60. NEW PHOTOGRAPHY
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 - 91. EXISTING REPLACEMENT
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 - 93. EXISTING DEMOLITION
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 - 95. EXISTING PRESERVATION
 - 96. NEW PRESERVATION
 - 97. EXISTING RESTORATION
 - 98. NEW RESTORATION
 - 99. EXISTING RECONSTRUCTION
 - 100. NEW RECONSTRUCTION

NUMBER	REMARKS
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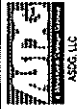
Attachment 14

BSA

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Crestwood, MO 63114
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bsa@bsaarchitect.com

IMEG

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AECOM
1000 Lincoln Hwy
Fairfax Heights, VA 22033
PH 513.621.0317 FX 513.621.0889

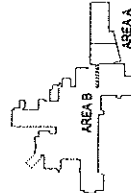


CDR
321 E. 10th Street
St. Louis, MO 63102
PH 314.241.2225

Sarah Bush
Lincoln
THOMAS CURRAN-SCHULTE CARE

PATIENT TOWER
EXPANSION
1000 HEALTH CENTER DR. MATTHEW, IL
61838

DESIGN DEVELOPMENT



MARK	DATE	DESCRIPTION
1		REVISION SCHEDULE

PRELIMINARY DRAWING
NOT FOR CONSTRUCTION

ARCHITECTURAL PLAN -
PENTHOUSE LEVEL -
OVERALL

DATE
PROJECT NO.
A104

ARCHITECTURAL PLAN LEGEND

CONSTRUCTION NOTES

1. PROVIDE THE FOLLOWING INFORMATION FOR THE ARCHITECT:
 - a. THE LOCATION OF THE PROPOSED BUILDING.
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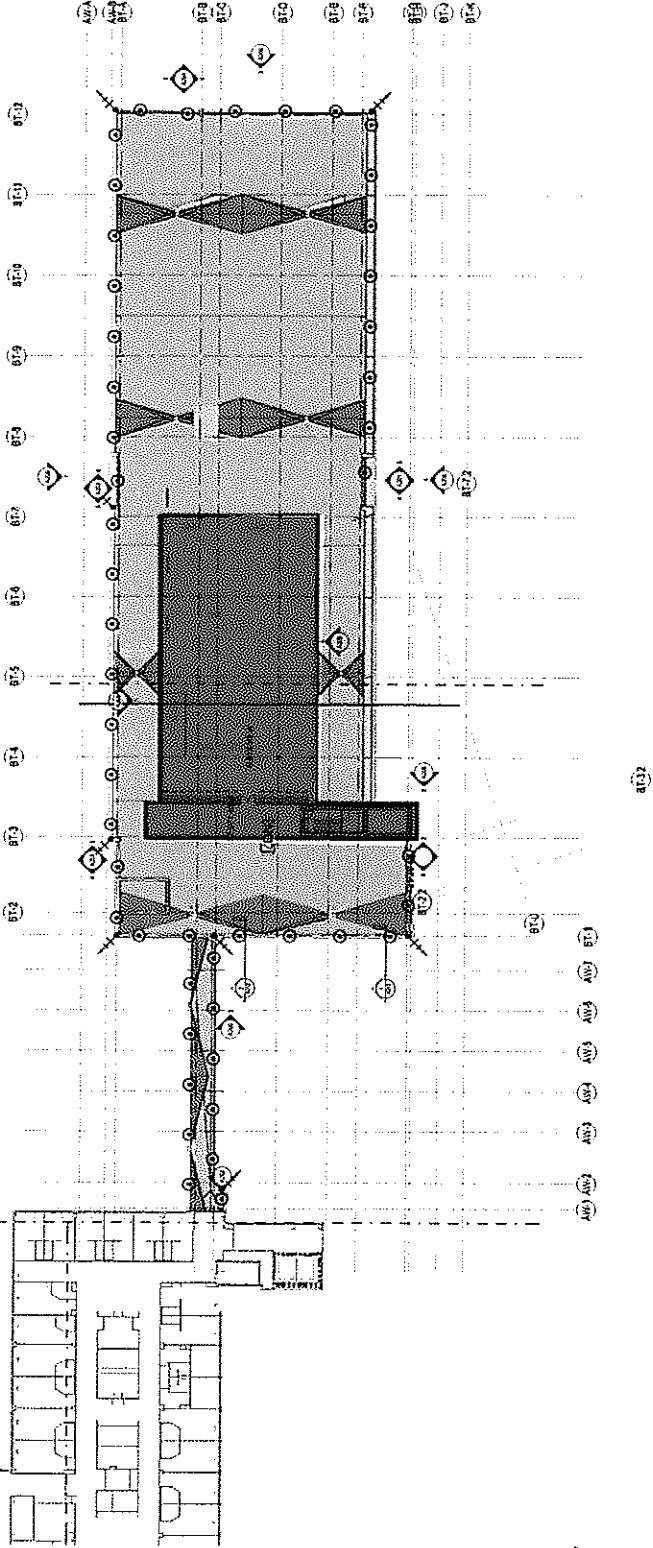
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REVISION SCHEDULE

NUMBER	TEXT
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ARCHITECTURAL FLOOR PLAN -
PENTHOUSE LEVEL - OVERALL

Section IV.
Criterion 1110.120

Project Services Utilization

The proposed project includes four Categories of Service for which the Illinois Health Facilities and Review Board has established standards:

- Medical-surgical beds
- Cardiac catheterization laboratory
- Surgical procedure suites (Class B)
- Surgical operating suite (Class C)

Medical-Surgical Beds

With this project, Sarah Bush Lincoln Health Center proposes to add 44 medical-surgical beds to accommodate increasing demand in its service area while meeting the state standard occupancy rate of 85% for hospitals with 100-199 medical-surgical beds as per Section 1100.520c.

With the anticipated completion date of May 2029, utilization rates for the first two full years of operation are projected below:

Medical-Surgical Beds Utilization					
	Dept/Service	Historical Utilization (patient days)	Projected Utilization	State Standard	Meet Standard?
Year 1 (2030)	Medical-surgical beds	35,892	80%	85%	No
Year 2 (2031)	Medical-surgical beds	35,892	85%	85%	Yes

Note: An average of patient days from the most recent two completed IDPH annual hospital questionnaires is presented as historical utilization in the table above.

	Actual		Projected					
	2024	2025	2026	2027	2028	2029	2030	2031
Patient Days including Observation Days	36,782	35,002	37,000	39,000	41,000	43,000	45,000	47,000
Authorized Beds	108	108	108	108	108	108	152	152
% Occupancy	93%	89%	94%	99%	104%	109%	80%	85%

Long-range volume and occupancy projections are based on projected future growth in the total population and in the population age 65 and older, higher patient acuity and longer lengths of stay, continued successful provider recruitment and strong market share. The projected growth rate in patient days from 2025 to 2031 is equivalent to the growth rate in patient days SBLHC has experienced between 2019-2025.

To accommodate times of peak census prior to the completion of the project, Sarah Bush Lincoln Health Center will establish a 9-bed observation unit utilizing current space and will continue to use temporary, overflow areas as needed.

Cardiac Catheterization Labs

With this project, Sarah Bush Lincoln Health Center proposes to add two cardiac catheterization labs to accommodate increasing demand in its service area while meeting the state standard utilization rate of 400 procedures annually per lab as per Section 1100.620c.

With the anticipated completion date of May 2029, utilization rates for the first two full years of operation are projected below:

Cardiac Catheterization Laboratory Utilization					
	Dept/Service	Historical Utilization (catheterization procedures)	Projected Utilization	State Standard	Meet Standard?
Year 1 (2030)	Cardiac cath lab	1,026	80%	85%	No
Year 2 (2031)	Cardiac cath lab	1,026	85%	85%	Yes

Note: Sarah Bush Lincoln began an electrophysiology service line in September 2025, which increased utilization of the existing 2 cardiac catheterization labs to over 500 procedures per lab.

	Actual		Projected					
	2024	2025	2026	2027	2028	2029	2030	2031
Catheterization procedures	698	1,026	1,100	1,200	1,300	1,400	1,500	1,600
Cardiac catheterization labs	2	2	2	2	2	2	4	4
Cardiac catheterization procedures per lab	349	513	550	600	650	700	375	400

As the only hospital within SBLHC's 10-county service area that offers cardiac catheterization services, volumes are projected to increase steadily with both the projected total population growth and growth in the population age 65 and older.

Surgical Procedure Suites (Class B)

With this project, Sarah Bush Lincoln Health Center proposes to add two surgical procedure suites (Class B) to accommodate increasing demand in its service area while meeting the state standard utilization rate of 1,500 hours per procedure room annually as per Section 1110. APPENDIX B. The two new suites will provide one additional endoscopy suite and a dedicated bronchoscopy suite.

With the anticipated completion date of May 2029, utilization rates for the first two full years of operation are projected below:

Class B Surgical Procedure Suites Utilization					
	Dept/Service	Historical Utilization (surgical hours)	Projected Utilization	State Standard	Meet Standard?
Year 1 (2030)	Class B surgical procedure suites	2,430	1,423 hours per suite	1,500 hours per suite	No
Year 2 (2031)	Class B surgical procedure suites	2,430	1,500 hours per suite	1,500 hours per suite	Yes

Note: An average of procedure hours in Class B surgical procedure suites from the most recent two completed IDPH annual hospital questionnaires is presented as historical utilization in the table above. These do not include procedure hours for 2 dedicated pain management suites, which will be relocated to the new area in the proposed project to gain operational efficiencies but not expanded.

	Actual		Projected					
	2024	2025	2026	2027	2028	2029	2030	2031
Surgical hours	2,445	2,415	3,530	4,700	5,800	6,900	8,000	9,000
Number of Class B surgical procedure suites	4	4	4	4	4	4	6	6
Surgical hours per Class B surgical procedural suite	611	604	883	1,175	1,450	1,725	1,333	1,500

Surgical hour projections are based on projected future growth in the total population and in the population age 65 and older and successful and continued efforts to recruit surgeons in areas such as general surgery and gastroenterology.

Surgical Operating Suite (Class C)

With this project, Sarah Bush Lincoln Health Center proposes to add one surgical operating suite (Class C) to accommodate increasing demand in its service area while meeting the state standard utilization rate of 1,500 hours annually per operating room as per Section 1100.

With the anticipated completion date of February 2031, utilization rates for the first two full years of operation are projected below:

Class C Surgical Operating Suites Utilization					
	Dept/Service	Historical Utilization (surgical hours)	Projected Utilization	State Standard	Meet Standard?
Year 1 (2032)	Class C surgical operating suites	12,949	1,423 hours per suite	1,500 hours per suite	No
Year 2 (2033)	Class C surgical operating suites	12,949	1,500 hours per suite	1,500 hours per suite	Yes

Note: An average of surgical hours in Class C surgical operating suites from the most recent two completed IDPH annual hospital questionnaires is presented as historical utilization in the table above.

	Actual		Projected							
	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Surgical hours	13,027	12,870	13,700	14,530	15,360	16,190	17,020	17,850	18,680	19,500
Number of Class C surgical operating suites	12	12	12	12	12	12	12	12	13	13
Surgical hours per Class C surgical operating suite	1,086	1,073	1,142	1,211	1,280	1,349	1,418	1,488	1,437	1,500

Surgical hour projections are based on projected future growth in the total population and in the population age 65 and older and successful as well as continued efforts to recruit surgeons in areas such as general surgery, urology and general and specialty orthopedics.

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.

SECTION VI.

Service Specific Review Criteria

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

Proposed bed capacity changes by service:

Category of Service	# Existing Beds	# Proposed Beds
Medical/Surgical	108	152

1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)

Sarah Bush Lincoln Health Center is not proposing to establish a new category of service; therefore, this criterion does not apply.

1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents

With the proposed addition of 44 medical-surgical beds, Sarah Bush Lincoln Health Center's primary purpose is to provide necessary health care to residents of SBLHC's geographic service area.

SBLHC's geographic service area includes the following ten counties: Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby.

Below is SBLHC data for January – December 2025 indicating the number and percent of admissions to medical-surgical beds by patient zip code and county:

Zip Code	City	County	State	Number of Cases	% of Total	Within SBL Service Area	Within D-05 Planning Area
61938	Mattoon	Coles	Illinois	1421	25.42%	Yes	Yes
61920	Charleston	Coles	Illinois	1033	18.47%	Yes	Yes
61951	Sullivan	Moultrie	Illinois	287	5.13%	Yes	No
62420	Casey	Clark	Illinois	203	3.63%	Yes	Yes
62428	Greenup	Cumberland	Illinois	164	2.93%	Yes	Yes
62401	Effingham	Effingham	Illinois	149	2.66%	Yes	No
62468	Toledo	Cumberland	Illinois	139	2.49%	Yes	Yes
61910	Arcola	Douglas	Illinois	127	2.28%	Yes	No
61911	Arthur	Moultrie	Illinois	127	2.28%	Yes	No
62565	Shelbyville	Shelby	Illinois	124	2.22%	Yes	No
61953	Tuscola	Douglas	Illinois	119	2.13%	Yes	No
62447	Neoga	Cumberland	Illinois	118	2.11%	Yes	Yes

Zip Code	City	County	State	Number of Cases	% of Total	Within SBL Service Area	Within D-05 Planning Area
61943	Oakland	Coles	Illinois	79	1.41%	Yes	Yes
62448	Newton	Jasper	Illinois	73	1.30%	Yes	No
61957	Windsor	Shelby	Illinois	70	1.25%	Yes	No
61912	Ashmore	Coles	Illinois	59	1.05%	Yes	Yes
61931	Humboldt	Coles	Illinois	58	1.03%	Yes	Yes
62471	Vandalia	Fayette	Illinois	54	0.96%	Yes	No
62440	Lerna	Coles	Illinois	53	0.94%	Yes	Yes
61928	Gays	Moultrie	Illinois	52	0.92%	Yes	No
62474	Westfield	Clark	Illinois	43	0.78%	Yes	Yes
61933	Kansas	Edgar	Illinois	42	0.76%	Yes	Yes
62442	Martinsville	Clark	Illinois	37	0.67%	Yes	Yes
62411	Altamont	Effingham	Illinois	36	0.65%	Yes	No
61944	Paris	Edgar	Illinois	33	0.60%	Yes	Yes
62534	Findlay	Shelby	Illinois	33	0.60%	Yes	No
62467	Teutopolis	Effingham	Illinois	32	0.58%	Yes	No
62441	Marshall	Clark	Illinois	30	0.54%	Yes	Yes
61937	Lovington	Moultrie	Illinois	28	0.51%	Yes	No
61930	Hindsboro	Douglas	Illinois	22	0.40%	Yes	No
62463	Stewardson	Shelby	Illinois	22	0.40%	Yes	No
62424	Dieterich	Effingham	Illinois	20	0.36%	Yes	No
61914	Bethany	Moultrie	Illinois	20	0.36%	Yes	No
61919	Camargo	Douglas	Illinois	19	0.34%	Yes	No
62465	Strasburg	Shelby	Illinois	19	0.34%	Yes	No
61942	Newman	Douglas	Illinois	18	0.33%	Yes	No
62436	Jewett	Cumberland	Illinois	17	0.31%	Yes	Yes
62414	Beecher City	Fayette	Illinois	17	0.31%	Yes	No
62458	Saint Elmo	Fayette	Illinois	17	0.31%	Yes	No
61913	Atwood	Piatt	Illinois	16	0.29%	No	No
62444	Mode	Shelby	Illinois	15	0.27%	Yes	No
62557	Pana	Christian	Illinois	13	0.23%	No	No
62426	Edgewood	Clay	Illinois	13	0.23%	No	No
62454	Robinson	Crawford	Illinois	13	0.23%	No	No
61917	Brocton	Edgar	Illinois	13	0.23%	Yes	Yes
62469	Trilla	Cumberland	Illinois	11	0.20%	Yes	Yes
61956	Villa Grove	Douglas	Illinois	11	0.20%	Yes	No
62864	Mount Vernon	Jefferson	Illinois	11	0.20%	No	No
61853	Mahomet	Champaign	Illinois	10	0.18%	No	No
62858	Louisville	Clay	Illinois	10	0.18%	No	No
62418	Brownstown	Fayette	Illinois	10	0.18%	Yes	No

Zip Code	City	County	State	Number of Cases	% of Total	Within SBL Service Area	Within D-05 Planning Area
62445	Montrose	Jasper	Illinois	10	0.18%	Yes	No
47885	West Terre Haute	Vigo	Indiana	10	0.18%	No	No
62443	Mason	Effingham	Illinois	9	0.16%	Yes	No
62880	Saint Peter	Fayette	Illinois	9	0.16%	Yes	No
62479	Wheeler	Jasper	Illinois	9	0.16%	Yes	No
62432	Hidalgo	Jasper	Illinois	9	0.16%	Yes	No
62462	Sigel	Shelby	Illinois	9	0.16%	Yes	No
62839	Flora	Clay	Illinois	8	0.14%	No	No
62461	Shumway	Effingham	Illinois	8	0.14%	Yes	No
62080	Ramsey	Fayette	Illinois	8	0.14%	Yes	No
62450	Olney	Richland	Illinois	8	0.14%	No	No
62431	Herrick	Shelby	Illinois	8	0.14%	Yes	No
62438	Lakewood	Shelby	Illinois	8	0.14%	Yes	No
62480	Willow Hill	Jasper	Illinois	7	0.13%	Yes	No
61880	Tolono	Champaign	Illinois	6	0.11%	No	No
62838	Farina	Fayette	Illinois	6	0.11%	Yes	No
62801	Centralia	Marion	Illinois	6	0.11%	No	No
62854	Kinmundy	Marion	Illinois	6	0.11%	No	No
62571	Tower Hill	Shelby	Illinois	6	0.11%	Yes	No
62422	Cowden	Shelby	Illinois	6	0.11%	Yes	No
62808	Ashley	Washington	Illinois	6	0.11%	No	No
61822	Champaign	Champaign	Illinois	5	0.09%	No	No
61816	Broadlands	Champaign	Illinois	5	0.09%	No	No
61820	Champaign	Champaign	Illinois	5	0.09%	No	No
62478	West York	Clark	Illinois	5	0.09%	Yes	Yes
62449	Oblong	Crawford	Illinois	5	0.09%	No	No
62473	Watson	Effingham	Illinois	5	0.09%	Yes	No
62966	Murphysboro	Jackson	Illinois	5	0.09%	No	No
62481	Yale	Jasper	Illinois	5	0.09%	Yes	No
62959	Marion	Williamson	Illinois	5	0.09%	No	No
61866	Rantoul	Champaign	Illinois	4	0.07%	No	No
62477	West Union	Clark	Illinois	4	0.07%	Yes	Yes
62824	Clay City	Clay	Illinois	4	0.07%	No	No
61949	Redmon	Edgar	Illinois	4	0.07%	Yes	Yes
62885	Shobonier	Fayette	Illinois	4	0.07%	Yes	No
62475	West Liberty	Jasper	Illinois	4	0.07%	Yes	No
60046	Lake Villa	Lake	Illinois	4	0.07%	No	No
61929	Hammond	Piatt	Illinois	4	0.07%	No	No

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62423	Dennison	Clark	Illinois	3	0.05%	Yes	Yes
61924	Chrisman	Edgar	Illinois	3	0.05%	Yes	Yes
62901	Carbondale	Jackson	Illinois	3	0.05%	No	No
62870	Odin	Marion	Illinois	3	0.05%	No	No
61726	Chenoa	McLean	Illinois	3	0.05%	No	No
62832	Du Quoin	Perry	Illinois	3	0.05%	No	No
62553	Oconee	Shelby	Illinois	3	0.05%	Yes	No
61817	Catlin	Vermilion	Illinois	3	0.05%	No	No
36467	Opp	Covington	Alabama	2	0.04%	No	No
85658	Marana	Pinal	Arizona	2	0.04%	No	No
33467	Lake Worth	Palm Beach	Florida	2	0.04%	No	No
62246	Greenville	Bond	Illinois	2	0.04%	No	No
62262	Mulberry Grove	Bond	Illinois	2	0.04%	No	No
61802	Urbana	Champaign	Illinois	2	0.04%	No	No
61821	Champaign	Champaign	Illinois	2	0.04%	No	No
62510	Assumption	Christian	Illinois	2	0.04%	No	No
62568	Taylorville	Christian	Illinois	2	0.04%	No	No
62231	Carlyle	Clinton	Illinois	2	0.04%	No	No
62413	Annapolis	Crawford	Illinois	2	0.04%	No	No
61842	Farmer City	De Witt	Illinois	2	0.04%	No	No
60502	Aurora	DuPage	Illinois	2	0.04%	No	No
61932	Hume	Edgar	Illinois	2	0.04%	Yes	Yes
62859	McLeansboro	Hamilton	Illinois	2	0.04%	No	No
60099	Zion	Lake	Illinois	2	0.04%	No	No
60551	Sheridan	LaSalle	Illinois	2	0.04%	No	No
62535	Forsyth	Macon	Illinois	2	0.04%	No	No
62522	Decatur	Macon	Illinois	2	0.04%	No	No
62521	Decatur	Macon	Illinois	2	0.04%	No	No
62501	Argenta	Macon	Illinois	2	0.04%	No	No
62549	Mt Zion	Macon	Illinois	2	0.04%	No	No
62075	Nokomis	Montgomery	Illinois	2	0.04%	No	No
61856	Monticello	Piatt	Illinois	2	0.04%	No	No
62868	Noble	Richland	Illinois	2	0.04%	No	No
61201	Rock Island	Rock Island	Illinois	2	0.04%	No	No
62946	Harrisburg	Saline	Illinois	2	0.04%	No	No
62677	Pleasant Plains	Sangamon	Illinois	2	0.04%	No	No
61832	Danville	Vermilion	Illinois	2	0.04%	No	No
47130	Jeffersonville	Clark	Indiana	2	0.04%	No	No
85715	Tucson	Pima	Arizona	1	0.02%	No	No

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72454	Piggott	Clay	Arkansas	1	0.02%	No	No
72173	Vilonia	Faulkner	Arkansas	1	0.02%	No	No
94517	Clayton	Contra Costa	California	1	0.02%	No	No
80525	Fort Collins	Larimer	Colorado	1	0.02%	No	No
33027	Hollywood	Broward	Florida	1	0.02%	No	No
34209	Bradenton	Manatee	Florida	1	0.02%	No	No
30168	Austell	Cobb	Georgia	1	0.02%	No	No
31525	Brunswick	Glynn	Georgia	1	0.02%	No	No
31016	Culloden	Monroe	Georgia	1	0.02%	No	No
62301	Quincy	Adams	Illinois	1	0.02%	No	No
62086	Sorento	Bond	Illinois	1	0.02%	No	No
61362	Spring Valley	Bureau	Illinois	1	0.02%	No	No
61825	Champaign	Champaign	Illinois	1	0.02%	No	No
61852	Longview	Champaign	Illinois	1	0.02%	No	No
61874	Savoy	Champaign	Illinois	1	0.02%	No	No
61801	Urbana	Champaign	Illinois	1	0.02%	No	No
62555	Owaneco	Christian	Illinois	1	0.02%	No	No
62899	Xenia	Clay	Illinois	1	0.02%	No	No
60805	Evergreen Park	Cook	Illinois	1	0.02%	No	No
60690	Chicago	Cook	Illinois	1	0.02%	No	No
60154	Westchester	Cook	Illinois	1	0.02%	No	No
61941	Murdock	Douglas	Illinois	1	0.02%	Yes	No
61955	Vermilion	Edgar	Illinois	1	0.02%	Yes	Yes
62806	Albion	Edwards	Illinois	1	0.02%	No	No
62011	Bingham	Fayette	Illinois	1	0.02%	Yes	No
62890	Thompsonville	Franklin	Illinois	1	0.02%	No	No
62865	Mulkeytown	Franklin	Illinois	1	0.02%	No	No
62896	West Frankfort	Franklin	Illinois	1	0.02%	No	No
62871	Omaha	Gallatin	Illinois	1	0.02%	No	No
62954	Junction	Gallatin	Illinois	1	0.02%	No	No
61434	Galva	Henry	Illinois	1	0.02%	No	No
62958	Makanda	Jackson	Illinois	1	0.02%	No	No
62932	Elkville	Jackson	Illinois	1	0.02%	No	No
62924	De Soto	Jackson	Illinois	1	0.02%	No	No
62459	Sainte Marie	Jasper	Illinois	1	0.02%	Yes	No
62898	Woodlawn	Jefferson	Illinois	1	0.02%	No	No
60954	Momence	Kankakee	Illinois	1	0.02%	No	No
60901	Kankakee	Kankakee	Illinois	1	0.02%	No	No
62439	Lawrenceville	Lawrence	Illinois	1	0.02%	No	No

Zip Code	City	County	State	Number of Cases	% of Total	Within SBL Service Area	Within D-05 Planning Area
62518	Chestnut	Logan	Illinois	1	0.02%	No	No
62526	Decatur	Macon	Illinois	1	0.02%	No	No
62033	Gillespie	Macoupin	Illinois	1	0.02%	No	No
62040	Granite City	Madison	Illinois	1	0.02%	No	No
62074	New Douglas	Madison	Illinois	1	0.02%	No	No
62853	Kell	Marion	Illinois	1	0.02%	No	No
62881	Salem	Marion	Illinois	1	0.02%	No	No
61537	Henry	Marshall	Illinois	1	0.02%	No	No
62960	Metropolis	Massac	Illinois	1	0.02%	No	No
60050	Mchenry	McHenry	Illinois	1	0.02%	No	No
62017	Coffeen	Montgomery	Illinois	1	0.02%	No	No
62056	Litchfield	Montgomery	Illinois	1	0.02%	No	No
61614	Peoria	Peoria	Illinois	1	0.02%	No	No
62997	Willisville	Perry	Illinois	1	0.02%	No	No
61818	Cerro Gordo	Piatt	Illinois	1	0.02%	No	No
61813	Bement	Piatt	Illinois	1	0.02%	No	No
61936	La Place	Piatt	Illinois	1	0.02%	No	No
62419	Calhoun	Richland	Illinois	1	0.02%	No	No
62425	Dundas	Richland	Illinois	1	0.02%	No	No
62930	Eldorado	Saline	Illinois	1	0.02%	No	No
62561	Riverton	Sangamon	Illinois	1	0.02%	No	No
62629	Chatham	Sangamon	Illinois	1	0.02%	No	No
62711	Springfield	Sangamon	Illinois	1	0.02%	No	No
62226	Belleville	St. Clair	Illinois	1	0.02%	No	No
62258	Mascoutah	St. Clair	Illinois	1	0.02%	No	No
61876	Sidell	Vermilion	Illinois	1	0.02%	No	No
62803	Hoyleton	Washington	Illinois	1	0.02%	No	No
62837	Fairfield	Wayne	Illinois	1	0.02%	No	No
62823	Cisne	Wayne	Illinois	1	0.02%	No	No
60440	Bolingbrook	Will	Illinois	1	0.02%	No	No
60491	Homer Glen	Will	Illinois	1	0.02%	No	No
60423	Frankfort	Will	Illinois	1	0.02%	No	No
62918	Carterville	Williamson	Illinois	1	0.02%	No	No
62933	Energy	Williamson	Illinois	1	0.02%	No	No
47875	Saint Bernice	Vermillion	Indiana	1	0.02%	No	No
47802	Terre Haute	Vigo	Indiana	1	0.02%	No	No
47807	Terre Haute	Vigo	Indiana	1	0.02%	No	No
50441	Hampton	Franklin	Iowa	1	0.02%	No	No
21409	Annapolis	Anne Arundel	Maryland	1	0.02%	No	No

Zip Code	City	County	State	Number of Cases	% of Total	Within SBL Service Area	Within D-05 Planning Area
21720	Cavetown	Washington	Maryland	1	0.02%	No	No
48416	Brown City	Sanilac	Michigan	1	0.02%	No	No
39571	Pass Christian	Harrison	Mississippi	1	0.02%	No	No
38619	Como	Panola	Mississippi	1	0.02%	No	No
65063	New Bloomfield	Callaway	Missouri	1	0.02%	No	No
64118	Kansas City	Clay	Missouri	1	0.02%	No	No
63353	Louisiana	Pike	Missouri	1	0.02%	No	No
63125	Saint Louis	St. Louis	Missouri	1	0.02%	No	No
63026	Fenton	St. Louis	Missouri	1	0.02%	No	No
14001	Akron	Erie	New York	1	0.02%	No	No
27205	Asheboro	Randolph	North Carolina	1	0.02%	No	No
58078	West Fargo	Cass	North Dakota	1	0.02%	No	No
74330	Adair	Mayes	Oklahoma	1	0.02%	No	No
38558	Crossville	Cumberland	Tennessee	1	0.02%	No	No
37211	Nashville	Davidson	Tennessee	1	0.02%	No	No
38305	Jackson	Madison	Tennessee	1	0.02%	No	No
37043	Clarksville	Montgomery	Tennessee	1	0.02%	No	No
38237	Martin	Weakley	Tennessee	1	0.02%	No	No
77539	Dickinson	Galveston	Texas	1	0.02%	No	No
77084	Houston	Harris	Texas	1	0.02%	No	No
Total Cases				5591	100.00%		
Within SBLHC Service Area				5237	93.67%		
Within D-05 Planning Area				3576	63.96%		

As indicated, 94% of SBLHC admissions to medical-surgical beds in the last 12-month period were patients from SBLHC's 10-county service area. In addition, 64% of SBLHC admissions to medical-surgical beds in the last 12-month period were patients from the D-05 Medical-Surgical planning area (Clark, Coles, Cumberland and Edgar counties).

1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service

A. Historical Service Demand

	Inpatient Days	Observation Days	Total Patient Days	Number of Licensed Beds	% Occupancy	State standard
2024	23,144	13,638	36,782	108	93%	85%
2025	22,962	12,040	35,002	108	89%	85%

During the past two years, Sarah Bush Lincoln Health Center has experienced occupancy rates in its medical-surgical units above the state standard of 85% for "Addition of Beds" for facilities with 100-199 beds, as specified in 77 Ill Adm Code 1100.520.

In November 2024, Sarah Bush Lincoln requested and obtained permission from the Illinois Health Facilities and Services Review Board to increase its licensed inpatient bed capacity by the 10% allowable increase without permit, increasing the number of medical-surgical beds from 93 beds to 108 beds.

Even with this increase in late 2024, Sarah Bush Lincoln's need for medical-surgical patient beds has continued to place demand beyond its capacity. In 2025, SBLHC experienced demand for medical-surgical beds beyond its 108 licensed beds during 100 days of the 365 days in the year. During the first 4 months of 2026, SBLHC has experienced demand for medical-surgical beds beyond its 108 licensed beds during 73 days of the 120 days during that time period.

In times of peak demand, SBLHC accommodates medical-surgical patients by converting four medical-surgical rooms to semi-private rooms and temporarily placing patients in beds in procedural and post-anesthesia care units. Peak demand also results in patients being held in the Emergency Department prior to admission until beds are available, which leads to longer wait times for patients presenting to the Emergency Department for care.

B. Projected Referrals

In 2024-2025, Sarah Bush Lincoln successfully recruited and employed 65 physicians and advanced practice providers, in both primary and specialty care, to serve the population in its service area. Many areas and counties within Sarah Bush Lincoln's service area are classified as medically underserved areas and/or health professional shortage areas. SBLHC has invested in employing primary care providers to serve residents throughout its service area.

	Medically Underserved Area *	Health Professional Shortage Area **		
		Primary Care	Mental Health	Dental Care
Clark County	X	X	X	
Coles County				
Cumberland County	X		X	X
Douglas County	Not available		X	
Edgar County	X	X	X	X
Effingham County	X		X	
Fayette County	X		X	
Jasper County	X		X	X
Moultrie County	Not available	X	X	
Shelby County	X	X	X	

* Medically underserved areas identified through the Health Resources and Services Administration tool [Find MUA/P](#)

** Health professional shortage areas identified through the Rural Health Information Hub tool [Rural Data Explorer – Rural Health Information Hub](#)

C. Projected Service Demand

Sarah Bush Lincoln Health Center projects its future demand for medical-surgical beds based on four main factors:

1. Total population growth in both the D-05 planning area and SBLHC's larger geographic service area
2. Growth in the population age 65 and older who have a higher utilization rate for healthcare services
3. SBLHC's ability to provide specialty care for residents in its service area with successful provider recruitment
4. Continued efforts to recruit both primary and specialty care providers to SBLHC's service area to ensure residents have access to care close to home

Sarah Bush Lincoln's service area is projected to grow over the next decade according to the Illinois Department of Public Health's population projections.

Population Projections

	2020 Estimate	2025 Projection	2030 Projection	2035 Projection
D-05 Planning Area	89,327	90,167	92,169	94,481
Sarah Bush Lincoln Service Area	209,776	209,456	210,488	212,116

In addition, the population age 65 years of age and older is projected to grow over the next decade according to the Illinois Department of Public Health's population projections. Since older adults use more health care services than adults in younger age groups, this will continue to increase demand for medical-surgical beds in SBLHC's service area.

Population Projections for People 65 years of age and older

	2020 Estimate	2025 Projection	2030 Projection	2035 Projection
D-05 Planning Area	17,180	19,405	20,712	20,719
Sarah Bush Lincoln Service Area	23,366	26,315	28,593	29,013

Sarah Bush Lincoln Health Center has experienced a steady increase in the average length of stay for inpatient stays, driven by SBLHC's successful recruitment of specialty providers, which allows higher-acuity patients to receive care closer to home.

	2023	2024	2025
SBLHC's Case Mix Index	1.3715	1.4035	1.4445

SBLHC's current recruitment efforts include 35 physicians and 16 advanced practice providers in both primary and specialty care. With its continued recruitment success, SBLHC anticipates continued growth in admissions and patient days.

In 2024, Sarah Bush Lincoln engaged Wipfli LLP to refresh its long-range volume and capacity projections in order to appropriately plan for future growth in population, market share and employed providers. After an in-depth, data-driven analysis, Wipfli developed a 10-year utilization forecast to estimate future demand for services.

Wipfli's recommendations to accommodate future demand for medical-surgical beds included the need for SBLHC to expand to 152 medical-surgical beds by the year 2029, with efforts to improve operational efficiency, or 171 medical-surgical beds by the year 2029, without improvements in operational efficiency. SBLHC is working on operational improvements to decrease length of stay to both relieve pressure during peak demand periods currently and to control costs of expanding the number of medical-surgical beds in its facility.

1110.200(b)(5) - Planning Area Need - Service Accessibility

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(c)(1) - Unnecessary Duplication of Services

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(c)(2) - Maldistribution

There are two hospitals in the D-05 Health Planning Area: Sarah Bush Lincoln Health Center and Paris Community Hospital, a 25-bed critical access hospital. Between the two hospitals, there are currently 133 CON authorized medical-surgical beds.

According to the 2024 Hospital Facility Profiles and Hospital Statewide Summary, the combined CON occupancy rate for medical-surgical beds in the D-05 Health Planning Area was 82.6%, with Sarah Bush Lincoln Health Center operating at a 93.3% occupancy rate and Paris Community Hospital operating at a 36.5% occupancy rate.

According to the 2024 Hospital Facility Profiles and Hospital Statewide Summary, the ratio of beds to population in the D-05 Health Planning Area is 633 residents per medical-surgical bed. This is comparable to and less than one and one-half times the State average at 626 residents per medical-surgical bed.

1110.200(c)(3) - Impact of Project on Other Area Providers

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(d)(1), (2), and (3) - Deteriorated Facilities

Sarah Bush Lincoln Health Center is not proposing to modernize space in its medical-surgical service areas; therefore, this criterion does not apply.

1110.200(d)(4) - Occupancy

Sarah Bush Lincoln Health Center is not proposing to modernize space in its medical-surgical service areas; therefore, this criterion does not apply.

1110.200(e) - Staffing Availability

Additional staffing requirements for the proposed additional medical-surgical beds have been considered, and Sarah Bush Lincoln will be able to meet licensure and The Joint Commission staffing requirements.

With SBLHC's continued growth, the number of Registered Nurses employed at Sarah Bush Lincoln Health Center has continued to increase:

Number of RNs Employed at Sarah Bush Lincoln		
FY24	FY25	FY26
713	741	790

SBLHC's employee retention rate is continually in the top decile when compared to the national healthcare benchmark. Since FY23, SBLHC's employee retention rate has improved from 85.0% to 87.1% in FY25. SBLHC's bedside nurse vacancy rate at 5.3% in FY24 and 4.8% in FY25 was better than the national median of 9.9%.

SBLHC works with area universities, colleges and schools to successfully recruit Registered Nurses, Respiratory Therapists and other clinical and non-clinical support staff on an ongoing basis. Each year, SBLHC hosts over 200 college students from clinical and non-clinical programs. Many students choose to begin their careers at SBLHC after graduation.

Additional SBLHC initiatives to attract and retain clinical and non-clinical staff include

- A 12-month nurse residency program for new graduate nurses, that is accredited with distinction by the American Nurses Credentialing Center (ANCC)
- Opportunities for career growth and advancement
- Academic scholarships
- Workplace violence prevention programs that have resulted in a workplace violence incidence rate significantly better than the State rate

In 2024, Sarah Bush Lincoln Health Center achieved Magnet recognition, the gold standard for nursing excellence and quality care awarded by the American Nurses Credentialing Center. Research consistently shows that Magnet-recognized hospitals experience significantly lower rates of nurse job dissatisfaction and burnout and improved nurse retention.

1110.200(f) - Performance Requirements

The bed capacity minimum requirement for a new medical-surgical category of services within a Metropolitan Statistical Area (MSA) is 100 beds. Neither Sarah Bush Lincoln Health Center nor any of the counties in its service area lie within a Metropolitan Service Area as defined by the U.S. Census Bureau. In addition, SBLHC is not proposing to establish a new medical-surgical category of service; therefore, this criterion does not apply.

1110.200(g) - Assurances

See applicant assurance letter in Attachment 19.



June 8, 2026

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

Dear Mr. Kniery:

I am the applicant representative of the co-applicants for this project (i.e., Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System), who has signed the CON application that includes an increase in Sarah Bush Lincoln's authorized medical-surgical beds.

In accordance with 77 Illinois Administrative Code 1110, I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, Sarah Bush Lincoln Health Center will achieve and maintain the occupancy standards specified in 77 Illinois Administrative Code 1100 for the Medical-Surgical category of service.

The occupancy standard for facilities with 100-199 medical-surgical beds is at or above an annual minimum of 85% (77 Illinois Administrative Code 1100.520(c)).

Sincerely,

A handwritten signature in black ink that reads "Kim Uphoff". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Kim Uphoff
President and Chief Executive Officer

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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.

SECTION VI.

Service Specific Review Criteria

E. Criterion 1110.225 – Cardiac Catheterization

Proposed bed capacity changes by service:

Category of Service	# Existing Beds	# Proposed Beds
Cardiac Catheterization	2	4

1110.225(a) Peer Review

Sarah Bush Lincoln Health Center is not proposing to establish or modernize a cardiac catheterization unit; therefore, this criterion does not apply.

1110.225(b) Establishment or Expansion of Cardiac Catheterization Service

Sarah Bush Lincoln Health Center is located in Health Planning Area D-05. There are two hospitals in Health Planning Area D-05: Sarah Bush Lincoln Health Center and Paris Community Hospital, a critical access hospital that does not have a cardiac catheterization lab. Sarah Bush currently has two cardiac catheterization labs. In 2025, Sarah Bush Lincoln performed 1,026 catheterization procedures, resulting in 513 procedures per lab. With the addition of its electrophysiology service line in late 2025 and projected growth in the total population and the population 65 years of age and older, Sarah Bush Lincoln projects continued growth in cardiac catheterization services over the next several years.

1110.225(c) Unnecessary Duplication of Services

Sarah Bush Lincoln Health Center is not proposing to establish cardiac catheterization services; therefore, this criterion does not apply.

1110.225(d) Modernization of Existing Cardiac Catheterization Equipment

Sarah Bush Lincoln Health Center is not proposing to modernize existing equipment that provides cardiac catheterization services; therefore, this criterion does not apply.

1110.225(e) Support Services

Sarah Bush Lincoln Health Center is not proposing the establishment of a dedicated cardiac catheterization laboratory; therefore, this criterion does not apply.

1110.225(f) Laboratory Locations

Sarah Bush Lincoln proposes to add two catheterization laboratories. The two additional laboratories will be located adjacent to the two existing cardiac catheterization laboratories, thus meeting the preference of grouping laboratories in close proximity for safety considerations in the event of a technical breakdown.

1110.225(g) Staffing

Sarah Bush Lincoln Health Center is not proposing to establish cardiac catheterization services; therefore, this criterion does not apply.

1110.225(h) Continuity of Care

SBLHC has a written transfer agreement with Carle Foundation Hospital in Urbana, Illinois, a facility with open-heart surgery capabilities for the transfer of seriously ill patients for continuity of care.

1110.225(i) Multi-Institutional Variance

Sarah Bush Lincoln Health Center is not proposing to establish a new cardiac catheterization program; therefore, this criterion does not apply.

TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT ("Agreement") is entered into and effective as of the date of the last signature below (the "Effective Date") by and between Carle Foundation Hospital, an Illinois not-for-profit corporation, ("Receiving Hospital"), and Sarah Bush Lincoln Health Center (the "Transferring Facility"). Transferring Facility and Receiving Hospital may each be referred to herein as a "Party" and collectively as the "Parties".

RECITALS

WHEREAS, Transferring Facility is a not for profit hospital that provides health care services to patients in Coles County and the surrounding areas;

WHEREAS, Receiving Hospital owns and operates a licensed and Medicare certified acute care hospital in reasonable proximity to Transferring Facility, has a twenty-four (24) hour emergency room, provides health care services;

WHEREAS, patients of Transferring Facility may require transfer to Receiving Hospital; and

WHEREAS, the Parties desire to enter into this Agreement establish a transfer arrangement to ensure continuity of care for Patients and to specify the procedure for ensuring the timely transfer of Patients to Receiving Hospital.

NOW, THEREFORE, in consideration of the foregoing, and the terms, conditions, covenants, agreements, and obligations set forth herein, the Parties hereto agree as follows:

ARTICLE I: TRANSFER OF PATIENTS

- 1.1 **Transfers.** The types of transfers agreed to under this Agreement are set forth on Exhibit A, attached hereto and incorporated herein. Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, in the event that any patient of Transferring Facility needs acute inpatient or emergency care ("Patient") and has either requested to be taken to Receiving Hospital, or is unable to communicate a preference for hospital services at a different hospital, and a timely transfer to Receiving Hospital would best serve the immediate medical needs of the Patient, a designated staff member of Transferring Facility shall contact Carle Direct at 1 (800) 451-4330 (which this number may be updated from time to time) to facilitate admission. Receiving Hospital shall accept, and as appropriate, admit Patient as promptly as reasonably possible in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC"), DNV GL Healthcare USA, Inc. ("DNV"), and any other applicable accrediting bodies, and reasonable policies and procedures of Receiving Hospital, if Receiving Hospital has the capacity to treat Patient. After receiving a transfer request, Receiving Hospital shall give prompt confirmation of whether it can provide health care services appropriate to Patient's medical needs. Receiving Hospital's responsibility for patient care shall begin when Patient is admitted to Receiving Hospital. In the event that Receiving Hospital or its affiliates participate in the transport as part of the transport team, Transferring Hospital shall have shared responsibility for the Patient's care with the transport team until such admission to Receiving Hospital. Communication and quality improvement (QI) measures between Transferring Facility and Receiving Hospital shall be noted, as related to patient stabilization, treatment prior to and subsequent to transfer and patient outcome.
- 1.2 **Non-Exclusivity; Freedom of Choice.** This Agreement shall in no way give Receiving Hospital an exclusive right of transfer of Patients of Transferring Facility. Transferring Facility may enter into

similar agreements with other acute-care hospitals, and Patients will continue to have complete autonomy with respect to choice of hospital service providers. In entering into this Agreement, Transferring Facility in no way is acting to endorse or promote the services of Receiving Hospital. Rather, Transferring Facility intends to coordinate the timely transfer of Patients for care.

ARTICLE II: RESPONSIBILITIES OF TRANSFERRING FACILITY

- 2.1 Transferring Facility shall be responsible for performing or ensuring the performance of the following:
- (a) Arranging, at no cost to Receiving Hospital, for appropriate transport of the Patient to Receiving Hospital;
 - (b) Designating a person who has authority to represent Transferring Facility to coordinate the transfer of Patient to Receiving Hospital;
 - (c) Notifying Receiving Hospital's designated representative prior to transfer to alert him or her of the impending arrival of Patient and provide information on Patient to the extent allowed pursuant to Article IV. Such notice shall be as far in advance as possible, and, in any event, prior to Patient leaving Transferring Facility for transport, to allow the Receiving Hospital to determine whether it can provide the necessary patient care;
 - (d) Notifying Receiving Hospital of the estimated time of arrival of the Patient;
 - (e) Recognizing and complying with the requirements of any federal and state laws and regulations or local ordinances applicable to the care and transfer of individuals to Receiving Hospital;
 - (f) Patient's medical record shall contain a physician's order to transfer Patient. The attending physician recommending the transfer or an RN as designated by the recommending physician shall communicate directly, with Receiving Hospital's Case Direct;
 - (g) In addition to Patient's medical records and the physician's order to transfer, Transferring Facility shall provide Receiving Hospital with all information regarding Patient's medications, a copy of Patient's informed consent to the transfer (or the informed consent of the appropriate medical decision-maker for Patient in the event Patient is not capable of making medical decisions for him or herself), and clear direction as to who may make medical decisions on behalf of Patient, with copies of any power of attorney for medical decision making or, in the absence of such document, a list of next of kin, if feasible, to assist Receiving Hospital in determining appropriate medical decision makers in the event Patient is or becomes unable to do so on his or her own behalf; and
 - (h) Personal effects (e.g. money, jewelry, clothing) of the transferred Patient shall be delivered to the staff accepting the patient at the Receiving Hospital.

ARTICLE III: RESPONSIBILITIES OF RECEIVING HOSPITAL

- 3.1 Receiving Hospital shall be responsible for performing or ensuring performance of the following:
- (a) Designating a person who has authority to represent and coordinate the transfer and receipt of Patients into Receiving Hospital;
 - (b) Timely admission of Patient to Receiving Hospital when transfer of Patient is medically appropriate as determined by Receiving Hospital attending physician subject to hospital capacity and patient census issues, provided that, all usual conditions of admission to Receiving Hospital are met; and
 - (c) Recognizing and complying with the requirements of any federal and state law and regulations or local ordinances that apply to Patients who present at the emergency department.

ARTICLE IV: PATIENT INFORMATION

- 4.1 Patient Records. In order to meet the needs of Patients with respect to timely access to care, Transferring Facility shall provide information on Patients to Receiving Hospital, to the extent

approved in advance or authorized by law and to the extent Transferring Facility has such information available. Such information may include: Patient's clinical report, Patient's Name, Social Security Number, Date of Birth, insurance coverage and/or Medicare beneficiary information (if applicable), known allergies or medical conditions, treating physician, contact person in case of emergency and any other relevant information Patient has provided Transferring Facility in advance. Prior to or at the time of the transfer, Transferring Facility shall send a copy of all Patient medical records and information set forth in Section 2.1(g) that are available at the time of transfer to the Receiving Facility. Other records shall be sent as soon as practicable after the transfer. The Patient's medical record shall contain evidence that the Patient was transferred promptly, safely and in accordance with all applicable laws and regulations.

- 4.2 HIPAA. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient information and comply with all applicable state and federal laws and regulations protecting the confidentiality of Patient records, including the Health Insurance Portability and Accountability Act of 1996 and the corresponding Standards for Privacy of Individually Identifiable Health Information regulations, each as amended from time to time (collectively, "HIPAA").

ARTICLE V: BILLING AND COLLECTIONS

- 5.1 Receiving Hospital shall be responsible for the billing and collection of all charges for services rendered at Receiving Hospital. Transferring Facility shall in no way share in the revenue generated by services delivered to Patients at Receiving Hospital.

ARTICLE VI: INSURANCE

- 6.1 Insurance. Both Parties shall maintain, at no cost to the other Party, professional liability insurance in an amount customary for its business practices. Each Party shall provide evidence of the coverage required herein to the other Party on an annual basis upon request. Each Party shall notify the other Party at least thirty (30) days prior to termination, lapse or loss of adequate insurance coverage as provided herein. In the event the form of insurance held by a Party is claims made, such Party represents and warrants that it will purchase appropriate tail coverage for claims, demands, or actions reported in future years for acts or omissions during the Term of this Agreement. In the event of insufficient coverage as defined in this Section 6.1 or lapse of coverage, the non-breaching Party reserves the right to immediately and unilaterally terminate this Agreement. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either any person or entity that may result in litigation related in any way to this Agreement.

ARTICLE VII: TERM AND TERMINATION

- 7.1 Term. The initial term of this Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "Initial Term"). Thereafter, this Agreement shall automatically renew for successive one (1) year terms unless terminated pursuant to this Section. The Initial term and all renewal terms shall collectively be the "Term".
- 7.2 Termination. This Agreement may be terminated upon the occurrence of any one of the following events:
- (a) Either Party may terminate this Agreement at any time upon sixty (60) days' prior written notice to the other Party.
 - (b) Notwithstanding anything to the contrary herein, this Agreement will be terminated immediately upon the following events: (i) the suspension or revocation of a Party's license, certificate or

other legal credential necessary to render patient care services and meet the terms and conditions of this Agreement; (ii) termination of a Party's participation in or exclusion from any federal or state health care program for any reason; (iii) the cancellation or termination of a Party's professional liability insurance required under this Agreement without replacement coverage having been obtained, and (iv) a Party determines that the continuation of this Agreement would endanger patient care.

- 7.3 Termination Due to Change in or Violation of Law. Either Party shall have the right to terminate or amend this Agreement, to the extent necessary to comply with any legal order issued to such Party by a federal or state department, agency or commission, or any accreditation organization by which such Party is then accredited, or if it is reasonably determined that continued participation in this Agreement would jeopardize such Party's status as a Medicare or Medicaid participant or would be inconsistent with its status as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Prior to termination of this Agreement pursuant to this Section, the Parties shall first reasonably attempt to amend this Agreement in a manner that will achieve compliance. If either Party proposes an amendment to this Agreement pursuant to this section, and such amendment is unacceptable to the other Party, either Party may choose to terminate this Agreement immediately upon written notice to the other Party at any time thereafter.

ARTICLE XII: MISCELLANEOUS PROVISIONS

- 8.1 Independent Contractor. Receiving Hospital and all employees, agents or representatives of Receiving Hospital are, at all times, acting and performing as independent contractors and nothing in this Agreement is intended and nothing shall be construed to create an employer/employee, principal/agent, partnership or joint venture relationship between the Parties. Neither Party shall have or exercise any direction or control over the methods, techniques or procedures by which a Party or its employees, agents or representatives perform their professional responsibilities and functions. Each Party shall be solely responsible for the payment of compensation and benefits to its respective personnel and for compliance with any and all payments of all taxes, social security, unemployment compensation and worker's compensation. Notwithstanding the terms of this Agreement, in no event shall Receiving Hospital or any Receiving Hospital personnel be responsible for the acts or omissions of non-Receiving Hospital personnel.
- 8.2 Entire Agreement. This Agreement constitutes the entire understanding between the Parties with respect to the subject matter hereof. This Agreement supersedes any and all other prior agreements either written or oral, between the Parties with respect to the subject matter hereof.
- 8.3 Counterparts. This Agreement and any amendment hereto, may be executed in any number of counterparts, each of which shall be an original and all of which together shall constitute one and the same document, and is binding on all Parties notwithstanding that each Party may have signed different counterparts. Facsimiles or scanned copies of signatures or electronic signatures shall be considered original signatures.
- 8.4 Waiver. Any waiver of any terms and conditions hereof must be in writing, and signed by the Parties. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.
- 8.5 Severability. The provisions of this Agreement shall be deemed severable, and, if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

- 8.6 Assignment. This Agreement shall not be assigned, delegated or subcontracted by either Party without prior written consent of the other Party.
- 8.7 Governing Law. This Agreement shall be construed under the laws of the state of Illinois, without giving affect to choice of law provisions.
- 8.8 Amendment. This Agreement may be amended upon mutual, written agreement of the Parties.
- 8.9 Regulatory Compliance. The Parties agree that nothing contained in this Agreement shall require Transferring Facility to refer patients to Receiving Hospital for emergency care services or to purchase goods and services. Notwithstanding any unanticipated effect of any provision of this Agreement, neither Party will knowingly and intentionally conduct its behavior in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid.
- 8.10 Access to Books and Records. If this Agreement is determined to be a contract within the purview of §1861(v)(1)(I) of the Social Security Act (§ 952 of the Omnibus Reconciliation Act of 1980) and the regulations promulgated in implementation thereof at 42 CFR Part 420, then during this Agreement and for a period of four (4) years thereafter, Receiving Hospital shall make available to the Comptroller General of the United States, the Department of Health and Human Services ("HHS") and their duly authorized representatives, access to the books, documents and records of Receiving Hospital, and such other information as may be required by the Comptroller General or Secretary of HHS to verify the nature and extent of the costs of services provided by Receiving Hospital. If Receiving Hospital carries out the duties of the contract through a subcontract worth Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization, the subcontract will also contain an access clause to permit access by the Secretary, Comptroller General and their representatives to the related organization's books and records. This provision shall survive the expiration or early termination of this Agreement. The Parties agree that any attorney-client, accountant-client or other legal privileges shall not be deemed waived by virtue of this Agreement.
- 8.11 Notices. Any notice herein required or permitted to be given shall be in writing and shall be deemed to be duly given on the date of service if served personally on the other Party, or on the fourth (4th) day after mailing, if mailed to the other Party by certified mail, return receipt requested, postage pre-paid, and addressed to the Parties as follows:

To Transferring Facility

Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938
Attn:

To Receiving Hospital

Carle Foundation Hospital
611 W. Park Street
Urbana, IL 61801
Attn:

or such other place or places as either Party may designate by written notice to the other.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers hereto setting their hands to be effective as of the Effective Date.

CARLE FOUNDATION HOSPITAL

SARAH BUSH LINCOLN HEALTH CENTER

Signature:	<u>Elizabeth Angelo</u>	Signature:	<u>Colleen Swick</u>
Name:	<u>Elizabeth Angelo</u>	Name:	<u>Colleen Swick</u>
Title:	<u>Sr VP, Chief Nursing Officer & President CFH</u>	Title:	<u>Chief Nursing Officer</u>
Date:	<u>09/05/2025 3:49 PM CDT</u>	Date:	<u>09/09/2025 8:06 AM CDT</u>

EXHIBIT A: TRANSFERS

- ☒ Trauma Transfers
- ☐ Sexual Assault Survivor Transfers (adult and pediatrics)

Additional Obligations for SASETA Related Transfers. Receiving Hospital is a "Treatment Hospital" as such term is defined under the Illinois Sexual Assault Survivors Emergency Treatment Act ("SASETA") and Transferring Facility is a "Transfer Hospital" under SASETA. Transferring Facility shall transfer a sexual assault survivor to receive medical forensic services at Receiving Hospital in accordance with the areawide and each Party's respective individual sexual assault treatment plan. Receiving Hospital shall accept the transfer of all sexual assault survivors, including pediatric sexual assault survivors (each a "Survivor") transferred for medical forensic services. Upon completion of Receiving Hospital's medical forensic services, Receiving Hospital shall arrange transportation for the Survivor, at no cost to the Survivor, through its case management department. Moreover, upon discharge of the Survivor, Receiving Hospital shall issue a voucher as required under SASETA for follow-up healthcare and document such in the Survivor's medical record.

- ☒ Stroke Patient Transfers

Additional Obligations for Stroke Related Transfers. Receiving Hospital has been designated as a Comprehensive Stroke Center by the Illinois Department of Public Health. In the event that a Patient needs neurosurgical services for stroke and has either requested to be taken to Receiving Hospital, or is unable to communicate a preference for hospital services at a different hospital, and a timely transfer to Receiving Hospital would best serve the immediate medical needs of the Patient, upon the recommendation of the attending physician a designated staff member of Transferring Facility shall facilitate admission by contacting Carle Direct. If Receiving Hospital has the capacity to treat Patient, the transfer nurse specialist will streamline the acceptance process and coordinate with transport and online image viewing. A nurse or paramedic shall accompany the Patient to Receiving Hospital during transfer dependent on patient's condition and related to the therapy used. Pursuant to Emergency Medical Services (EMS) Systems Act, Receiving Hospital shall maintain a log of stroke patients, which shall be available for review upon request. In the event the transfer of Patient under this section to Receiving Hospital is unable to ensue and would impact safe patient care, Carle Direct will expedite transfer of Stroke Patient for the Transferring Hospital to the closest Primary or Comprehensive Stroke Center or in the event of bypass would follow all IDPH requirements.

- ☒ Pediatric Transfers

Additional Obligations for Pediatric Related Transfers. Receiving Hospital shall arrange for the transport of the pediatric patient with the appropriately staffed transport service to match the patient's acuity level. Transferring Facility shall provide directions and referral hospital information to the pediatric patient's guardians. Transferring Facility and Receiving Hospital agree to each designate a representative to review the pediatric patient transfer process, to develop and review policies and procedures in order to improve the pediatric transfer process (including efficiency, clinical care, and patient safety, and to develop and review specific quality improvement measures as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcomes).

- ☒ Other Transfers: Acute percutaneous coronary interventions and cardiac surgery

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.

Criterion 1110.235

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 VI.

Service Specific Review Criteria

E. Criterion 1110.270 – Clinical Service Areas Other than Categories of Service

Proposed key room changes by service:

Category of Service	# Existing Beds	# Proposed Beds
Class B Surgical Procedure Suite	4	6
Class C Surgical Operating Suite	12	13

1110.270(a) Introduction

Sarah Bush Lincoln Health Center proposes to expand the number of Class B surgical procedure suites and Class C surgical operating suites, both of which have utilization standards.

1110.270(b) Need Determination - Establishment

Sarah Bush Lincoln Health Center is not proposing to establish a Clinical Service Area that is not a Category of Service; therefore, this criterion does not apply.

1110.270(c)(1) Service Modernization – Deteriorated Facilities

Sarah Bush Lincoln Health Center is not proposing to replace equipment or facilities that have deteriorated and need replacement; therefore, this criterion does not apply.

1110.270(c)(2) Service Modernization – Necessary Expansion

Sarah Bush Lincoln Health Center proposes to expand its Class B surgical procedure suites by two suites. One will be an additional endoscopy suite and the other will be a dedicated bronchoscopy suite. SBLHC also proposes to add one Class C surgical operating suite.

In the 8 years between 2017 and 2025, the number of gastro-intestinal cases performed in SBLHC's four Class B surgical procedural suites increased 83%. With the addition of full-time pulmonologists, bronchoscopy procedures performed in Class B surgical procedure suites have increased from an average of 60 per year to almost 250 procedures annually.

In the 8 years between 2017 and 2025, the number of surgical cases performed in SBLHC's twelve Class C surgical operating suites increased 53%.

A 10-year utilization forecast developed by Wipfli LLP in 2024 projected a 47% growth in the number of surgical and procedural cases by the year 2034, based on historical volumes, forecasted cases, aging population and surgeon recruitment.

1110.270(c)(3)(A) Utilization – Major Medical Equipment

Sarah Bush Lincoln Health Center is not proposing to acquire major medical equipment for which utilization standards exist; therefore, this criterion does not apply.

1110.270(c)(3)(B) Utilization – Service or Facility

Sarah Bush Lincoln Health Center is not proposing to modernize a service or facility for which utilization standards exist; therefore, this criterion does not apply.

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.

Sarah Bush Lincoln Health System, Illinois

October 24, 2025

This report does not constitute a rating action.

Credit Highlights

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

Rationale

Security

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

Credit overview

The rating reflects Sarah Bush Lincoln's long-standing trend of positive operating performance, solid maximum annual debt service (MADS) coverage, and exceptional balance-sheet metrics. The rating further reflects our view of the hospital's stable enterprise profile and leading market share in a limited service area with a small population. Management has continued to focus on physician recruitment and retention, resulting in expansion of clinical service lines and volume growth. Near-term strategy includes growth in Effingham, in the southern portion of Sarah Bush Lincoln's primary service area (PSA), supporting the Fayette County Hospital facility purchased in 2022. We believe this investment in physical growth and physician practice will continue to support Sarah Bush's competitive position.

Sarah Bush Lincoln has produced positive operating margins and solid cash flow in the past 10 years, including up through unaudited fiscal year-end 2025. Likewise, it has long maintained a very healthy balance sheet, highlighted by days' cash on hand (DCOH) and cash-to-debt metrics that are favorable compared with those of 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.

The hospital's long-term capital strategy includes the construction and renovation of new facilities, including a medical office building in Effingham among other facilities. The plan has not

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been finalized but projects costs are estimated to be up to \$150 million, and will likely be financed with two debt issuances--up to \$75 million sometime in fiscal 2026 with a second issuance a few years later. Although we believe Sarah Bush Lincoln has capacity in its debt profile to absorb the first tranche of the new debt, we note that the final sizing and timing of the project and bond issuance is to be determined early in fiscal 2026.

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

- Healthy balance-sheet metrics, including very robust DCOH;
- Long-term trend of healthy operating margins and cash flow, generating solid MADS coverage; and
- Leading business position in the PSA.

Partially offsetting the above strengths, in our opinion, are the system's:

- Limited economic base that leaves the system vulnerable to payer mix and population changes;
- Elevated capital spending plans and potential debt 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 Lincoln's social capital risk to be elevated in our credit rating analysis given that the hospital's operations are situated in a very limited 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 weaker than national averages. Finally, we consider Sarah Bush Lincoln's environmental and governance factors to be neutral in our credit analysis.

Outlook

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

Downside scenario

We could revise the outlook to negative or lower the rating if 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 larger-than-anticipated debt issuance that reduces the cash-to-debt metric to levels below that of similarly rated peers.

Upside scenario

We believe an upgrade or positive outlook is unlikely during the outlook period due to inherent risks associated with the hospital's smaller scale and location, heightened future capital spend, and potential debt issuance.

Credit Opinion

Enterprise Profile: Adequate

Leading business position in a limited PSA

Sarah Bush Lincoln serves a 10-county service area with a population of just over 200,000. Its PSA in Cole County serves a population less than 50,000. Although economic indicators, such as projected population and employment declines, 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. In addition, there is a recently opened sports complex in the area, which has the potential to boost to local economy through increased hotel service- and restaurant-type revenue. Sarah Bush Lincoln opened a clinic close to the site in fall of 2024.

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

Sarah Bush Lincoln operates Fayette County Hospital, a critical-access hospital in the southern portion of its service area that also maintains approximately 65 long-term care beds. Fayette County Hospital is fully consolidated into Sarah Bush Lincoln in 2022, and has strengthened the hospital's market position and physician relationships in the area.

Management continues to focus 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 OB/GYN.

Effective strategy despite management turnover

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

Sarah Bush Lincoln Health System, Illinois--enterprise statistics

	--12 months ended June 30--	--Fiscal year ended June 30--		
	2025	2024	2023	2022
PSA population	N.A.	51,979	51,979	51,979
PSA market share (%)	N.A.	79.2	78.0	75.0
Inpatient admissions	8,230	7,822	7,531	7,945

Sarah Bush Lincoln Health System, Illinois--enterprise statistics

	--12 months ended June 30--	--Fiscal year ended June 30--		
	2025	2024	2023	2022
Equivalent inpatient admissions	42,166	38,916	35,257	39,130
Emergency visits	50,585	49,771	48,031	45,031
Inpatient surgeries	1,416	1,323	1,281	1,356
Outpatient surgeries	12,749	10,024	9,905	8,714
Medicare case mix index	1.5437	1.5264	1.4996	1.5212
FTE employees	3,426	2,964	2,722	2,555
Active physicians	178	163	155	154
Top 10 physicians admissions (%)	N.A.	N.A.	N.A.	N.A.
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	29.9	29.1	30.2	28.1
Medicaid (%)	11.4	10.1	9.7	9.0
Commercial/Blues (%)	53.7	56.2	55.8	58.4

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

Trend of solid operating results expected to continue in the near future

Sarah Bush Lincoln has produced positive operating margins consistently over the past 10 years. The hospital ended fiscal 2025 with a positive operating margin due to continued labor and supply expense management, as well as growth of accretive specialty lines. Management has budgeted for a 4.33% operating margin in fiscal 2026, which we view as likely given management's execution of expense management and continued planned growth in service lines.

Although the potential new issuance could increase annual debt service and MADS, the robust margins and positive cash flow have supported very healthy MADS coverage, which we expect will continue.

Unrestricted reserves exhibit recovery, balance sheet absorbs proposed debt well

Sarah Bush Lincoln's balance sheet has historically been a credit strength, as unrestricted reserves have grown in line with the positive financial performance, supportive of the rating and excellent compared with those of similarly rated peers. Given that the majority of capital spend for Sarah Bush Lincoln'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 Lincoln's pro forma debt burden and leverage, assuming a future bond issuance, should still remain very low, which we consider an additional credit strength. We believe the debt profile has room to absorb this debt as there is excellent cash to debt and very low leverage. However, any issuance would be fully incorporated into future analysis.

High contingent liabilities

Long-term debt includes three series of variable-rate demand bonds with First Mid Wealth Management Company, two fixed-rate bond issues with JPMorgan Chase, 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 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 measured quarterly and DCOH measured semiannually. Although we consider all of Sarah Bush Lincoln'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 System, Illinois--financial statistics

	--12 months ended June 30--	--Fiscal year ended June 30--			Medians for 'A+' rated stand-alone hospitals
	2025	2024	2023	2022	2024
Financial performance					
Net patient revenue (\$000s)	618,868	610,460	551,870	501,274	773,394
Total operating revenue (\$000s)	762,161	659,257	592,210	543,375	829,018
Total operating expenses (\$000s)	720,118	631,162	562,464	495,954	804,246
Operating income (\$000s)	42,043	28,095	29,746	47,421	11,937
Operating margin (%)	5.52	4.26	5.02	8.73	1.60
Net nonoperating income (\$000s)	17,390	22,656	3,092	8,811	32,912
Excess income (\$000s)	59,433	50,751	32,838	56,232	44,755
Excess margin (%)	7.62	7.44	5.52	10.18	6.50
Operating EBIDA margin (%)	10.49	9.37	10.27	13.89	7.00
EBIDA margin (%)	12.49	12.38	10.74	15.26	11.70
Net available for debt service (\$000s)	97,365	84,444	63,926	84,268	91,683
Maximum annual debt service (\$000s)	12,105	12,105	12,105	12,105	23,338
Maximum annual debt service coverage (x)	8.04	6.98	5.28	6.96	5.40
Operating lease-adjusted coverage (x)	7.70	6.72	5.01	6.11	4.30
Liquidity and financial flexibility					
Unrestricted reserves (\$000s)	712,377	575,695	497,272	443,053	843,546
Unrestricted days' cash on hand	379.8	350.2	340.3	344.6	314.5
Unrestricted reserves/total long-term debt (%)	521.2	403.9	534.9	670.7	297.7
Unrestricted reserves/contingent liabilities (%)	521.2	407.3	542.0	670.7	1,364.0
Average age of plant (years)	8.7	9.1	8.6	8.5	13.0
Capital expenditures/depreciation and amortization (%)	121.8	118.1	199.7	139.2	110.6
Debt and liabilities					
Total long-term debt (\$000s)	136,673	142,517	92,959	66,058	326,957
Long-term debt/capitalization (%)	13.6	15.3	11.6	9.4	20.5
Contingent liabilities (\$000s)	136,673	141,361	91,743	66,058	42,291

Sarah Bush Lincoln Health System, Illinois--financial statistics

	--12 months ended June 30--	--Fiscal year ended June 30--		Medians for 'A+' rated stand-alone hospitals	
	2025	2024	2023	2022	2024
Contingent liabilities/total long-term debt (%)	100.0	99.2	98.7	100.0	29.9
Debt burden (%)	1.55	1.78	2.03	2.19	1.90
Defined-benefit plan funded status (%)	N.M.	N.M.	N.M.	N.M.	98.70
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	0	8,995	MNR
Total net special funding (\$000s)	33,648	24,075	22,487	15,574	MNR

Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions. MNR—Medians not reported. Not meaningful.

Credit Snapshot

- Group rating methodology: Core.
- Organization description: Sarah Bush Lincoln 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.

Ratings List

Current Ratings

Healthcare

Sarah Bush Lincoln Hlth Ctr, IL Stand-Alone Hospital Revenues	A+/Stable
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The ratings appearing below the new issues represent an aggregation of debt issues (ASID) associated with related maturities. The maturities similarly reflect our opinion about the creditworthiness of the U.S. Public Finance obligor's legal pledge for payment of the financial obligation. Nevertheless, these maturities may have different credit ratings than the rating presented next to the ASID depending on whether or not additional legal pledge(s) support the specific maturity's payment obligation, such as credit enhancement, as a result of defeasance, or other factors.

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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.

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 1120.130

Viability Ratios

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.

1120.140 – Economic Feasibility

A. Reasonableness of Financing Arrangements

The applicants have an A+ bond rating from Standard & Poor's (October 2025); therefore, subsection (a) does not need to be addressed in the application.

B. Conditions of Debt Financing

See attestation letter included in Attachment 37.

C. Reasonableness of Project and Related Costs

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)	
Med/Surg Unit	\$450.00		37,249				\$16,762,059		\$16,762,059
Inpatient Dialysis	\$485.00		4,899				\$2,375,947		\$2,375,947
Observations Unit	\$450.00		9009				\$4,054,050		\$4,054,050
Procedural Rooms	\$575.00		5744				\$3,302,766		\$3,302,766
Prep/Preop/Recovery	\$510.00	\$475.00	10,933		9,027		\$5,575,917	\$4,287,844	\$9,863,761
Surgical Suite		\$595.00			1146			\$681,787	\$681,787
Therapy Gym	\$475.00		1,336				\$634,434		\$634,434
Lobby/Public Areas	\$325.00	\$375.00	25,836		2,854		\$8,396,651	\$1,070,209	\$9,466,860
Staff Areas	\$350.00	\$385.00	15,239		6,898		\$5,333,559	\$2,655,819	\$7,989,378
Pharmacy Work Rooms	\$350.00		873				\$305,494		\$305,494
Hospitalist Offices	\$380.00		3,570				\$1,356,737		\$1,356,737
Mechanical/Electrical	\$795.00		13,679				\$10,875,123		\$10,875,123
Basement Storage-Beds, Supplies	\$300.00		13,135				\$3,940,476		\$3,940,476
Physical Therapy Office	\$350.00		1,080				\$378,000		\$378,000
Case Managers Office	\$350.00		839				\$293,584		\$293,584
Surgery Staff Sleep Rooms	\$380.00		1,281				\$486,864		\$486,864
Roof Deck-Penthouse Level: Space for necessary equipment and mechanicals	\$775.00		24,071				\$18,655,374		\$18,655,374
Contingency							\$5,254,014	\$552,810	\$5,806,823
TOTALS	\$521.30	\$464.16	168,773	N/A	19,925	N/A	\$87,981,047	\$9,248,468	\$97,229,515

D. Projected Operating Costs

See line 5 of the table in Section E. Total Effect of the Project on Capital Costs.

E. Total Effect of the Project on Capital Costs

The table below provides information regarding costs as they relate to 48,671 equivalent patient days.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

Review Criteria – Economic Feasibility		
1	Equivalent Patient Days	48,671
2	Total Capital Cost	\$97,229,514
3	Total Operating Cost	\$66,013,976
4	Capital Cost per Equivalent Patient Day	\$1,997.68
5	Operating Cost per Equivalent Patient Day	\$1,356.33

June 8, 2026

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

Re: Attachment 36 – Conditions of Debt Financing

Dear Mr. Kniery,

The undersigned, as authorized representatives of Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, in accordance with 77 Ill. Adm. Code 1120.140, hereby attest to the following:

This project will be financed through the use of the following sources of funds: tax-exempt revenue bonds;

The selected form of debt financing for this project will be tax-exempt revenue bonds issued through the Illinois Finance Authority;

The selected form of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of June 8, 2026

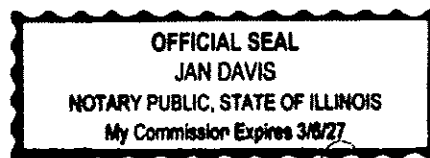
Sarah Bush Lincoln Health Center
Sarah Bush Lincoln Health System
Illinois Not-for-Profit Corporations

By: Sean Fischer

Title and Co-Applicant: Sean Fischer, VP Finance + CFO

By: Kim Uphoff

Title and Co-Applicant: Kim Uphoff, President and CEO



Jan Davis
6/8/26

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Section X. Safety Net Impact Statement

Sarah Bush Lincoln Health Center proposes to construct a four-story addition to its hospital facility located at 1000 Health Center Drive in Mattoon. The project is classified as substantive as it includes an increase in the total number of beds by more than 10% of Sarah Bush Lincoln Health Center's total bed capacity.

1. Sarah Bush Lincoln does 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 care to patients who need to be hospitalized or receive cardiac catheterizations or other surgical and procedural care on an inpatient or outpatient basis. These higher-acuity services are not provided by many safety net services, such as public health departments, school-based health centers and community mental health centers.
2. Sarah Bush Lincoln does not believe or foresee that this project will impact the ability of another provider or health care system to cross-subsidize safety net services. The proposed addition of medical-surgical beds, cardiac catheterization labs and surgical operating and procedural suites is in response to the demand for services at SBLHC.
3. This project does not include a discontinuation of a facility or service; therefore, this statement is not applicable.
4. As outlined in the following Safety Net Information tables, for the 3 fiscal years prior to this application, Sarah Bush Lincoln, with hospitals in Mattoon (Sarah Bush Lincoln Health Center) and Vandalia (Sarah Bush Lincoln Fayette County Hospital), has provided over \$9 million dollars of charity care (at cost) to over 83,000 patients who reside in its service area.
5. As outlined in in the following Safety Net Information tables, for the 3 fiscal years prior to this application, Sarah Bush Lincoln, with hospitals in Mattoon (Sarah Bush Lincoln Health Center) and Vandalia (Sarah Bush Lincoln Fayette County Hospital), has provided care to over 250,000 Medicaid patients with Medicaid revenue over \$873 million.
6. Sarah Bush Lincoln does not believe that there is any other information directly relevant to safety net services in its service area, including information regarding teaching, research or any other service.

Sarah Bush Lincoln Health Center			
Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2025	2024	2023
Inpatient	677	685	797
Outpatient	23,500	22,254	33,974
Total	24,177	22,939	34,771
Charity (cost in dollars)			
Inpatient	\$664,416	\$600,066	\$453,768
Outpatient	\$2,573,684	\$2,249,474	\$1,604,591
Total	\$3,238,100	\$2,849,539	\$2,058,360
MEDICAID			
Medicaid (# of patients)	2025	2024	2023
Inpatient	3,019	1,025	1,357
Outpatient	67,308	61,707	69,447
Total	70,327	62,732	70,804
Medicaid (revenue)			
Inpatient	\$52,263,631	\$46,023,289	\$45,572,930
Outpatient	\$226,639,133	\$217,311,388	\$202,032,984
Total	\$278,902,764	\$263,334,677	\$247,605,914

7-1-2024 to 6-30-2025

7-1-2023 to 6-30-2024

7-1-2022 to 6-30-2023

Sarah Bush Lincoln Fayette County Hospital			
Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2025	2024	2023
Inpatient	27	42	37
Outpatient	315	415	328
Total	342	457	365
Charity (cost in dollars)			
Inpatient	\$27,806	\$43,212	\$37,903
Outpatient	\$275,972	\$363,898	\$287,484
Total	\$303,778	\$407,110	\$325,386
MEDICAID			
Medicaid (# of patients)	2025	2024	2023
Inpatient	25	17	30
Outpatient	17,992	13,006	16,360
Total	18,017	13,023	16,390
Medicaid (revenue)			
Inpatient	\$2,512,201	\$3,212,731	\$2,989,049
Outpatient	\$24,932,980	\$27,055,231	\$22,671,367
Total	\$27,445,181	\$30,267,962	\$25,660,416

7-1-2024 to 6-30-2025

7-1-2023 to 6-30-2024

7-1-2022 to 6-30-2023

Sarah Bush Lincoln Health System			
Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2025	2024	2023
Inpatient	704	727	834
Outpatient	23,815	22,669	34,302
Total	24,519	23,396	35,136
Charity (cost in dollars)			
Inpatient	\$692,223	\$643,277	\$491,671
Outpatient	\$2,849,656	\$2,613,372	\$1,892,075
Total	\$3,541,879	\$3,256,649	\$2,383,746
MEDICAID			
Medicaid (# of patients)	2025	2024	2023
Inpatient	3,044	1,042	1,387
Outpatient	85,300	74,713	85,807
Total	88,344	75,755	87,194
Medicaid (revenue)			
Inpatient	\$54,775,832	\$49,236,020	\$48,561,979
Outpatient	\$251,572,113	\$244,366,620	\$224,704,351
Total	\$306,347,945	\$293,602,639	\$273,266,330

7-1-2024 to 6-30-2025

7-1-2023 to 6-30-2024

7-1-2022 to 6-30-2023

SECTION X.

CHARITY CARE INFORMATION

		Charity Care			
		FY25	FY24	FY23	
Sarah Bush Lincoln Health Center	Net Patient Revenue	\$ 595,717,005	\$ 496,974,256	\$ 441,984,137	
	Amount of Charity Care (charges)	\$ 13,144,895	\$ 11,001,190	\$ 8,524,994	
	Cost of Charity Care	\$ 3,238,100	\$ 2,849,539	\$ 2,058,360	
	Ratio of Charity Care Cost to Net Patient Revenue	1:184	1:174	1:215	

		Charity Care			
		FY25	FY24	FY23	
Sarah Bush Lincoln Fayette County Hospital	Net Patient Revenue	\$ 33,188,447	\$ 36,433,808	\$ 33,755,418	
	Amount of Charity Care (charges)	\$ 768,388	\$ 987,855	\$ 867,308	
	Cost of Charity Care	\$ 303,778	\$ 407,110	\$ 325,386	
	Ratio of Charity Care Cost to Net Patient Revenue	1:109	1:89	1:104	

		Charity Care			
		FY25	FY24	FY23	
Sarah Bush Lincoln Health System	Net Patient Revenue	\$ 628,905,452	\$ 533,408,064	\$ 475,739,555	
	Amount of Charity Care (charges)	\$ 13,913,283	\$ 11,989,045	\$ 9,392,302	
	Cost of Charity Care	\$ 3,541,879	\$ 3,256,649	\$ 2,383,746	
	Ratio of Charity Care Cost to Net Patient Revenue	1:178	1:164	1:200	

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: 1000 Health Center Drive Mattoon, IL
 (Address) (City) (State)
Coles 12 14
 (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___ No X

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

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: 17029C0300D Effective Date: 07/18/2011

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