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225 W. Washington St., Suite 2800  
Chicago, Illinois 60606  
TEL: 312-828-9600  
FAX: 312-828-9635  
www.agdglaw.com

**Anne Cooper**  
DIRECT: 312-755-3169  
acooper@agdglaw.com

OUR FILE NUMBER: 106305-000100

July 2, 2026

Via Federal Express

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Application for Permit – Memorial Hospital Belleville**

Dear Mr. Constantino:

I am writing on behalf of BJC Health System d/b/a BJC HealthCare and Protestant Memorial Medical Center Inc. d/b/a Memorial Hospital – Belleville (collectively, the “Applicants”) to submit the attached Application for Permit to a 22-bed inpatient acute mental illness unit at Memorial Hospital - Belleville. For your review, I have attached an original and one copy of the following documents:

1. Completed Application for Permit;
2. Certificates of Good Standing for the Applicants;
3. Authorization to Access Information;
4. Referral Letter; and
5. Check for \$5,000 for the initial application processing fee.



Thank you for your time and consideration of the Applicants' application for permit. If you have any questions or need additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in dark blue ink that reads 'Anne M. Cooper'.

Anne M. Cooper

Attachments

cc: Greg Bratcher

53253

**ARONBERG GOLDGEHN**

ATTORNEY AND COUNSELORS  
225 W. WASHINGTON ST. STE 2800  
CHICAGO, IL 60606  
312-828-9600

OLD NATIONAL BANK  
Terre Haute, Indiana

71-1/863



06/30/2026

PAY TO THE  
ORDER OF Illinois Department of Public Health

\$ \$5,000.00

Five Thousand Dollars and 00/100\*\*\*\*\*

DOLLARS

Illinois Department of Public Health  
525 West Jefferson Street  
Fourth Floor  
Springfield, IL 62761

MEMO

AUTHORIZED SIGNATURE

Security features. Details on back.

⑈053253⑈ ⑆086300012⑆ 8100291460⑈

**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: Memorial Hospital AMI Establishment |                         |                            |
| Street Address: 4500 Memorial Dr.                  |                         |                            |
| City and Zip Code: Belleville, IL 62226            |                         |                            |
| County: St. Clair                                  | Health Service Area: 11 | Health Planning Area: F-01 |

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

|                                                                     |
|---------------------------------------------------------------------|
| Exact Legal Name: BJC Health System d/b/a BJC HealthCare            |
| Street Address: 4901 Forest Park Ave.                               |
| City and Zip Code: St. Louis, MO 63108                              |
| Name of Registered Agent: CSC-Lawyers Incorporating Service Company |
| Registered Agent Street Address: 2210 Bolivar St.                   |
| Registered Agent City and Zip Code: Jefferson City 63108            |
| Name of Chief Executive Officer: Nick Barto                         |
| CEO Street Address: 4901 Forest Park Ave.                           |
| CEO City and Zip Code: St. Louis 63108                              |
| CEO Telephone Number: 314-286-2030                                  |

**Type of Ownership of Applicants**

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

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

|                                                                                    |
|------------------------------------------------------------------------------------|
| Name: Kara M. Friedman                                                             |
| Title: Attorney                                                                    |
| Company Name: Aronberg Goldgehn Davis & Garmisa                                    |
| Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606                        |
| Telephone Number: 312-828-9600                                                     |
| E-mail Address: <a href="mailto:kfriedman@agdqglaw.com">kfriedman@agdqglaw.com</a> |

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

|                                                                                        |
|----------------------------------------------------------------------------------------|
| Name: Greg Bratcher                                                                    |
| Title: Director, Government Relations                                                  |
| Company Name: BJC HealthCare                                                           |
| Address: 4901 Forest Park Ave. St. Louis, MO 63108                                     |
| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:Gregory.Bratcher@bjc.org">Gregory.Bratcher@bjc.org</a> |

**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**

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|----------------------------------------------------|-------------------------|----------------------------|
| Facility Name: Memorial Hospital AMI Establishment |                         |                            |
| Street Address: 4500 Memorial Dr.                  |                         |                            |
| City and Zip Code: Belleville, IL 62226            |                         |                            |
| County: St. Clair                                  | Health Service Area: 11 | Health Planning Area: F-01 |

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

|                                                                                                |  |
|------------------------------------------------------------------------------------------------|--|
| Exact Legal Name: Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville |  |
| Street Address: 4500 Memorial Dr.                                                              |  |
| City and Zip Code: Belleville, IL 62226                                                        |  |
| Name of Registered Agent: Illinois Corporation Service Company                                 |  |
| Registered Agent Street Address: 801 Adlai Stevenson Dr.                                       |  |
| Registered Agent City and Zip Code: Springfield, IL 62703                                      |  |
| Name of Chief Executive Officer: Nick Barto                                                    |  |
| CEO Street Address: 4901 Forest Park Ave.                                                      |  |
| CEO City and Zip Code: St. Louis 63108                                                         |  |
| CEO Telephone Number: 314-286-2030                                                             |  |

**Type of Ownership of Applicants**

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

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

|                                                                                    |
|------------------------------------------------------------------------------------|
| Name: Kara M. Friedman                                                             |
| Title: Attorney                                                                    |
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| E-mail Address: <a href="mailto:kfriedman@agdqglaw.com">kfriedman@agdqglaw.com</a> |

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

|                                                                                        |
|----------------------------------------------------------------------------------------|
| Name: Greg Bratcher                                                                    |
| Title: Director, Government Relations                                                  |
| Company Name: BJC HealthCare                                                           |
| Address: 4901 Forest Park Ave. St. Louis, MO 63108                                     |
| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:Gregory.Bratcher@bjc.org">Gregory.Bratcher@bjc.org</a> |

**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: Greg Bratcher                                                                    |
| Title: Director, Government Relations                                                  |
| Company Name: BJC HealthCare                                                           |
| Address: 4901 Forest Park Ave. St. Louis, MO 63108                                     |
| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:Gregory.Bratcher@bjc.org">Gregory.Bratcher@bjc.org</a> |

**Site Ownership** [Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville                                                                                                                                                                                                                                                                                               |
| Address of Site Owner: 4500 Memorial Dr, Belleville, IL 62226                                                                                                                                                                                                                                                                                                                                              |
| Street Address or Legal Description of the Site: 4500 Memorial Dr, Belleville, IL 62226<br><b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b> |
| APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.                                                                                                                                                                                                                                                                                     |

**Operating Identity/Licensee** [Provide this information for each applicable facility and insert after this page]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name: Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |
| Address: 4500 Memorial Dr, Belleville, IL 62226                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                        | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship |
| <ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul> |                                                                                                                               |
| APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u> , 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 <u>ATTACHMENT 4</u> , 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.

BJC Health System d/b/a BJC HealthCare and Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville (the "Applicants") are seeking to establish a 22-bed inpatient Acute Mental Illness ("AMI") unit at Memorial Hospital- Belleville located at 4500 Memorial Dr, Belleville, IL 62226 (the "Hospital"). The Applicants also plan to modernize space to compliment the Hospital's Emergency Department ("ED") by creating dedicated behavioral health stabilization rooms to support patients presenting with behavioral health diagnoses and no medical co-morbidities (the "Project"). The project cost is \$24,765,500.

This Project is considered substantive as it proposes establishment of the AMI category of service within an existing healthcare facility.

## Letter of Support from Washington University School of Medicine



**Eric Lenze, M.D.**  
**Wallace & Lucille Renard Professor of Psychiatry**  
**Department Head, Psychiatry**

July 1, 2026

To the Illinois Health Facilities and Services Review Board, its chair and director, and staff:

As Chair of the Washington University School of Medicine's Department of Psychiatry, I see firsthand the profound shortage of mental health resources across our region. The mental health crisis in southern Illinois mirrors a national challenge: we need more resources, more beds, and more opportunities to care for people with severe mental illness. I believe we have an important role in helping to address this crisis in our region.

A project currently before the Illinois Health Facilities and Services Review Board seeks to repurpose space at Memorial Hospital Belleville to add 22 mental health beds, or "acute mental illness" beds, in the parlance of the Illinois CON. We strongly support this project and are prepared to help ensure its success.

First, regarding resources, the State of Illinois has already recognized the importance of this need by awarding Memorial Hospital Belleville a \$10 million grant. This grant compliments the substantial commitment that both the school and our clinical partners at BJC will bring to this effort. All parties are aligned around a shared goal: to improve access to acute mental health services in southern Illinois.

Second, Washington University plays a unique role as a leading institution for training physicians. One constraint on providing care is the limited availability of training opportunities for physicians. We anticipate developing residency training opportunities at this site, which would both strengthen the program and create long-term workforce benefits for the region; namely, more highly trained psychiatrists who practice here. Physicians often end up practicing in the area where they trained, making this an important investment in the future of psychiatric care in Southern Illinois.

Finally, we understand the regional need for these services clearly.

- The lack of these beds in the St. Louis Metro East Region resulted in BJC's hospitals Alton Memorial Hospital, Memorial Hospital Belleville, and Memorial Hospital Shiloh transferring



Washington University School of Medicine  
Department of Psychiatry  
MSC 8134-94-121  
660 South Euclid Avenue  
St. Louis, MO 63110-1093  
  
E-mail: [lenze@wustl.edu](mailto:lenze@wustl.edu)  
office 314-362-8076  
  
[www.psychiatry.wustl.edu](http://www.psychiatry.wustl.edu)

approximately 400 patients each year in a mental health crisis from their emergency departments to hospitals outside the region for care.

- Moreover, the lack of mental illness beds resulted in over 1,200 patients leaving the state's health region, Health Service Area 11, in 2024 for inpatient mental health care, with some patients traveling as far as Chicago, Champaign, and Marion counties. These patients, alone, would nearly fill the proposed bed unit.

The Review Board has before it an opportunity to support a highly impactful project that could begin serving patients within approximately one year. The need for improved access to care is urgent and substantial, and the partners are committed. We ask that you help us move quickly to lessen the mental health crisis in southern Illinois.

Sincerely,



Eric Lenze, M.D.



Washington University School of Medicine  
Department of Psychiatry  
MSC 8134-94-121  
660 South Euclid Avenue  
St. Louis, MO 63110-1093  
E-mail: [lenze@wustl.edu](mailto:lenze@wustl.edu)  
office 314-362-8076  
[www.psychiatry.wustl.edu](http://www.psychiatry.wustl.edu)

### 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                                                                                                                                     | \$0                 | \$0                | \$0                 |
| Site Survey and Soil Investigation                                                                                                                    | \$0                 | \$0                | \$0                 |
| Site Preparation                                                                                                                                      | \$0                 | \$0                | \$0                 |
| Off Site Work                                                                                                                                         | \$0                 | \$0                | \$0                 |
| New Construction Contracts                                                                                                                            | \$10,078,761        | \$1,202,524        | \$11,281,285        |
| Modernization Contracts                                                                                                                               | \$0                 | \$0                | \$0                 |
| Contingencies                                                                                                                                         | \$996,800           | \$118,931          | \$1,115,731         |
| Architectural/Engineering Fees                                                                                                                        | \$955,800           | \$254,400          | \$1,210,200         |
| Consulting and Other Fees                                                                                                                             | \$248,100           | \$61,500           | \$309,600           |
| Movable or Other Equipment (not in construction contracts)                                                                                            | \$2,983,409         | \$455,100          | \$3,438,509         |
| Bond Issuance Expense (project related)                                                                                                               | \$0                 | \$0                | \$0                 |
| Net Interest Expense During Construction (project related)                                                                                            | \$0                 | \$0                | \$0                 |
| Fair Market Value of Leased Space or Equipment                                                                                                        | \$0                 | \$0                | \$0                 |
| Other Costs to Be Capitalized                                                                                                                         | \$7,009,630         | \$400,545          | \$7,410,175         |
| Acquisition of Building or Other Property (excluding land)                                                                                            | \$0                 | \$0                | \$0                 |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            | <b>\$22,272,500</b> | <b>\$2,493,000</b> | <b>\$24,765,500</b> |
| SOURCE OF FUNDS                                                                                                                                       | CLINICAL            | NONCLINICAL        | TOTAL               |
| Cash and Securities                                                                                                                                   | \$13,279,142        | \$1,486,358        | \$14,756,500        |
| Pledges                                                                                                                                               | \$0                 | \$0                | \$0                 |
| Gifts and Bequests                                                                                                                                    | \$0                 | \$0                | \$0                 |
| Bond Issues (project related)                                                                                                                         | \$0                 | \$0                | \$0                 |
| Mortgages                                                                                                                                             | \$0                 | \$0                | \$0                 |
| Leases (fair market value)                                                                                                                            | \$0                 | \$0                | \$0                 |
| Governmental Appropriations                                                                                                                           | \$0                 | \$0                | \$0                 |
| Grants                                                                                                                                                | \$8,993,358         | \$1,006,642        | \$10,000,000        |
| Other Funds and Sources                                                                                                                               | \$0                 | \$0                | \$0                 |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         | <b>\$22,272,500</b> | <b>\$2,493,000</b> | <b>\$24,765,500</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                     |                    |                     |

### Related Project Costs

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

|                                                                                                                                                                                                                                                                                                                             |                              |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Land acquisition is related to project                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Purchase Price:                                                                                                                                                                                                                                                                                                             | \$ <u>N/A</u>                |                                        |
| Fair Market Value:                                                                                                                                                                                                                                                                                                          | \$ <u>N/A</u>                |                                        |
| The project involves the establishment of a new facility or a new category of service<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                              |                                        |
| If yes, provide the dollar amount of all <b>non-capitalized</b> 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.<br>Estimated start-up costs and operating deficit cost is <u>\$2,216,000</u> |                              |                                        |

### Project Status and Completion Schedules

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>For facilities in which prior permits have been issued please provide the permit numbers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Indicate the stage of the project's architectural drawings:<br><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary<br><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working                                                                                                                                                                                                                                                                                                                  |
| Anticipated project completion date (refer to Part 1130.140): December 31, 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):<br><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.<br><input type="checkbox"/> 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<br><input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are the following submittals up to date as applicable?<br><input checked="" type="checkbox"/> Cancer Registry<br><input checked="" type="checkbox"/> APORS<br><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted<br><input checked="" type="checkbox"/> All reports regarding outstanding permits<br><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 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 |
| <b>REVIEWABLE</b>                                                                                                      |      |                   |          |                                                     |            |       |               |
| Acute Mental Illness (22 beds)                                                                                         |      |                   |          |                                                     |            |       |               |
| Emergency Department                                                                                                   |      |                   |          |                                                     |            |       |               |
| Total Clinical                                                                                                         |      |                   |          |                                                     |            |       |               |
|                                                                                                                        |      |                   |          |                                                     |            |       |               |
| <b>NON-REVIEWABLE</b>                                                                                                  |      |                   |          |                                                     |            |       |               |
| Administrative                                                                                                         |      |                   |          |                                                     |            |       |               |
| Total Non-clinical                                                                                                     |      |                   |          |                                                     |            |       |               |
| <b>TOTAL</b>                                                                                                           |      |                   |          |                                                     |            |       |               |
| APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u> , 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: Memorial Hospital- Belleville |                 | CITY: Belleville |              |             |               |
|----------------------------------------------|-----------------|------------------|--------------|-------------|---------------|
| REPORTING PERIOD DATES:                      |                 | From: 1/1/25     | to: 12/31/25 |             |               |
| Category of Service                          | Authorized Beds | Admissions       | Patient Days | Bed Changes | Proposed Beds |
| Medical/Surgical                             | 192             | 9,916            | 47,343       | n/a         | 192           |
| Obstetrics                                   |                 |                  |              |             |               |
| Pediatrics                                   |                 |                  |              |             |               |
| Intensive Care                               | 20              | 1,320            | 5,078        | n/a         | 20            |
| Comprehensive Physical Rehabilitation        |                 |                  |              |             |               |
| Acute/Chronic Mental Illness                 | 0               | n/a              | n/a          | +22         | 22            |
| Neonatal Intensive Care                      |                 |                  |              |             |               |
| General Long-Term Care                       |                 |                  |              |             |               |
| Specialized Long-Term Care                   |                 |                  |              |             |               |
| Long Term Acute Care                         |                 |                  |              |             |               |
| Other ((identify))                           |                 |                  |              |             |               |
| TOTALS:                                      | 212             | 11,236           | 52,421       | +22         | 234           |

## CERTIFICATION

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

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

This Application is filed on the behalf of BJC Health System d/b/a BJC HealthCare \*  
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.



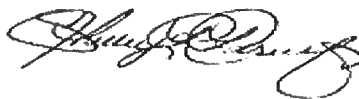
SIGNATURE

Greg Bratcher

PRINTED NAME

Director, Government Relations

PRINTED TITLE



SIGNATURE

Shelley Perulfi, DNP, MA, RN, NE-BC

PRINTED NAME

VP, Patient Care Serv & Chief Nursing Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 2nd day of July



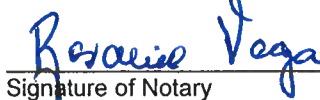
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 2nd day of July



Signature of Notary

Seal

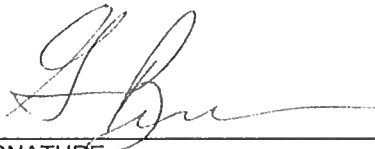


## CERTIFICATION

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

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

This Application is filed on the behalf of Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville \* 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

Greg Bratcher

PRINTED NAME

Director, Government Relations

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 2nd day of July



Signature of Notary

Seal



SIGNATURE

Shelley Perulfi, DNP, MA, RN, NE-BC

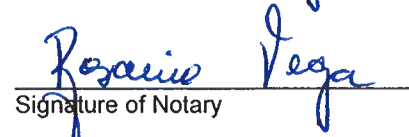
PRINTED NAME

VP, Patient Care Serv & Chief Nursing Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 2nd day of July



Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant



### 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<br>BGSF/DGSF | STATE<br>STANDARD | DIFFERENCE | MET<br>STANDARD? |
| Acute Mental Illness (AMI) |                       |                   |            |                  |

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 |                        |                                                               |                          |                   |                   |
|-------------|------------------------|---------------------------------------------------------------|--------------------------|-------------------|-------------------|
|             | DEPARTMENT/<br>SERVICE | HISTORICAL UTILIZATION<br>(PATIENT DAYS)<br>(TREATMENTS) ETC. | PROJECTED<br>UTILIZATION | STATE<br>STANDARD | MEET<br>STANDARD? |
| YEAR 1      | AMI                    |                                                               |                          |                   |                   |
| YEAR 2      | AMI                    |                                                               |                          |                   |                   |

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.

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

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

| Category of Service                                      | # Existing Beds | # Proposed Beds |
|----------------------------------------------------------|-----------------|-----------------|
| <input checked="" type="checkbox"/> Acute Mental Illness | 0               | 22              |
| <input type="checkbox"/> Chronic Mental Illness          |                 |                 |

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

| APPLICABLE REVIEW CRITERIA                                                                                                    | Establish | Expand | Modernize |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-----------|
| 1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)                                            | X         |        |           |
| 1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents                                                      | X         | X      |           |
| 1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service                                   | X         |        |           |
| 1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service                              |           | X      |           |
| 1110.210(b)(5) - Planning Area Need - Service Accessibility                                                                   | X         |        |           |
| 1110.210(c)(1) - Unnecessary Duplication of Services                                                                          | X         |        |           |
| 1110.210(c)(2) - Maldistribution                                                                                              | X         |        |           |
| 1110.210(c)(3) - Impact of Project on Other Area Providers                                                                    | X         |        |           |
| 1110.210(d)(1), (2), and (3) - Deteriorated Facilities                                                                        |           |        | X         |
| 1110.210(d)(4) - Occupancy                                                                                                    |           |        | X         |
| 1110.210(e)(1) - Staffing Availability                                                                                        | X         | X      |           |
| 1110.210(f) - Performance Requirements                                                                                        | X         | X      | X         |
| 1110.210(g) - Assurances                                                                                                      | X         | X      |           |
| <b>APPEND DOCUMENTATION AS <u>ATTACHMENT 21</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |           |        |           |

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

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

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

| Service                                                                   | # Existing Key Rooms | # Proposed Key Rooms |
|---------------------------------------------------------------------------|----------------------|----------------------|
| <input checked="" type="checkbox"/> Behavioral Health Stabilization Rooms | 0                    | 2                    |
| <input type="checkbox"/>                                                  |                      |                      |
| <input type="checkbox"/>                                                  |                      |                      |

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

| Project Type                                                                                                              | Required Review Criteria                          |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| New Services or Facility or Equipment                                                                                     | (b) – Need Determination – Establishment          |
| Service Modernization                                                                                                     | (c)(1) – Deteriorated Facilities                  |
|                                                                                                                           | AND/OR                                            |
|                                                                                                                           | (c)(2) – Necessary Expansion                      |
|                                                                                                                           | PLUS                                              |
|                                                                                                                           | (c)(3)(A) – Utilization – Major Medical Equipment |
|                                                                                                                           | OR                                                |
|                                                                                                                           | (c)(3)(B) – Utilization – Service or Facility     |
| 1 APPEND DOCUMENTATION AS <u>ATTACHMENT 31</u> , 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)

## SECTION 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]:

|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$14,765,500                                                                                                    | <p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.</li> <li>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.</li> <li>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.</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol> <p>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.</p> |
| \$10,000,000                                                                                                    | <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$24,765,500                                                                                                    | <b>TOTAL FUNDS AVAILABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## SECTION VIII. 1120.130 - FINANCIAL VIABILITY- WAIVER MET

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<br>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<br>(List below)                            | A                       | B    | C                    | D      | E                     | F      | G                    | H                  | Total Cost<br>(G + H) |
|                                                       | Cost/Square Foot<br>New | Mod. | Gross Sq. Ft.<br>New | Circ.* | Gross Sq. Ft.<br>Mod. | Circ.* | Const. \$<br>(A x C) | Mod. \$<br>(B x E) |                       |
| Acute Mental<br>Illness                               |                         |      |                      |        |                       |        |                      |                    |                       |
| 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        |                     |                     |                     |
|-------------------------------|---------------------|---------------------|---------------------|
| CHARITY CARE                  |                     |                     |                     |
| Memorial Hospital- Belleville |                     |                     |                     |
| Charity (# of patients)       | 2023                | 2024                | 2025                |
| Inpatient                     | 128                 | 171                 | 144                 |
| Outpatient                    | 4,949               | 6,057               | 4,672               |
| <b>Total</b>                  | <b>5,077</b>        | <b>6,228</b>        | <b>6,816</b>        |
| Charity (cost in dollars)     |                     |                     |                     |
| Inpatient                     | \$2,461,278         | \$2,692,910         | \$3,065,893         |
| Outpatient                    | \$3,041,330         | \$3,687,779         | \$5,555,000         |
| <b>Total</b>                  | <b>\$5,502,608</b>  | <b>\$6,380,689</b>  | <b>\$8,620,893</b>  |
| MEDICAID                      |                     |                     |                     |
| Medicaid (of patients)        | 2022                | 2023                | 2025                |
| Inpatient                     | 1,737               | 1,766               | 2,449               |
| Outpatient                    | 31,380              | 29,812              | 29,427              |
| <b>Total</b>                  | <b>33,117</b>       | <b>31,578</b>       | <b>31,876</b>       |
| Medicaid (revenue)            |                     |                     |                     |
| Inpatient                     | \$40,754,505        | \$40,725,464        | \$62,833,838        |
| Outpatient                    | \$11,368,802        | \$12,228,845        | \$12,803,570        |
| <b>Total</b>                  | <b>\$52,123,307</b> | <b>\$52,954,309</b> | <b>\$75,637,408</b> |

## 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                     |      |      |      |
|----------------------------------|------|------|------|
|                                  | 2023 | 2024 | 2025 |
| <b>Net Patient Revenue</b>       |      |      |      |
| Amount of Charity Care (charges) |      |      |      |
| Cost of Charity Care             |      |      |      |

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

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

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

1. Applicant: Methodist Hospital- Belleville 4500 Memorial Dr,  
(Name) (Address)
- Belleville IL 62226 (618) 233-7750  
(City) (State) (ZIP Code) (Telephone Number)
2. Project Location: 4500 Memorial Dr Belleville IL  
(Address) (City) (State)
- St. Clair Belleville  
(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? NO**

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

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

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

| INDEX OF ATTACHMENTS |                                                                                                       |       |
|----------------------|-------------------------------------------------------------------------------------------------------|-------|
| ATTACHMENT NO.       |                                                                                                       | PAGES |
| 1.                   | Applicant Identification including Certificate of Good Standing                                       | 28-30 |
| 2.                   | Site Ownership                                                                                        | 31    |
| 3.                   | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership | 32    |
| 4.                   | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                 | 33    |
| 5.                   | Flood Plain Requirements                                                                              | 34    |
| 6.                   | Historic Preservation Act Requirements                                                                | 35    |
| 7.                   | Project and Sources of Funds Itemization                                                              | 36-37 |
| 8.                   | Financial Commitment Document if required                                                             | 38    |
| 9.                   | Cost Space Requirements                                                                               | 39    |
| 10.                  | Discontinuation                                                                                       | n/a   |
| 11.                  | Background of the Applicant                                                                           | 40-42 |
| 12.                  | Purpose of the Project                                                                                | 43-51 |
| 13.                  | Alternatives to the Project                                                                           | 52-53 |
| 14.                  | Size of the Project                                                                                   | 54    |
| 15.                  | Project Service Utilization                                                                           | 55-57 |
| 16.                  | Unfinished or Shell Space                                                                             | 58    |
| 17.                  | Assurances for Unfinished/Shell Space                                                                 | 58    |
|                      | <b>Service Specific:</b>                                                                              |       |
| 18.                  | Medical Surgical Pediatrics, Obstetrics, ICU                                                          | n/a   |
| 19.                  | Comprehensive Physical Rehabilitation                                                                 | n/a   |
| 20.                  | Acute Mental Illness                                                                                  | 60-73 |
| 21.                  | Open Heart Surgery                                                                                    | n/a   |
| 22.                  | Cardiac Catheterization                                                                               | n/a   |
| 23.                  | In-Center Hemodialysis                                                                                | n/a   |
| 24.                  | Non-Hospital Based Ambulatory Surgery                                                                 | n/a   |
| 25.                  | Selected Organ Transplantation                                                                        | n/a   |
| 26.                  | Kidney Transplantation                                                                                | n/a   |
| 27.                  | Subacute Care Hospital Model                                                                          | n/a   |
| 28.                  | Community-Based Residential Rehabilitation Center                                                     | n/a   |
| 29.                  | Long Term Acute Care Hospital                                                                         | n/a   |
| 30.                  | Clinical Service Areas Other than Categories of Service                                               | 74-75 |
| 31.                  | Freestanding Emergency Center Medical Services                                                        | n/a   |
| 32.                  | Birth Center                                                                                          | n/a   |
|                      | <b>Financial and Economic Feasibility:</b>                                                            |       |
| 33.                  | Availability of Funds                                                                                 | 76    |
| 34.                  | Financial Waiver                                                                                      | 77    |
| 35.                  | Financial Viability                                                                                   | 78-83 |
| 36.                  | Economic Feasibility                                                                                  | 84-85 |
| 37.                  | Safety Net Impact Statement                                                                           | 86    |
| 38.                  | Charity Care Information                                                                              | 87    |
| 39.                  | Flood Plain Information                                                                               | 88    |

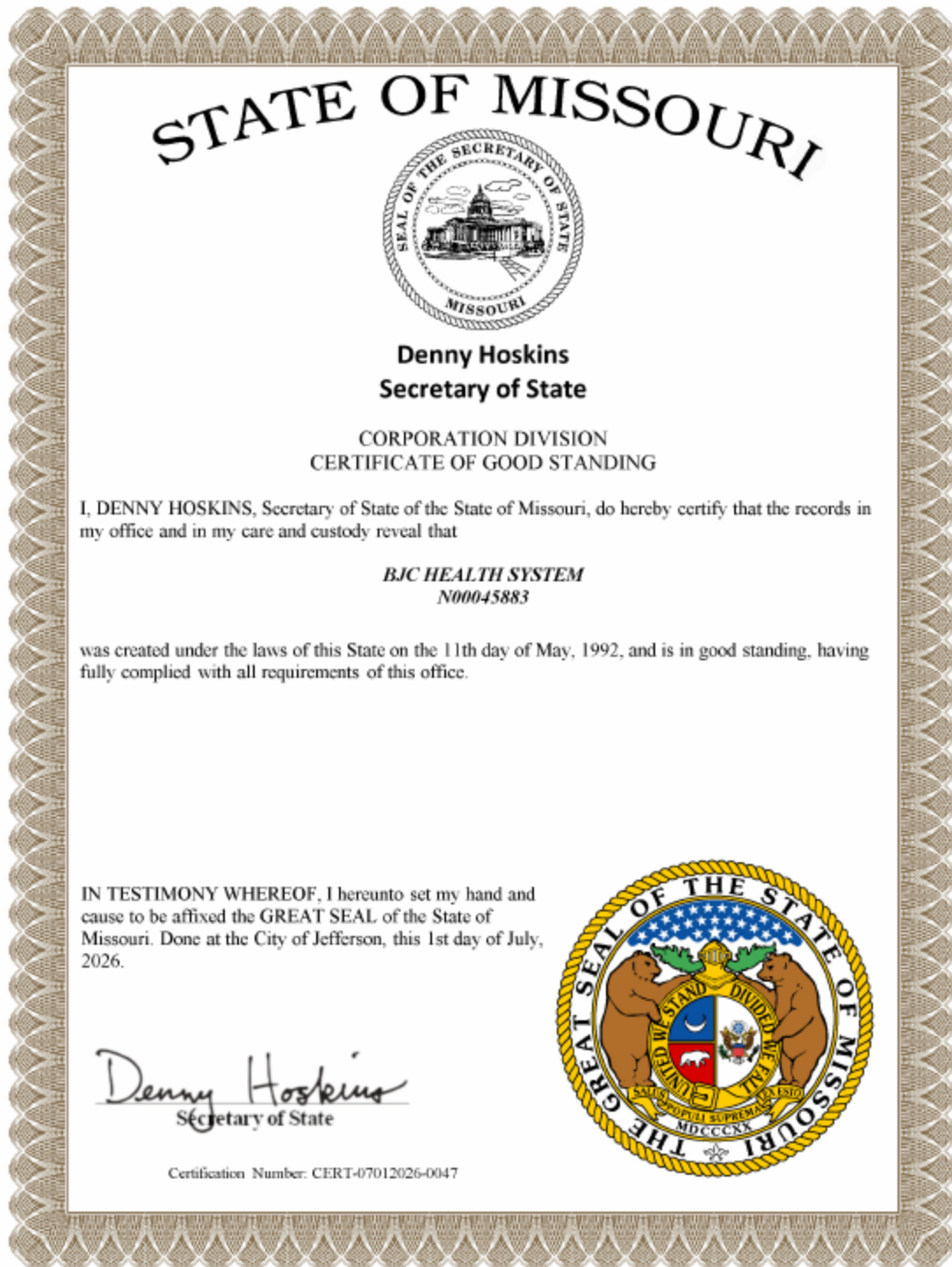
## **ATTACHMENT 1**

### **Type of Ownership of Applicant**

Included with this attachment are Certificates of Good Standing for the following Applicants:

1. BJC Health System d/b/a BJC HealthCare
2. Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville

## ATTACHMENT 1



## ATTACHMENT 1

*File Number*

2998-217-1



***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*

PROTESTANT MEMORIAL MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 04, 1947, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2618202010 verifiable until 07/01/2027  
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 1ST*  
*day of JULY A.D. 2026 .*

*Alexi Giannoulas*  
SECRETARY OF STATE

## **ATTACHMENT 2**

### **Site Ownership**

By signing the certification pages within this application, the Applicants attest that Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville owns the property at 4500 Memorial Dr, Belleville, IL 62226.

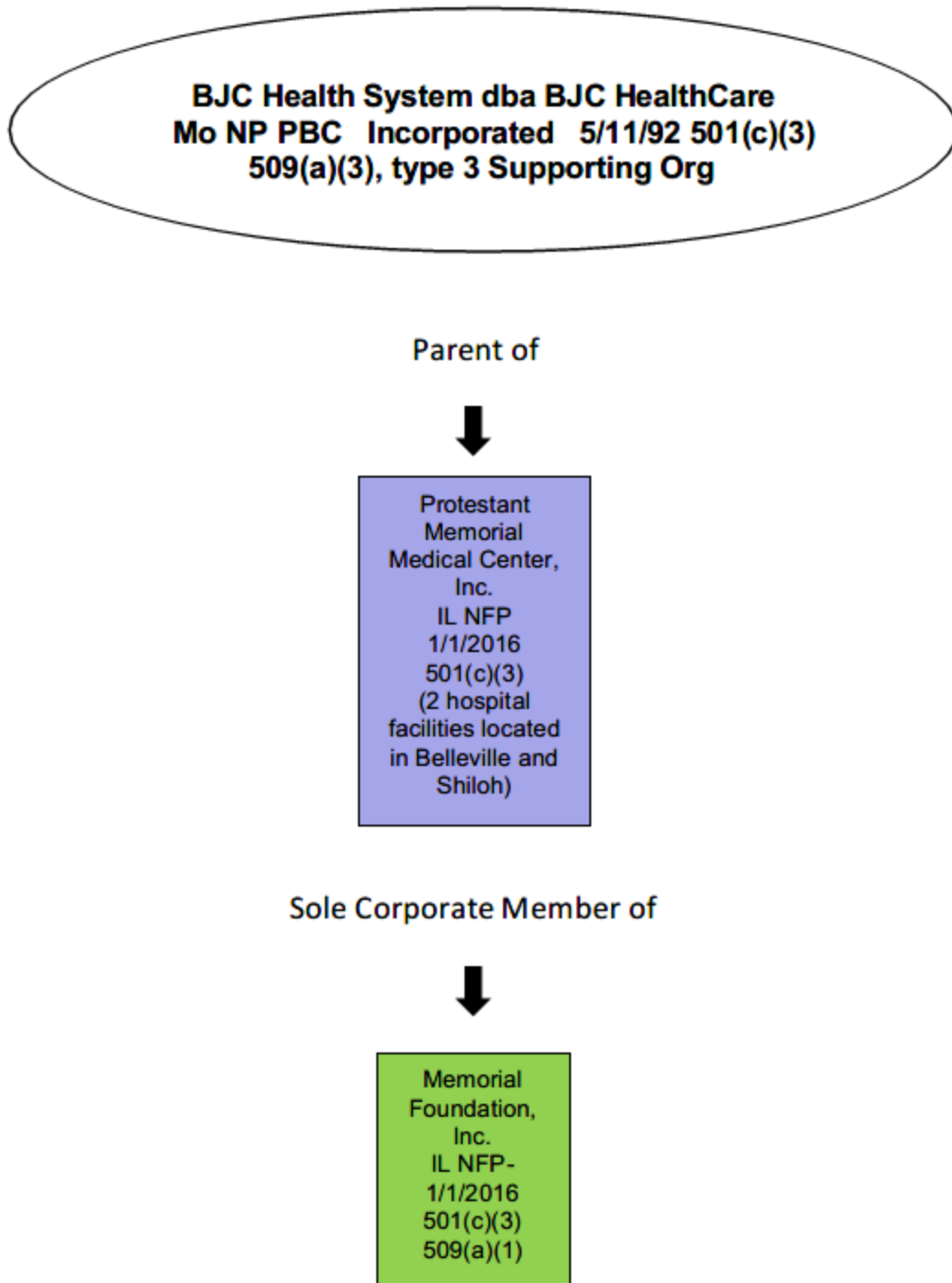
## **ATTACHMENT 3**

### **Operating Entity/ Licensee Certificate of Good Standing**

Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville will continue to be the licensee and operator of the Hospital. Copies of the Hospital's license and accreditation are attached at Attachment-11.

## ATTACHMENT 4 Organizational Chart

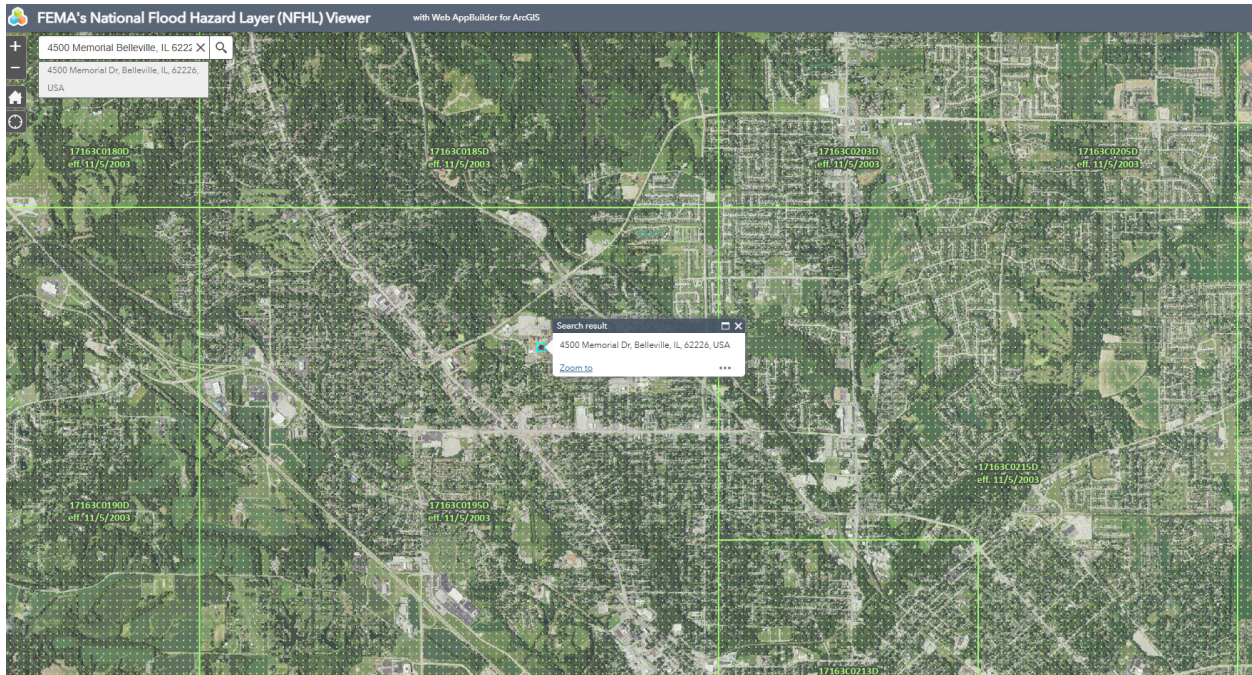
BJC Health System d/b/a BJC HealthCare is the sole member of Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital- Belleville.



## ATTACHMENT 5

### Flood Plain Requirements

The site of the proposed project complies with the requirements of the Illinois Executive Order #2005-5. Please see the following FEMA National Flood Hazard layer map documenting that the project site is not located in a Special Flood Hazard Area.



## ATTACHMENT 6

### Historic Preservation Act Requirements

Below is a letter from the Illinois Historic Preservation Agency documenting that no historic, architectural or archaeological sites exist within the project site.



St. Clair County  
Belleville  
CON - Belleville Acute Mental Illness Unit  
4500 Memorial Dr.

IHFSRB, SHPO Log #005060326

June 3, 2026

Collin Anderson  
Aronberg Goldgehn  
225 W. Washington  
Suite 2800  
Chicago, IL 60606

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 properties exist within the project area. Our office did not conduct an archaeological review because no ground disturbing activity is included in the application.

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](mailto:Steve.Dasovich@illinois.gov).

Sincerely,

Carey L. Mayer, AIA  
Deputy State Historic Preservation Officer

## ATTACHMENT 7

### Project Costs and Sources of Funds

| Use of Funds                                                       | Clinical            | Nonclinical        | Total               |
|--------------------------------------------------------------------|---------------------|--------------------|---------------------|
| <b>Preplanning Costs</b>                                           | <b>\$0</b>          | <b>\$0</b>         | <b>\$0</b>          |
| Site Survey & Soil Investigation                                   | \$0                 | \$0                | \$0                 |
| Site Preparation                                                   | \$0                 | \$0                | \$0                 |
| Off Site Work                                                      | \$0                 | \$0                | \$0                 |
| <b>New Construction Costs</b>                                      | <b>\$10,078,761</b> | <b>\$1,202,524</b> | <b>\$11,281,285</b> |
| Modernization Contracts                                            | \$0                 | \$0                | \$0                 |
| <b>Contingencies</b>                                               | <b>\$996,800</b>    | <b>\$118,931</b>   | <b>\$1,115,731</b>  |
| <b>Architectural/Engineering Fees</b>                              | <b>\$955,800</b>    | <b>\$254,400</b>   | <b>\$1,210,200</b>  |
| Architectural Engineering                                          | \$616,300           | \$157,100          | \$773,400           |
| Mechanical / Electrical Engineering                                | \$329,900           | \$95,200           | \$425,100           |
| Structural Engineering                                             | \$3,400             | \$800              | \$4,200             |
| Code Review (included in Architectural fee)                        | \$6,200             | \$1,300            | \$7,500             |
| <b>Consulting and Other Fees</b>                                   | <b>\$248,100</b>    | <b>\$61,500</b>    | <b>\$309,600</b>    |
| IDPH Plan Review Fee                                               | \$21,400            | \$5,800            | \$27,200            |
| City Permits                                                       | \$8,100             | \$1,900            | \$10,000            |
| Commissioning                                                      | \$39,000            | \$11,000           | \$50,000            |
| CON Fees/Expenses                                                  | \$47,000            | \$5,400            | \$52,400            |
| Consultants                                                        | \$132,600           | \$37,400           | \$170,000           |
| <b>Movable and Other Equipment (not in construction contracts)</b> | <b>\$2,983,409</b>  | <b>\$455,100</b>   | <b>\$3,438,509</b>  |
| Equipment General                                                  | \$767,409           | \$118,900          | \$886,309           |
| Furniture                                                          | \$864,700           | \$111,200          | \$975,900           |
| Security Access/Cameras                                            | \$629,300           | \$87,000           | \$716,300           |
| IT/Telecom                                                         | \$535,300           | \$114,400          | \$649,700           |
| Signs/Wayfinding                                                   | \$46,300            | \$5,900            | \$52,200            |
| Other                                                              | \$140,400           | \$17,700           | \$158,100           |
| <b>Bond Issuance Expense (Project related)</b>                     | <b>\$0</b>          | <b>\$0</b>         | <b>\$0</b>          |
| <b>Net Interest Expense During Construction (Project related)</b>  | <b>\$0</b>          | <b>\$0</b>         | <b>\$0</b>          |
| <b>Fair Market Value of Leased Space or Equipment</b>              | <b>\$0</b>          | <b>\$0</b>         | <b>\$0</b>          |
| <b>Other Costs to be Capitalized</b>                               | <b>\$7,009,630</b>  | <b>\$400,545</b>   | <b>\$7,410,175</b>  |
| Demolition of existing ICU infrastructure                          | \$884,367           | \$113,733          | \$998,100           |
| AMI-Specific Safety & Security Elements                            | \$3,895,075         | \$0                | \$3,895,075         |
| Behavioral Health Stabilization Rooms                              | \$2,230,188         | \$286,812          | \$2,517,000         |
| <b>Acquisition of Building or Other Property (Excluding land)</b>  | <b>\$0</b>          | <b>\$0</b>         | <b>\$0</b>          |
| <b>Total Uses of Funds</b>                                         | <b>\$22,272,500</b> | <b>\$2,493,000</b> | <b>\$24,765,500</b> |

<sup>1</sup> **Demolition of existing ICU infrastructure** – The existing ICU build-out must be completely demolished prior to reconstruction; this is not a cosmetic renovation but a full gut of a highly built-out critical care environment with complex mechanical, electrical, and plumbing systems.

<sup>2</sup> **AMI-Specific Safety & Security Elements-** Behavioral health inpatient space is typically more expensive to build than other inpatient space because the physical environment must meet a higher standard for patient safety, durability, security, and observation. Unlike a conventional medical-surgical unit, virtually every patient-accessible component must be selected or modified to reduce ligature, tampering, breakage, and self-harm risks. This includes anti-ligature door hardware, hinges, handles, grab bars, plumbing fixtures, sprinkler heads, glazing, window systems, ceilings, walls, casework, and millwork, all of which carry cost premiums over standard commercial-grade or hospital-grade products. In addition, secured and controlled access systems, magnetic locks, and behavioral health-specific door hardware are needed to maintain a safe unit environment while supporting staff workflow. Mechanical, electrical, and plumbing systems also often require redesign to conceal conduit, junction boxes, fixtures, and other elements that would otherwise be accessible to patients. Beyond the cost of individual products, behavioral health units require more complex planning, including sightline-driven nurse station and observation layouts, reinforced construction, and therapeutic design features such as communal areas, access to natural light, quiet zones, and other supportive spaces. Together, these specialized safety, security, durability, and therapeutic requirements make behavioral health inpatient construction materially more complex and costly than typical inpatient construction.

<sup>3</sup> **Behavioral Health Stabilization Rooms-** Specialized treatment area designed for patients presenting in acute mental distress, representing a clinically and operationally distinct category of care that serves those with different needs than those addressed in a standard emergency department. Unlike general emergency department bays, behavioral health treatment rooms are purpose-built environments incorporating anti-ligature fixtures, controlled sight lines, reduced environmental stimulation, with secure but non-institutional design elements, all of which are essential to de-escalation and therapeutic stabilization. Research demonstrates that dedicated behavioral assessment units co-located adjacent to emergency departments significantly reduce patient wait times, shorten length of stay, and decrease the use of mechanical restraints and therapeutic sedation compared to treating these patients in standard emergency department bays. A study at the Royal Melbourne Hospital, for example, found that a dedicated six-bed behavioral unit reduced emergency department length of stay from a median of 328 minutes to 180 minutes and reduced mechanical restraint episodes by nearly 27 percent. These outcomes reflect not merely a design preference, but a documented evidence-based standard of care for this patient population.

The addition of specialized behavioral health treatment rooms also addresses a critical and growing access-to-care gap. Behavioral health patients presenting to emergency departments in acute crisis frequently experience prolonged boarding, a phenomenon that increases costs, delays care, and poses safety risks for both patients and staff. Standard emergency department bays are ill-suited to absorb this population: the open, high-stimulation environment of a general emergency department can actively worsen acute psychiatric symptoms and increase the likelihood of agitation, elopement, or self-harm. Purpose-designed behavioral health treatment spaces enable dedicated psychiatric triage and assessment protocols, facilitate earlier engagement with crisis intervention teams, and support the multi-component brief interventions — including psychological stabilization, safety planning, and care coordination — that research has shown to reduce subsequent suicide attempts and unnecessary inpatient admissions. The proposed rooms are therefore not duplicative of existing emergency department capacity, but rather a structurally and functionally distinct investment in a care model that the existing bay inventory is neither designed nor equipped to provide.

## **ATTACHMENT 8**

### **Active CON Permits**

The Applicants have the following active permits:

#### **Alton Memorial Hospital (Project #25-020)**

- CON permit approved: 8/12/25
- Permit completion date: 9/30/27

#### **Rehab Institute of Southern Illinois, Shiloh (Project #25-035)**

- CON permit approved: 3/10/26
- Permit completion date: 11/1/29

## ATTACHMENT 9

### Cost Space Requirements

The Applicants plan to modernize Memorial Hospital- Belleville to establish the Acute Mental Illness category of service. The proposed project includes the development of 20,548 gross square feet ("GSF") of space, all of which will be new construction. This involves existing space that is being constructed to provide these services. The table below shows the breakdown of square footage by clinic and non-clinical area.

|                                      |               | Gross Square Feet |                               | Amount of Proposed Total Gross Square Feet That Is: |            |       |                                     |
|--------------------------------------|---------------|-------------------|-------------------------------|-----------------------------------------------------|------------|-------|-------------------------------------|
|                                      |               |                   | Total Upon Project Completion |                                                     |            |       | Vacated as a result of this project |
| Dept. / Area (list below)            | Cost          | Existing          |                               | New Const.                                          | Modernized | As Is |                                     |
| Clinical                             |               |                   |                               |                                                     |            |       |                                     |
| Acute Mental Illness Unit            | \$ 6,876,968  | 0                 | 5,246                         | 5,246                                               |            |       |                                     |
| AMI Therapy Rooms                    | \$ 13,165,343 | 0                 | 10,043                        | 10,043                                              |            |       |                                     |
| Behavioral Health Stabilization Bays | \$ 2,230,188  | 0                 | 1,661                         | 1,661                                               |            |       |                                     |
| Total Clinical                       | \$ 22,272,500 | 0                 | 16,950                        | 16,950                                              | 0          | 0     | 0                                   |
|                                      |               |                   |                               |                                                     |            |       |                                     |
| Non-Clinical                         |               |                   |                               |                                                     |            |       |                                     |
| General Circulation                  | \$ 1,922,756  | 0                 | 2,775                         | 2,775                                               |            |       |                                     |
| Public Waiting                       | \$ 69,288     | 0                 | 100                           | 100                                                 |            |       |                                     |
| Administrative                       | \$ 363,765    | 0                 | 525                           | 525                                                 |            |       |                                     |
| Mechanical                           | \$ 39,494     | 0                 | 57                            | 57                                                  |            |       |                                     |
| Other Non-Clinical                   | \$ 97,697     | 0                 | 141                           | 141                                                 |            |       |                                     |
| Total Non-Clinical                   | \$ 2,493,000  | 0                 | 3,598                         | 3,598                                               | 0          | 0     | 0                                   |

## **ATTACHMENT 11**

### **Background of the Applicant**

- 1. A listing of all healthcare facilities owned or operated by BJC HealthCare, including licensing, and certification.**

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by BJC HealthCare:

- Memorial Hospital, located in Belleville (#0001461)
- Memorial Hospital-East, located in Shiloh (#0005215)
- Alton memorial Hospital, located in Alton (#000026)
- Memoial Care Center in Belleville

- 2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by BJC HealthCare.**

- The Rehabilitation Institute of Southern Illinois (50%)

- 3. Attestation.**

BJC HealthCare attests that in the last three years prior to the filing of this CON application, there has been no “adverse action” (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Endeavor Health and subject to HFSRB jurisdiction.

- 4. Authorization.**

HFSRB and IDPH are hereby authorized by BJC HealthCare to access any documents necessary to verify the information submitted within this application relating to BJC HealthCare, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

## ATTACHMENT 11 Background of the Applicant



November 25, 2024

Deborah Graves  
President  
Protestant Memorial Medical Center, Inc.  
4500 Memorial Drive ,  
Belleville, IL 62226

Joint Commission ID #: 692642  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 11/22/2024

Dear Ms. Graves:

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

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning September 14, 2024 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 the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

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

## ATTACHMENT 11

### Background of the Applicant

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF135150**

**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      |          | 0001461     |

**General Hospital**

Effective: 01/01/2026

Protestant Memorial Medical Center, Inc.  
dba Memorial Hospital-Belleville  
4500 Memorial Drive  
1404 Cross Street Shiloh, IL 62269  
Belleville, IL 62226

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4925001 2M 4/25

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/31/2026

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Protestant Memorial Medical Center, Inc.  
dba Memorial Hospital-Belleville  
4500 Memorial Drive  
1404 Cross Street Shiloh, IL 62269  
Belleville, IL 62226

FEE RECEIPT NO.

## ATTACHMENT 12

### Purpose of the Project

1. The purpose of the Project is to improve access to inpatient behavioral health (also known as “acute mental illness” or “AMI”) services to residents of the St Louis Metro East Region. Importantly, this area is designated by the Health Resources & Services Administration (“HRSA”) as a mental health professional shortage area. See Attachment – 12A. Moreover, as documented in Memorial Hospital’s 2025 – 2028 Community Health Needs Assessment (“CHNA”) and Improvement Plan, mental health is the top health care priority for community members, community leaders, and the Memorial Hospital CHNA team alike.<sup>1</sup> This project will not only providing timely access to inpatient behavioral health services, but through BJC’s collaboration with Washington University School of Medicine Department of Psychiatry, it will enhance opportunities for psychiatry residencies, which will improve access to mental health services in the St. Louis Metro East Region.

#### **a. Need for Behavioral Health Services**

Mental illness is a significant and growing source of morbidity and mortality in the United States, which has only grown worse in the wake of the COVID-19 pandemic. The 2023 National Survey of Drug Use and Health estimates that 21.9 million people experienced a major depressive episode in 2023 and 12.8 million had serious thoughts of suicide.<sup>2</sup> For individuals with acute mental health needs, inpatient behavioral health services are an important component of the mental health continuum of care and provide critical evaluation, medication, and stabilization services. Limited access to inpatient behavioral health services has been associated with higher rates of homelessness, suicide risk, and premature mortality.

As previously noted, St. Clair County, where the planned behavioral health unit will be located is a HRSA designated mental health professional shortage area. This means there is an insufficient number of psychiatrists, psychologists, licensed clinical social workers, or counselors to adequately serve the community. Importantly, Memorial Hospital serves a large minority population; 33% percent of its patients are Black/African American. As the shortage of behavioral health professionals has grown more acute in the wake of the COVID-19 pandemic, people of color have been disproportionately affected and are more likely to be undiagnosed due to lack of culturally sensitive screening tools, structural barriers to access care, and racial disparities in the receipt of mental health services. According to data from the U.S. Department of Health and Human Services, in 2024, Black adults were 11% less likely than the overall U.S. population to report having a mental illness and 36% less likely to receive mental health treatment.<sup>3</sup> Moreover, the Black community is more likely to experience socioeconomic disparities such as exclusion from health, educational, social and economic resources, which may contribute to worse

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<sup>1</sup> BJC HEALTHCARE, MEMORIAL HOSPITAL 2025 – 2028 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPROVEMENT PLAN 13 (2026) *available at* <https://www.bjc.org/sites/bjc/files/2026-04/3473900-MHB-S-02-05-26-WEB.pdf> (last visited Jun. 5, 2026).

<sup>2</sup> Linderfeld Z et al. Inpatient Psychiatric Bed Capacity within CMS-Certified U.S. Hospitals, 2011 – 2023: A Cross-Sectional Study 3.

<sup>3</sup> U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF MINORITY HEALTH, MENTAL HEALTH AND BLACK/AFRICAN AMERICANS (2026) *available at* <https://minorityhealth.hhs.gov/mental-and-behavioral-health-blackafrican-americans> (last visited Jun. 3, 2026).

mental health outcomes. Barriers to care, including cost, not knowing where to obtain care, limited provider options, and limited acceptance of insurance among providers contribute to the increase in unmet mental health needs. Understanding the needs of the community, better access to mental health services is a top priority of Memorial Hospital's most recent CHNA, and the planned inpatient behavioral health unit will not only improve access to inpatient behavioral health services, but it will also expand opportunities for psychiatry residencies and fellowships, which will address the mental health professional shortage in the region.

#### **b. Insufficient Bed Capacity in HSA 11**

Current demand for inpatient behavioral health services in Illinois is driven, in part, by Illinois's deinstitutionalization of state-operated mental health facilities, one of the most dramatic in the nation, a reduction of over 96% in state psychiatric bed capacity over roughly seven decades.<sup>4</sup> More recently, the State has seen the closure of 10 acute mental illness units from 2020 to 2023, resulting in a loss of 167 acute mental illness beds (or 1 in 4 beds). Closures included the closure of the HSHS unit at St. Elizabeth when it was still operating in Belleville. While some new beds have been added to the inventory of AMI beds, the loss of acute mental illness beds in the State of Illinois continues to far outpace the rate of gains,<sup>5</sup> creating additional challenges for patients suffering a mental health crisis, including longer emergency department wait times, shorter hospital stays, and higher rates of psychiatric readmissions.

Moreover, the absence or shortage of inpatient behavioral health beds in general acute care hospitals can contribute to patient boarding in the emergency department, which is expensive, does not lend itself to appropriate care, and limits bed availability for people in need of other critical services. Emergency departments also lack the therapeutic environment, activities, specialized provider teams, including psychiatry consults, that are typically available in an inpatient behavioral health unit.<sup>6</sup> A minor but important component of this project adds four dedicated stabilization stations adjacent to the hospital's emergency department. This project seeks to make a patient's stay in the emergency room safer and short, with the overarching goal of moving patients quickly to an inpatient room once stabilized in the emergency department.

#### **c. Patient Outmigration**

People in mental health crisis are often brought to hospitals' emergency departments, and the combined BJC emergency departments at Memorial Belleville, Memorial Shiloh, and Alton Memorial hospitals are among the busiest in southern Illinois. About 660 patients annually are transferred to psychiatric inpatient centers from BJC's emergency departments, and over a third of those had to find beds in Missouri or more than 50 miles

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<sup>4</sup> In 1955, Illinois operated more than 30,000 adult state-operated inpatient mental health beds across a network of large psychiatric hospitals. By 2019, that number had fallen to fewer than 1,200 beds, and COVID-19 further reduced that figure to approximately 1,100. The Illinois General Assembly itself formally recognized this staggering decline in the findings of Public Act 102-0913 (the Mental Health Inpatient Facility Access Act), enacted in 2021.

<sup>5</sup> David T. Jones, STATE OF ILLINOIS' BEHAVIORAL HEALTH SYSTEM REPORT 50 (2025) *available at* [https://www.dhs.state.il.us/OneNetLibrary/27896/documents/25.01.09\\_FY24\\_BHSR\\_A11Y.pdf](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/25.01.09_FY24_BHSR_A11Y.pdf) (last visited Jun. 9, 2026).

<sup>6</sup> *Id.* At 11.

away, most often in Cook, Champaign, or Sangamon counties. (See Table 1110.110(b)(1)). Transferring patients to behavioral health units outside of their communities results in forced separation from their support system, leading to heightened vulnerability and anxiety for both patients and loved ones. Additionally, families face financial burdens and logistical hurdles, e.g., transportation and time off work to visit their patient, reducing their ability to participate in the care plan and discharge planning. The planned inpatient behavioral health unit will expand access to essential services, improve care timeliness, and allow Memorial Hospital to better meet its mission to serve vulnerable populations.

| <b>Table 1110.110(b)(1)</b><br><b>BJC Illinois Hospitals</b><br><b>Transfers to Psychiatric Facilities</b> |         |      |      |
|------------------------------------------------------------------------------------------------------------|---------|------|------|
| Discharge Destination                                                                                      | Volumes |      |      |
|                                                                                                            | 2023    | 2024 | 2025 |
| TOUCHETTE REGIONAL HOSPITAL                                                                                | 118     | 192  | 187  |
| GATEWAY BEHAVIORAL HEALTH (GRANITE CITY, IL)                                                               | 117     | 83   | 66   |
| LINCOLN PRAIRIE BEHAVIORIAL HEALTH                                                                         | 57      | 76   | 52   |
| BEHAVIORAL HEATLH SYSTEM (PAVILION)                                                                        | 30      | 42   | 46   |
| CENTERPOINTE HOSPITAL (ST. CHARLES, MO)                                                                    | 37      | 27   | 41   |
| BARNES JEWISH HOSPITAL                                                                                     | 19      | 15   | 21   |
| SOUTHEAST BEHAVIORAL HOSPITAL                                                                              | 11      | 16   | 19   |
| GATEWAY REGION CENTER                                                                                      | 16      | 6    | 7    |
| BJH PSYCHIATRIC CARE-DELMAR CAMPUS (ST. LOUIS, MO)                                                         | -       | 11   | 18   |
| PSYCHIATRIC STABILIZATION CENTER                                                                           | 19      | 3    | 2    |
| MARYLAND HEIGHTS CENTER FOR BEHAVIORAL HEALTH                                                              | 13      | 5    | 6    |
| STREAMWOOD BEHAVIORAL HEALTHCARE SYSTEM                                                                    | 6       | 9    | 3    |
| POPLAR BLUFF REGIONAL MEDICAL CENTER                                                                       | 12      | 5    |      |
| ST MARYS GOOD SAMARITAN HOSP CENTRAILA                                                                     | 6       | 5    | 6    |
| RIVEREDGE HOSPITAL                                                                                         | 9       | 3    | 3    |
| CENTERPOINTE HOSPITAL (COLUMBIA, MO)                                                                       | 5       | 3    | 6    |
| JEFFERSON BARRACKS                                                                                         | 3       | 3    | 3    |
| HARTGROVE BEHAVIORAL HEALTH SYSTEM (CHICAGO, IL)                                                           | 1       | 3    | 3    |
| BARNES JEWISH SOUTH                                                                                        | 4       | 1    |      |
| BJC BEHAVIORAL HEALTH                                                                                      | 3       | 1    | 1    |
| BJH COH PSYCHIATRIC CLINIC                                                                                 | 2       | 2    |      |
| CHESTER MENTAL HEALTH CENTER                                                                               | 2       | 1    |      |
| MISSOURI DELTA MEDICAL CENTER                                                                              | 1       |      | 2    |
| ALTON MENTAL HEALTH                                                                                        | 1       | 1    | 1    |
| SE MISSOURI BEHAVIORAL HEALTH AQUINAS                                                                      |         | 2    |      |
| RIVERSIDE MILLER HEALTHCARE (KANKAKEE, IL)                                                                 |         | 2    |      |
| MERCY HOSPITAL SOUTHEAST (CAPE GIRARDEAU, MO)                                                              |         |      | 2    |
| ADVOCATE BROMENN MEDICAL CENTER                                                                            | 2       |      |      |
| VA MEDICAL CENTER ST LOUIS                                                                                 |         |      | 2    |

| <b>Table 1110.110(b)(1)</b><br><b>BJC Illinois Hospitals</b><br><b>Transfers to Psychiatric Facilities</b> |            |            |            |
|------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| Discharge Destination                                                                                      | Volumes    |            |            |
|                                                                                                            | 2023       | 2024       | 2025       |
| SOUTHEST MO CAPE GIRARDEU                                                                                  | 1          |            | 1          |
| MULBERRY CENTER IL                                                                                         |            | 1          | 1          |
| MEMORIAL HOSPITAL BELLEVILLE                                                                               |            | 2          |            |
| MERCY HOSPITAL SOUTH                                                                                       |            | 2          |            |
| NOTTINGHAM HEALTH & REHABILITATION                                                                         | 1          |            |            |
| ILLINOIS RECOVERY CENTER (SWANSEA, IL)                                                                     |            |            | 1          |
| POPLAR BLUFF REGIONAL MED CNTR OAK GROVE                                                                   | 1          |            |            |
| LAKELAND HOSPITAL (SPRINGFIELD, MO)                                                                        |            |            | 1          |
| CHESTNUT HEALTH SYSTEMS (MADISON, IL)                                                                      |            |            | 1          |
| COMPRENSIVE BEHAVIORAL HEALTH CENTER OF ST. CLAIR COUNTY                                                   |            | 1          |            |
| BJH COH PRIMARY MEDICINE CLINIC                                                                            | 1          |            |            |
| AQUINAS CENTER - SOUTHEAST MISSOURI BEHAVIORIAL HEALTH (FARMINGTON, MO)                                    |            |            | 1          |
| ST MARYS GOOD SAMARITAN REG HLTH CNTR MOUNT VERNON                                                         | 1          |            |            |
| GATEWAY FOUNDATION                                                                                         |            |            | 1          |
| OSF HEART OF MARY MEDICAL CENTER (URBANA, IL)                                                              |            | 1          |            |
| ALTON MEMORIAL REHABILITATION & THERAPY                                                                    |            |            | 1          |
| PERIMETER BEHAVIORAL HEALTH (SPRINGFIELD, MO)                                                              | 1          |            |            |
| HARRY S. TRUMAN MEMORIAL VETERANS' HOSPITAL (COLUMBIA)                                                     | 1          |            |            |
| POPLAR BLUFF REGIONAL MED CNTR NORTH                                                                       |            | 1          |            |
| SOUTHEAST MISSOURI MENTAL HEALTH CENTER                                                                    | 1          |            |            |
| NEW HOPE SULLIVAN MO                                                                                       | 1          |            |            |
| MISSOURI BAPTIST HOSPITAL SULLIVAN                                                                         | 1          |            |            |
| CHESTNUT HEALTH SYSTEM PONTOON BEACH                                                                       | 1          |            |            |
| OTHER                                                                                                      | 170        | 116        | 155        |
| <b>Total Transfers to Psychiatric Facility</b>                                                             | <b>675</b> | <b>641</b> | <b>660</b> |

This issue is not limited to BJC, according to data from the Hospital Industry Data Institute (“HIDI”) over 1,200 patients from HSA 11 left the region in 2024 for inpatient behavioral health services. (See Table 1110.110(b)(2)). If Memorial Hospital Belleville had an inpatient behavioral health unit, BJC anticipates at least 20% of patients who leave the region for inpatient behavioral health services would present to the Memorial Hospital Belleville emergency department for these services.

**Table 1110.110(b)(2)**  
**2024 Inpatient Behavioral Health Outmigration**

|             | Marion IL | St. Louis  | St. Louis City | Champaign  | St. Charles | Cook      | Saline    | Sangamon  | All Other  |
|-------------|-----------|------------|----------------|------------|-------------|-----------|-----------|-----------|------------|
| ST CLAIR IL | 10        | 169        | 191            | 33         | 54          | 33        | 2         | 1         | 47         |
| MADISON IL  | 28        | 138        | 134            | 65         | 81          | 38        | 7         | 10        | 46         |
| MONROE IL   | 0         | 76         | 13             | 0          | 2           | 1         | 0         | 0         | 8          |
| CLINTON IL  | 19        | 8          | 4              | 6          | 2           | 4         | 1         | 0         | 1          |
| Total       | <b>57</b> | <b>391</b> | <b>342</b>     | <b>104</b> | <b>139</b>  | <b>76</b> | <b>10</b> | <b>11</b> | <b>102</b> |

Recognizing the importance of local, available mental health beds, and to help address the historical loss of mental health capacity, Representative Hoffman and Senator Belt collaborated to provide a \$10 million grant to Memorial Hospital-Belleville for this project.

#### **d. Community Need and Bed Need Analysis.**

Importantly, the State Board's bed need target of .11 beds per 1,000 population (or a calculated need for 66 beds in HSA 11) undercounts the need for acute mental illness beds when compared to recent studies on bed need. As David T. Jones, Chief Behavioral Health Officer for the State of Illinois and multiple experts have noted, the need for acute mental illness beds is .40 to .60 per 1,000 population,<sup>7</sup> or 239 to 358 acute mental illness beds to adequately serve the St. Louis Metro East Region. Currently, there are 153 acute mental illness beds in HSA 11, assuming the Touchette Regional Hospital certificate of need application (Project No. 26-012) is approved, there will still be a need for 40 beds.

2. A map of the planning area for the proposed AMI unit is defined by State Board rule. A map delineating the boundaries is attached at Attachment – 12B. The planning area encompasses a 17-mile radius around Memorial Hospital in Shiloh. The boundaries of the planning area are as follows:

- North approximately 17 miles to Edwardsville
- Northwest approximately 13 miles to the Mississippi River
- West approximately 12 miles to the Mississippi River
- Southwest approximately 17 miles to Columbia
- South approximately 17 miles to Hecker
- Southeast approximately 17 miles to Fayetteville
- East approximately 17 miles to New Baden

<sup>7</sup> Linderfeld Z, Cantor JH, McCullough CM, Bather JR, McBain RK (2025) Inpatient Psychiatric Bed Capacity within CMS-Certified U.S. Hospitals, 2011 – 2023: A Cross-Sectional Study. PLoS Med 22(7): e1004682 <https://doi.org/10.1371/journal.pmed.1004682>.

Mundt AP, Rozas Serri E, Irrázaval M, O'Reilly R, Allison S, Bastiampillai T, Musisi S, Kagee A, Golenkov A, El-Khoury J, Park SC, Chwastiak L, Priebe S. Minimum and optimal numbers of psychiatric beds: expert consensus using a Delphi process. Mol Psychiatry. 2022 Apr;27(4):1873-1879. doi: 10.1038/s41380-021-01435-0. Epub 2022 Jan 21. PMID: 35064234; PMCID: PMC8780043.

Shanti Silver, *Estimating Psychiatric Bed Need in the United States*, Treatment Advocacy Center, Office of Research and Public Affairs (Jan. 2024) available at [https://www.tac.org/wp-content/uploads/2024/03/TAC\\_ORPA\\_ResearchSummary1.24.pdf](https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf).

- Northeast approximately 17 miles to Highland
3. Currently, there is insufficient inpatient behavioral health beds to adequately serve HSA 11. Community members, community leaders, and the Memorial Hospital Community Health Needs Assessment identified mental health as a top health care priority in the most recent Community Health Needs Assessment and Improvement Plan.<sup>8</sup> Importantly, the State Board's bed need target of .11 beds per 1,000 population (or a calculated need for 66 beds in HSA 11) undercounts the need for acute mental illness beds when compared to recent studies on bed need. As the state's own Chief Behavioral Health Officer has noted, the need for acute mental illness beds is .40 to .60 per 1,000 population,<sup>9</sup> or 239 to 358 acute mental illness beds to adequately serve the St. Louis Metro East Region. Currently, there are 153 acute mental illness beds in HSA 11, assuming the Touchette Regional Hospital certificate of need application (Project No. 26-012) is approved, there will still be a need for 40 beds.

This lack of beds has resulted in the transfer of approximately 660 behavioral health patients annually from Memorial Belleville, Memorial Shiloh, and Alton Memorial hospitals. Transferring patients to behavioral health units outside of their communities results in forced separation from their support system, leading to heightened vulnerability and anxiety for both patients and loved ones. Additionally, families face financial burdens and logistical hurdles, e.g., transportation and time off work to visit their patient, reducing their ability to participate in the care plan and discharge planning. Over 1,000 patients from the two nearest counties had to travel to find beds in Missouri or in distant counties in Illinois. Bringing these patients home would mean the project meets the CON criterion of 85% occupancy between years one and two, solely on patients leaving from two counties. The need is demonstrable and great.

#### 4. Sources

David T. Jones, STATE OF ILLINOIS' BEHAVIORAL HEALTH SYSTEM REPORT 50 (2025) *available at* [https://www.dhs.state.il.us/OneNetLibrary/27896/documents/25.01.09\\_FY24\\_BHSR\\_A11Y.pdf](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/25.01.09_FY24_BHSR_A11Y.pdf) (last visited Jun. 9, 2026).

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Linderfeld Z, Cantor JH, McCullough CM, Bather JR, McBain RK (2025) Inpatient Psychiatric Bed Capacity within CMS-Certified U.S. Hospitals, 2011 – 2023: A Cross-Sectional Study. *PLoS Med* 22(7): e1004682 <https://doi.org/10.1371/journal.pmed.1004682>

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<sup>8</sup> BJC HEALTHCARE, MEMORIAL HOSPITAL 2025 – 2028 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPROVEMENT PLAN 13 (2026) *available at* <https://www.bjc.org/sites/bjc/files/2026-04/3473900-MHB-S-02-05-26-WEB.pdf> (last visited Jun. 5, 2026).

<sup>9</sup> Linderfeld Z, Cantor JH, McCullough CM, Bather JR, McBain RK (2025) Inpatient Psychiatric Bed Capacity within CMS-Certified U.S. Hospitals, 2011 – 2023: A Cross-Sectional Study. *PLoS Med* 22(7): e1004682 <https://doi.org/10.1371/journal.pmed.1004682>.

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Shanti Silver, *Estimating Psychiatric Bed Need in the United States*, Treatment Advocacy Center, Office of Research and Public Affairs (Jan. 2024) *available at* [https://www.tac.org/wp-content/uploads/2024/03/TAC\\_ORPA\\_ResearchSummary1.24.pdf](https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf).

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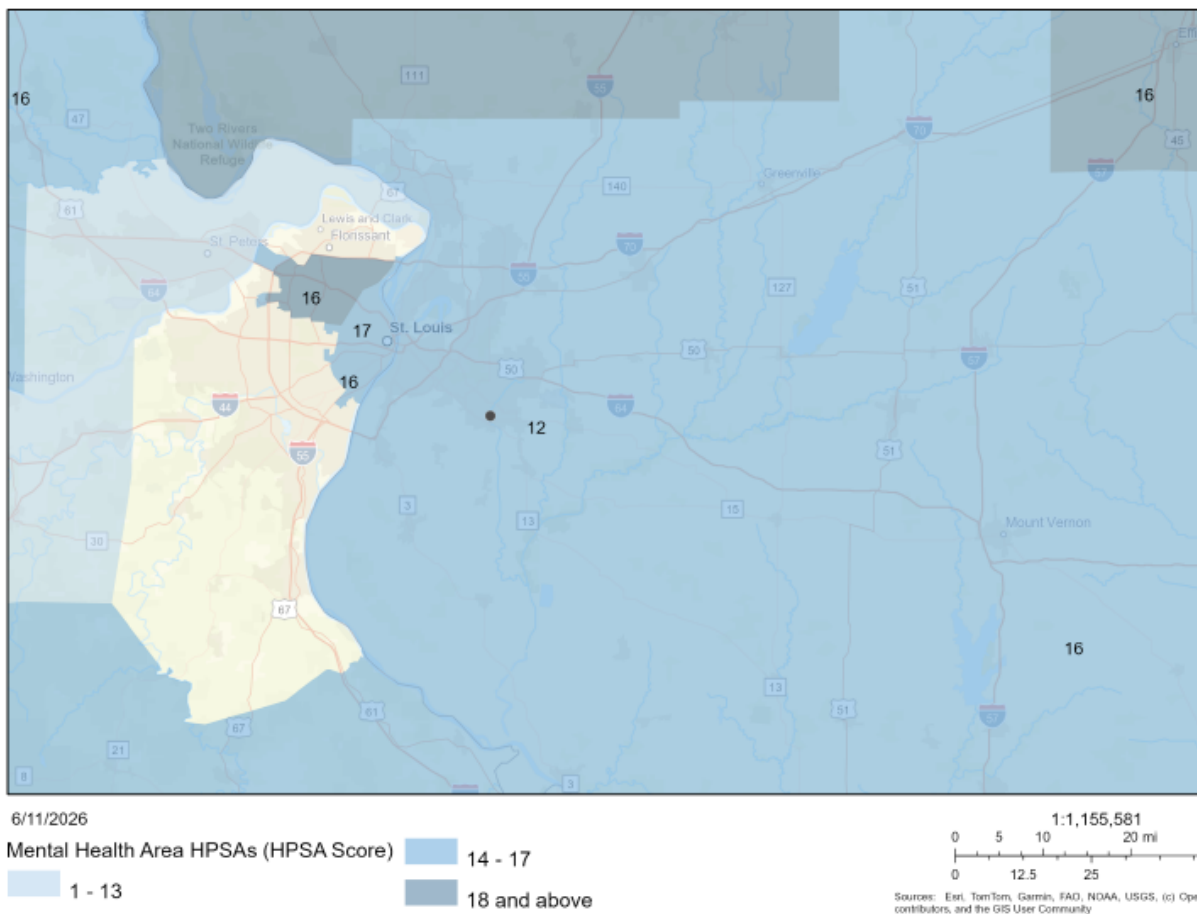
Shanti Silver, *Estimating Psychiatric Bed Need in the United States*, Treatment Advocacy Center, Office of Research and Public Affairs (Jan. 2024) available at [https://www.tac.org/wp-content/uploads/2024/03/TAC\\_ORPA\\_ResearchSummary1.24.pdf](https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf) (last visited Jun. 2, 2026).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF MINORITY HEALTH, MENTAL HEALTH AND BLACK/AFRICAN AMERICANS (2026) available at <https://minorityhealth.hhs.gov/mental-and-behavioral-health-blackafrican-americans> (last visited Jun. 3, 2026).

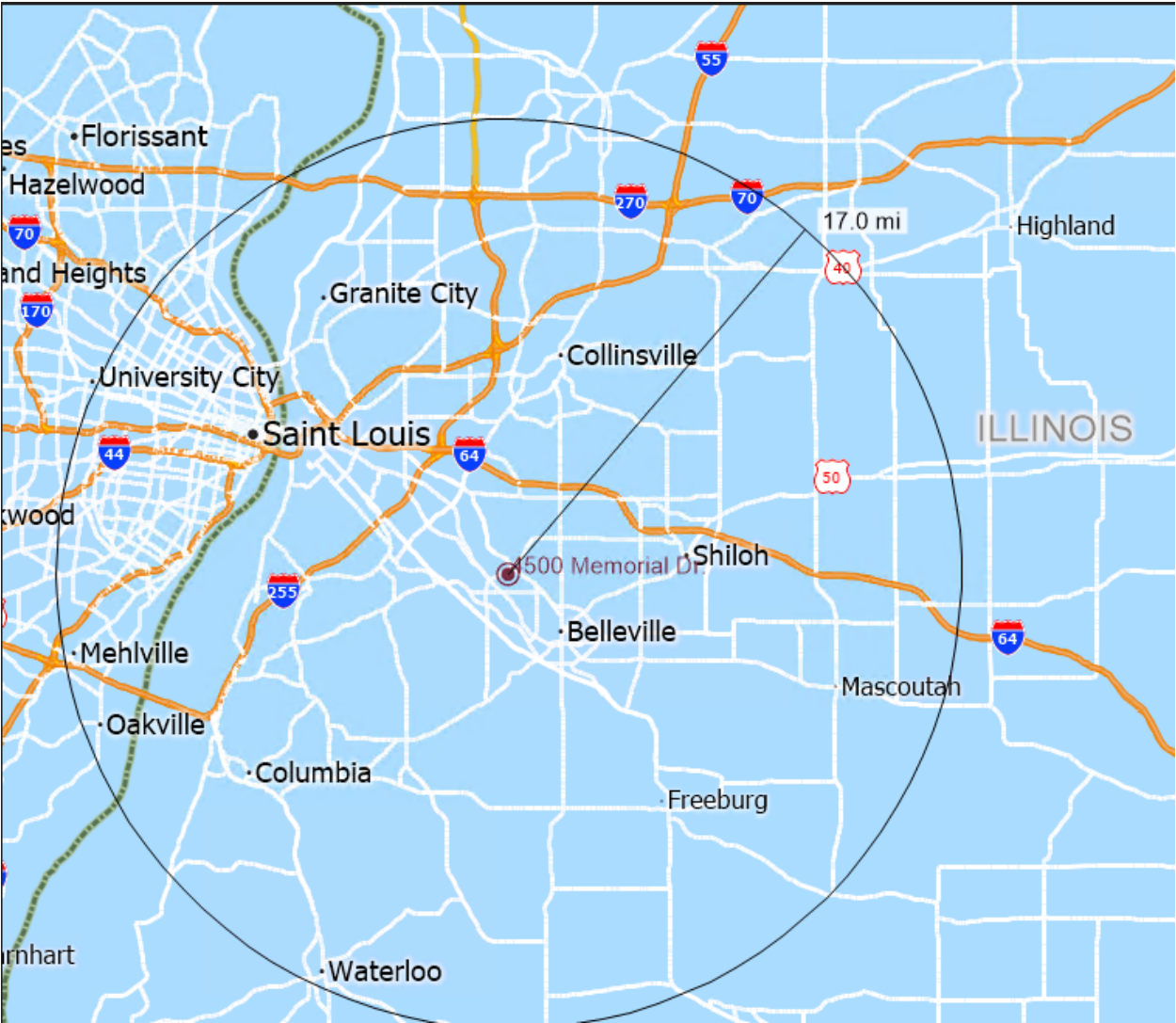
5. By leveraging vacated intensive care unit space, the Applicants will create a dedicated inpatient psychiatric unit that can rapidly expand access to essential services, improve care timeliness, and better meet the Hospital's mission to serve vulnerable populations. The addition of an inpatient behavioral health unit will reduce emergency department boarding, improve patient flow, enhance clinical outcomes, keep patients closer to home, and increase availability of inpatient behavioral health beds at other Applicant facilities for Illinois patients.

## ATTACHMENT 12A

Belleville Memorial Hospital Mental Health HPSA Map



**ATTACHMENT 12B**  
**Geographic Service Area (17-Mile Radius)**



## ATTACHMENT 13

### Alternatives

The Applicants considered four options prior to determining to establish an inpatient behavioral health unit. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing
2. Project of Lesser Scope
3. Project of Greater Scope
4. Establish an Inpatient Behavioral Health Unit at Memorial Hospital Belleville

After exploring these options, which are discussed in more detail below, the Applicants determined to establish an inpatient behavioral health unit. A review of each of the options considered and the reasons they were rejected or accepted follows.

#### 1. Maintain the Status Quo

While the State Board's May 31, 2026, Revised Bed Need Determinations shows an excess of 88 inpatient behavioral health beds, this is misleading. As discussed in greater detail in Criterion 1110.110(b), the State Board's bed need target of .11 beds per 1,000 population undercounts the need for acute mental illness beds when compared to recent studies on bed need, which calculates a bed need of .40 to .60 per 1,000 population.<sup>10</sup> Based on a minimum of .40 beds per 1,000 calculation, at least 239 inpatient behavioral health beds are needed to adequately serve the Metro East Region, resulting in a deficit of 86 beds. Assuming the Touchette Regional Hospital certificate of need application (Project No. 26-012) is approved, there will still be a need for 40 inpatient behavioral health beds.

Importantly, the Applicants' three hospitals in HSA 11 (Memorial Hospital Belleville, Memorial Hospital Shiloh, and Alton Memorial Hospital) collectively transfer approximately 660 patients annually to psychiatric inpatient centers, and over a third of those had to find beds in Missouri or more than 50 miles away, most often in Cook, Champaign, or Sangamon counties. This demand for inpatient behavioral health services results in prolonged emergency department boarding, delayed treatment, and fragmented care for behavioral health patients. These constraints not only impact patient outcomes and experience but also place significant strain on emergency department throughput and hospital capacity. Moreover, transferring patients to behavioral health units outside of their communities results in forced separation from their support system, leading to heightened

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<sup>10</sup> Linderfeld Z, Cantor JH, McCullough CM, Bather JR, McBain RK (2025) Inpatient Psychiatric Bed Capacity within CMS-Certified U.S. Hospitals, 2011 – 2023: A Cross-Sectional Study. PLoS Med 22(7): e1004682 <https://doi.org/10.1371/journal.pmed.1004682>.

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Shanti Silver, *Estimating Psychiatric Bed Need in the United States*, Treatment Advocacy Center, Office of Research and Public Affairs (Jan. 2024) available at [https://www.tac.org/wp-content/uploads/2024/03/TAC\\_ORPA\\_ResearchSummary1.24.pdf](https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf).

vulnerability and anxiety for both patients and loved ones. Additionally, families face financial burdens and logistical hurdles, e.g., transportation and time off work to visit their patient, reducing their ability to participate in the care plan and discharge planning.

An inpatient behavioral health unit at Memorial Hospital Belleville will reduce emergency department boarding, improve patient flow, enhance clinical outcomes, keep patients close to home, and improve access to inpatient behavioral health beds. Without an inpatient unit at Memorial Hospital Belleville, patients will continue to be transferred outside of the community for care, which exacerbates patient stress and places significant financial and logistical burdens on families. Accordingly, this alternative was rejected.

There is no cost to this alternative.

2. Project of Lesser Scope

The Applicants considered a smaller inpatient behavioral health unit; however, the minimum unit size for a new inpatient behavioral health unit is 20 beds. Based on historical transfers from the BJC Illinois Hospitals coupled with current outmigration, there is a need for additional beds. Additionally, recent studies of inpatient behavioral bed need calculate a need for at least 40 additional beds in HSA 11 assuming the Touchette Regional Hospital certificate of need application is approved. For these reasons, this alternative was rejected.

3. Project of Greater Scope

As discussed throughout this application, recent studies of inpatient behavioral health beds support a need for at least 40 additional beds in HSA 11, assuming approval of the Touchette Regional Hospital certificate of need application. This project repurposes vacated intensive care unit space, which would only accommodate 22 patient rooms. This project is rightsized to stem outmigration of patients to Missouri and distant facilities within Illinois. Increasing the size of the unit to fully address the need for inpatient behavioral health beds in the HSA would significantly increase the cost of the project. For these reasons, this alternative was rejected.

4. Establish a 22-Bed Inpatient Behavioral Health Unit

The Applicants selected the project as proposed, which involves repurposing the vacated intensive care unit into a 22-bed inpatients behavioral health unit at Memorial Hospital Belleville. This option will address the need for additional behavioral health services in HSA 11 while stemming outmigration to Missouri and Cook, Champaign, and Sangamon counties in Illinois. The addition of an inpatient behavioral health unit will reduce emergency department boarding, improve patient flow, enhance clinical outcomes, keep patients closer to home, and increase availability of inpatient behavioral health beds at other Applicant facilities for Illinois patients. For these reasons, this alternative was selected.

The cost of this alternative is \$24,765,500.

## ATTACHMENT 14

### Size of the Project

The Project includes 22 AMI beds and two behavioral health stabilization rooms. The table below documents that the planned square footage is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110.

| SIZE OF PROJECT                      |                                                        |                  |            |               |
|--------------------------------------|--------------------------------------------------------|------------------|------------|---------------|
| DEPARTMENT/SERVICE                   | PROPOSED BGSF/DGSF                                     | STATE STANDARD   | DIFFERENCE | MET STANDARD? |
| Acute Mental Illness (AMI)           | 15,289 GSF<br>(22 AMI beds)                            | 440-560 dgsf/Bed | See below  | YES           |
| Behavioral Health Stabilization Unit | 1,661 GSF<br>(2 behavioral health stabilization rooms) | 900 dgsf/Station | n/a        | YES           |

The planned AMI unit will result from conversion of existing space and will consist of 22 AMI beds occupying 5,246 GSF of clinical space and AMI therapy rooms occupying 10,043 GSF of clinical space. **The planned unit complies with this criterion per 1110.120(a)(2)(D), which allows for conversion of existing space that results in excess square footage.**

## ATTACHMENT 15

### Project Service Utilization

As documented in the physician referral letter, the expected annual utilization of the AMI unit is 640 inpatient acute mental illness admissions. The facility's 22- bed unit should meet the state standard for target utilization by year 2 of operation.

| UTILIZATION |                   |                           |                          |                   |                   |
|-------------|-------------------|---------------------------|--------------------------|-------------------|-------------------|
|             | DEPT./<br>SERVICE | HISTORICAL<br>UTILIZATION | PROJECTED<br>UTILIZATION | STATE<br>STANDARD | MEET<br>STANDARD? |
| YEAR 1      | AMI               | n/a                       | 7,360 days               | 85%               | YES               |
| YEAR 2      | AMI               | n/a                       | 7,360 days               | 85%               | YES               |

The utilization calculation applies the State of Illinois average inpatient AMI length of stay of 11.5 days found on the HFSRB's website. Projected annual patient days were calculated by multiplying projected patients to the facility by the average length of stay:

- $640 \text{ expected patients} \times 11.5 \text{ days} = 7,360 \text{ patient days per year}$

Total available bed days were calculated based on the proposed bed complement and days of operation:

- $22 \text{ beds} \times 365 \text{ days} = 8,030 \text{ bed days}$

Projected utilization was calculated by dividing projected patient days by available bed days:

- $7,360 \div 8,030 = 0.917$ , or approximately 92% utilization in year one of operation.

This utilization analysis confirms that the proposed bed count is reasonable, appropriately scaled to the needs of the planning area population, and consistent with accepted utilization and occupancy standards.

## ATTACHMENT 15 (continued)

### Project Service Utilization

The Applicants also plan to modernize space to compliment the Hospital's Emergency Department by creating behavioral health stabilization rooms to support patients presenting with behavioral health diagnoses and no medical or surgical co-morbidities.

| UTILIZATION   |                                |                           |                          |                   |                   |
|---------------|--------------------------------|---------------------------|--------------------------|-------------------|-------------------|
|               | DEPT./<br>SERVICE              | HISTORICAL<br>UTILIZATION | PROJECTED<br>UTILIZATION | STATE<br>STANDARD | MEET<br>STANDARD? |
| <b>YEAR 1</b> | ED (BH Stabilization<br>Rooms) | n/a                       | 2,196                    | 2,000 visits/bay  | YES               |
| <b>YEAR 2</b> | ED (BH Stabilization<br>Rooms) | n/a                       | 2,196                    | 2,000 visits/bay  | YES               |

This project assumes a minimum of six behavioral health patients per average day in the Memorial Hospital behavioral health crisis stabilization unit. These will be patients who have little or no acute medical need but require psychiatric evaluation and stabilization and may or may not require admission. This is a conservative planning estimate based on CDC and AHRQ data that fully justifies building two dedicated behavioral health evaluation/management rooms. In addition, the project includes two safe rooms within the new space. While no specific utilization targets are assigned to the safe rooms, they are designed to complement the evaluation/management rooms by providing a secure, ligature-resistant environment for patients requiring enhanced safety measures during periods of acute agitation, de-escalation, or observation.

Belleville is a small urban community of the greater St. Louis area with the demographic and socio-economic profile associated with sustained behavioral health demand: a mix of working-class neighborhoods, pockets of poverty, and populations affected by substance use, trauma, and chronic mental illness. These characteristics predict higher reliance on the ED as the “safety net” entry point for acute psychiatric crises, especially during evenings, nights, and weekends when community resources are limited. In this context, planning for only six psychiatric-driven presentations per day errs on the side of caution rather than overstatement.

Across the United States, mental health and substance-related conditions consistently represent a significant portion of ED visits, commonly in the high single-digit to low double-digit percentage range of total ED volume. When applied to a typical ED census, this translates into multiple daily encounters where the primary reason for presentation is behavioral health instability, not another medical condition. A notable subset of these patients require observation, de-escalation, and disposition planning but have no acute medical needs beyond the initial screening exam. Framing six such patients per day as a minimum explicitly recognizes that actual volumes may be higher but this figure is conservative and defensible.

Building two dedicated behavioral health evaluation/management rooms, supplemented by two safe rooms, based on this minimum assumption is prudent for several reasons:

- Continuous capacity across a 24-hour period. Six patients per day, each requiring extended evaluation and stabilization, will occupy space for substantial blocks of time; the combination of evaluation rooms and safe rooms allows the ED to maintain safe, private, and clinically appropriate accommodation without disrupting medical throughput.
- Reduced boarding in non-optimized spaces. Without dedicated and safe rooms, psychiatric patients are often boarded in hallways or general rooms not designed for safety, privacy, or de-escalation, increasing risk of elopement, self-harm, or staff injury and undermining quality of care. The availability of safe rooms provides an appropriate setting for higher-risk patients requiring close monitoring.

- Support for staff workflow and multidisciplinary care. Two evaluation/management rooms, complemented by two safe rooms, allow consistent use by ED physicians, psychiatric consultants, social workers, and crisis teams, reinforcing standardized protocols for assessment, observation, de-escalation, and safe disposition across varying levels of patient acuity.

From a risk-management perspective, the cost of under-building behavioral health capacity—leading to unsafe boarding, security incidents, EMTALA exposure, and patient/family complaints—far exceeds the marginal capital investment of appropriately designed evaluation and safe rooms.

Importantly, the six-patient-per-day assumption is explicitly characterized as a minimum:

- It reflects known trends in behavioral health demand while remaining below what many similar EDs experience.
- It builds in capacity for modest growth in volumes due to rising mental health needs, regional service changes, or closure of other inpatient psychiatric resources, without requiring immediate additional construction.
- It demonstrates responsible stewardship of resources: the hospital is not over-building a large psychiatric ED annex, but rather ensuring baseline infrastructure necessary to manage the predictable, recurring behavioral health crises that already present in Belleville, with safe rooms providing added flexibility for higher-acuity situations.

With these new specialized services, including both evaluation/management rooms and safe rooms, the hospital will be a community anchor for behavioral health services, recognizing that residents of Belleville and surrounding areas will continue to rely on the ED as the default access point for urgent behavioral health care. Designing two evaluation rooms and two complementary safe rooms represents the minimum infrastructure required to meet that obligation safely, flexibly, and effectively.

## **ATTACHMENT 16**

### **Unfinished or Shell Space**

NOT APPLICABLE – the proposed project does not include plans for shell space.

## **ATTACHMENT 17**

### **Assurances**

NOT APPLICABLE – the proposed project does not include plans for shell space.

## **ATTACHMENT 20**

### **Acute Mental Illness Services – Establishment of Services**

#### **1110.210(b)(1) – Planning Area Need**

The Project involves the establishment of 22 Acute Mental Illness (AMI) inpatient beds within an existing hospital to address a demonstrated and sustained need for inpatient psychiatric services within the defined planning area. As documented in further detail within Attachment- 12, the proposed 22 AMI beds are necessary to serve the planning area population, consistent with the requirements of 77 Ill. Adm. Code 1100.

Currently, there are insufficient inpatient behavioral health beds to adequately serve HSA 11. Community members, community leaders, and the Memorial Hospital Community Health Needs Assessment identified mental health as a top health care priority in the most recent Community Health Needs Assessment and Improvement Plan. Importantly, the State Board's bed need target of .11 beds per 1,000 population (or a calculated need for 66 beds in HSA 11) undercounts the need for acute mental illness beds when compared to recent studies on bed need. As the State's own Chief Behavioral Health Officer has noted, the need for acute mental illness beds is .40 to .60 per 1,000 population, or 239 to 358 acute mental illness beds to adequately serve the St. Louis Metro East Region. Currently, there are 153 acute mental illness beds in HSA 11, assuming the Touchette Regional Hospital certificate of need application (Project No. 26-012) is approved, there will still be a need for 40 beds.

The proposed project addresses a clear and quantifiable inpatient psychiatric capacity gap, improves local access to care, and is appropriately sized to meet current and near-term future demand without exceeding planning area need.

**ATTACHMENT 20**  
**Acute Mental Illness Services – Establishment of Services**  
**1110.210(b)(2) – Service to Planning Area Residents**

The primary purpose of the proposed project is to provide necessary inpatient psychiatric services to residents of the hospital's defined planning and geographic service area, consistent with the requirements of 77 Ill. Adm. Code 1110.210(b)(2). As documented within the referral letter attached below, greater than 50% of the 640 projected AMI admissions will be comprised of residents of St. Clair County.

## **ATTACHMENT 20**

### **Acute Mental Illness Services – Establishment of Services 1110.210(b)(3) – Service Demand**

Below is a letter attesting to historical referrals and market demand. Based on these historical volumes, the proposed 22-bed AMI unit is necessary to accommodate the service demand experienced over the most recent two-year period, consistent with the requirements of 77 Ill. Adm. Code 1110.210(b)(3). Utilization modeling based on projected annual referrals and statewide average length-of-stay benchmarks demonstrates that the proposed bed count is appropriately sized to accommodate existing demand without creating excess capacity.

July 1, 2026

Ms. Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Memorial Hospital Belleville Referral Letter**

Dear Chair Savage:

I am writing on behalf of Memorial Hospital Belleville (“Belleville Memorial”), Memorial Hospital Shiloh and Alton Memorial Hospital (collectively the “BJC Illinois Hospitals”) in support of the establishment of acute mental illness services at Belleville Memorial.

Over the past three years, approximately 660 patients presented to the BJC Illinois Hospitals’ emergency departments who required crisis interventions for a mental health diagnosis, and on average we had to transfer 400 patients out of HSA 11 due to the lack of acute mental illness bed, some to facilities as far away as Chicago, Champaign, and Marion. (See Table 1) Additionally, according to data from the Hospital Industry Data Institute, over 1,200 patients transferred out of HSA 11 in 2024 for inpatient behavioral health services. (See Table 2). Requiring patients to travel outside of their communities for care is suboptimal on multiple fronts. It increases the cost of care due to, among other things, patient transport expenses and physician and staff time required for BJC staff to transfer patients to over thirty behavior health facilities in any given year. Due to the lack of bed availability within an outside of our planning area, we have determined it is essential to establish an inpatient behavioral health program at Belleville Memorial.

Based on our historical transfers, we anticipate approximately 400 patients who present to the BJC Illinois Hospitals’ emergency department will be admitted to the planned inpatient behavioral health unit at Belleville Memorial. Additionally, we estimate that if an inpatient behavioral health unit were available at Belleville Memorial at least 20% of patients that leave the region for inpatient behavioral health services would be admitted to the planned behavioral health unit.

| Table 1<br>BJC Illinois Hospitals<br>Transfers to Psychiatric Facilities |         |      |      |                                                                          |
|--------------------------------------------------------------------------|---------|------|------|--------------------------------------------------------------------------|
| Discharge Destination                                                    | Volumes |      |      | Referrals to<br>Belleville<br>Memorial<br>after<br>Project<br>Completion |
|                                                                          | 2023    | 2024 | 2025 |                                                                          |
| TOUCHETTE REGIONAL HOSPITAL                                              | 118     | 192  | 187  | 0                                                                        |
| GATEWAY BEHAVIORAL HEALTH (GRANITE CITY, IL)                             | 117     | 83   | 66   | 0                                                                        |
| LINCOLN PRAIRIE BEHAVIORAL HEALTH                                        | 57      | 76   | 52   | 62                                                                       |
| BEHAVIORAL HEALTH SYSTEM (PAVILION)                                      | 30      | 42   | 46   | 40                                                                       |
| CENTERPOINTE HOSPITAL (ST. CHARLES, MO)                                  | 37      | 27   | 41   | 35                                                                       |
| BARNES JEWISH HOSPITAL                                                   | 19      | 15   | 21   | 18                                                                       |
| SOUTHEAST BEHAVIORAL HOSPITAL                                            | 11      | 16   | 19   | 15                                                                       |
| BJH PSYCHIATRIC CARE-DELMAR CAMPUS (ST. LOUIS, MO)                       |         | 11   | 18   | 15                                                                       |
| GATEWAY REGION CENTER                                                    | 16      | 6    | 7    | 10                                                                       |
| PSYCHIATRIC STABILIZATION CENTER                                         | 19      | 3    | 2    | 8                                                                        |
| MARYLAND HEIGHTS CENTER FOR BEHAVIORAL HEALTH                            | 13      | 5    | 6    | 8                                                                        |
| Streamwood Behavioral Healthcare System                                  | 6       | 9    | 3    | 6                                                                        |
| POPLAR BLUFF REGIONAL MEDICAL CENTER                                     | 12      | 5    |      | 6                                                                        |
| ST MARYS GOOD SAMARITAN HOSP CENTRAIL                                    | 6       | 5    | 6    | 6                                                                        |
| Riveredge Hospital                                                       | 9       | 3    | 3    | 5                                                                        |
| CENTERPOINTE HOSPITAL (COLUMBIA, MO)                                     | 5       | 3    | 6    | 5                                                                        |
| JEFFERSON BARRACKS                                                       | 3       | 3    | 3    | 3                                                                        |
| HARTGROVE BEHAVIORAL HEALTH SYSTEM (CHICAGO, IL)                         | 1       | 3    | 3    | 2                                                                        |
| BARNES JEWISH SOUTH                                                      | 4       | 1    |      | 2                                                                        |
| BJC BEHAVIORAL HEALTH                                                    | 3       | 1    | 1    | 2                                                                        |
| BJH COH PSYCHIATRIC CLINIC                                               | 2       | 2    |      | 2                                                                        |
| CHESTER MENTAL HEALTH CENTER                                             | 2       | 1    |      | 1                                                                        |
| MISSOURI DELTA MEDICAL CENTER                                            | 1       |      | 2    | 1                                                                        |
| ALTON MENTAL HEALTH                                                      | 1       | 1    | 1    | 1                                                                        |
| SE MISSOURI BEHAVIORAL HEALTH AQUINAS                                    |         | 2    |      | 0                                                                        |
| RIVERSIDE MILLER HEALTHCARE (KANKAKEE, IL)                               |         | 2    |      | 0                                                                        |
| MERCY HOSPITAL SOUTHEAST (CAPE GIRARDEAU, MO)                            |         |      | 2    | 0                                                                        |
| ADVOCATE BROMENN MEDICAL CENTER                                          | 2       |      |      | 0                                                                        |
| VA MEDICAL CENTER ST LOUIS                                               |         |      | 2    | 0                                                                        |

| Table 1<br>BJC Illinois Hospitals<br>Transfers to Psychiatric Facilities |            |            |            |                                                                          |
|--------------------------------------------------------------------------|------------|------------|------------|--------------------------------------------------------------------------|
| Discharge Destination                                                    | Volumes    |            |            | Referrals to<br>Belleville<br>Memorial<br>after<br>Project<br>Completion |
|                                                                          | 2023       | 2024       | 2025       |                                                                          |
| SOUTHEAST MO CAPE GIRARDEU                                               | 1          |            | 1          | 0                                                                        |
| MULBERRY CENTER IL                                                       |            | 1          | 1          | 0                                                                        |
| MEMORIAL HOSPITAL BELLEVILLE                                             |            | 2          |            | 0                                                                        |
| MERCY HOSPITAL SOUTH                                                     |            | 2          |            | 0                                                                        |
| NOTTINGHAM HEALTH & REHABILITATION                                       | 1          |            |            | 0                                                                        |
| ILLINOIS RECOVERY CENTER (SWANSEA, IL)                                   |            |            | 1          | 0                                                                        |
| POPLAR BLUFF REGIONAL MED CNTR OAK GROVE                                 | 1          |            |            | 0                                                                        |
| LAKELAND HOSPITAL (SPRINGFIELD, MO)                                      |            |            | 1          | 0                                                                        |
| CHESTNUT HEALTH SYSTEMS (MADISON, IL)                                    |            |            | 1          | 0                                                                        |
| Comprehensive Behavioral Health Center of St. Clair County Inc           |            | 1          |            | 0                                                                        |
| BJH COH PRIMARY MEDICINE CLINIC                                          | 1          |            |            | 0                                                                        |
| AQUINAS CENTER - SOUTHEAST MISSOURI BEHAVIORAL HEALTH (FARMINGTON, MO)   |            |            | 1          | 0                                                                        |
| ST MARYS GOOD SAMARITAN REG HLTH CNTR MOUNT VERNON                       | 1          |            |            | 0                                                                        |
| GATEWAY FOUNDATION                                                       |            |            | 1          | 0                                                                        |
| OSF HEART OF MARY MEDICAL CENTER (URBANA, IL)                            |            | 1          |            | 0                                                                        |
| ALTON MEMORIAL REHABILITATION & THERAPY                                  |            |            | 1          | 0                                                                        |
| PERIMETER BEHAVIORAL HEALTH (SPRINGFIELD, MO)                            | 1          |            |            | 0                                                                        |
| HARRY S. TRUMAN MEMORIAL VETERANS' HOSPITAL (COLUMBIA)                   | 1          |            |            | 0                                                                        |
| POPLAR BLUFF REGIONAL MED CNTR NORTH                                     |            | 1          |            | 0                                                                        |
| SOUTHEAST MISSOURI MENTAL HEALTH CENTER                                  | 1          |            |            | 0                                                                        |
| NEW HOPE SULLIVAN MO                                                     | 1          |            |            | 0                                                                        |
| MISSOURI BAPTIST HOSPITAL SULLIVAN                                       | 1          |            |            | 0                                                                        |
| CHESTNUT HEALTH SYSTEM PONTOON BEACH                                     | 1          |            |            | 0                                                                        |
| Other                                                                    | 170        | 116        | 155        | 147                                                                      |
| <b>Grand Total</b>                                                       | <b>675</b> | <b>641</b> | <b>660</b> | <b>400</b>                                                               |

| Table 2                                       |           |           |                |           |             |      |        |          |           |
|-----------------------------------------------|-----------|-----------|----------------|-----------|-------------|------|--------|----------|-----------|
| 2024 Inpatient Behavioral Health Outmigration |           |           |                |           |             |      |        |          |           |
|                                               | Marion IL | St. Louis | St. Louis City | Champaign | St. Charles | Cook | Saline | Sangamon | All Other |
| ST CLAIR IL                                   | 10        | 169       | 191            | 33        | 54          | 33   | 2      | 1        | 47        |
| MADISON IL                                    | 28        | 138       | 134            | 65        | 81          | 38   | 7      | 10       | 46        |
| MONROE IL                                     | 0         | 76        | 13             | 0         | 2           | 1    | 0      | 0        | 8         |
| CLINTON IL                                    | 19        | 8         | 4              | 6         | 2           | 4    | 1      | 0        | 1         |
| Total                                         | 57        | 391       | 342            | 104       | 139         | 76   | 10     | 11       | 102       |

Given the significant need for inpatient behavioral health services in the St. Louis Metro East region, we believe an inpatient behavioral health unit is vital to the health of our community. It is not the type of care that should be out-migrating to distant facilities. We have the facilities and with our collaboration with the Washington University School of Medicine, we will have the clinicians to provide the care to keep patients in their communities.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of inpatient acute mental illness services at Belleville Memorial.

Sincerely,



Shelley Perulfi, DNP, MA, RN, NE-BC  
Vice President Patient Care Services & Chief Nursing Officer  
Memorial Hospital Belleville  
4500 Memorial Drive  
Belleville, Illinois 62226

Subscribed and sworn to me  
This 1<sup>st</sup> day of July, 2026

  
Notary Public



## **ATTACHMENT 20**

### **Acute Mental Illness Services – Establishment of Services 1110.210(b)(5) – Service Accessibility**

The Applicant has demonstrated that the number of inpatient Acute Mental Illness (AMI) beds proposed is necessary to improve access to inpatient psychiatric services for residents of the planning area, consistent with the requirements of 77 Ill. Adm. Code 1110.210(b)(5). Memorial Hospital- Belleville, Memorial Hospital Shiloh and Alton Memorial Hospital do not operate licensed inpatient AMI beds. Patients presenting to these hospitals' emergency departments with acute psychiatric conditions requiring inpatient admission must, therefore, be transferred to external inpatient psychiatric facilities following medical clearance. The proposed AMI unit will allow the Memorial Hospital- Belleville to treat, rather than transfer, patients who already rely on the facility for emergency behavioral health care. This will improve access to timely inpatient psychiatric services for planning area residents, reduce prolonged emergency department boarding, and enhance continuity of care.

Behavioral health transfer data demonstrates that a substantial portion of patients requiring inpatient psychiatric placement are covered by Medicaid Managed Care, Medicaid, Medicare, and Medicare Managed Care. Access to inpatient psychiatric beds for these payer groups is frequently constrained due to restrictive admission policies, limited contracted bed availability, and payer-specific acceptance criteria at existing regional facilities.

The proposed AMI unit will be operated as part of a general acute care hospital and will accept a broad payer mix consistent with the hospital's mission and existing patient population. Establishment of on-site AMI capacity will therefore improve access for patients whose payer status currently limits timely placement at external facilities.

**ATTACHMENT 20**  
**Acute Mental Illness Services – Establishment of Services**  
**1110.210(c)(1) – Unnecessary Duplication/Maldistribution**

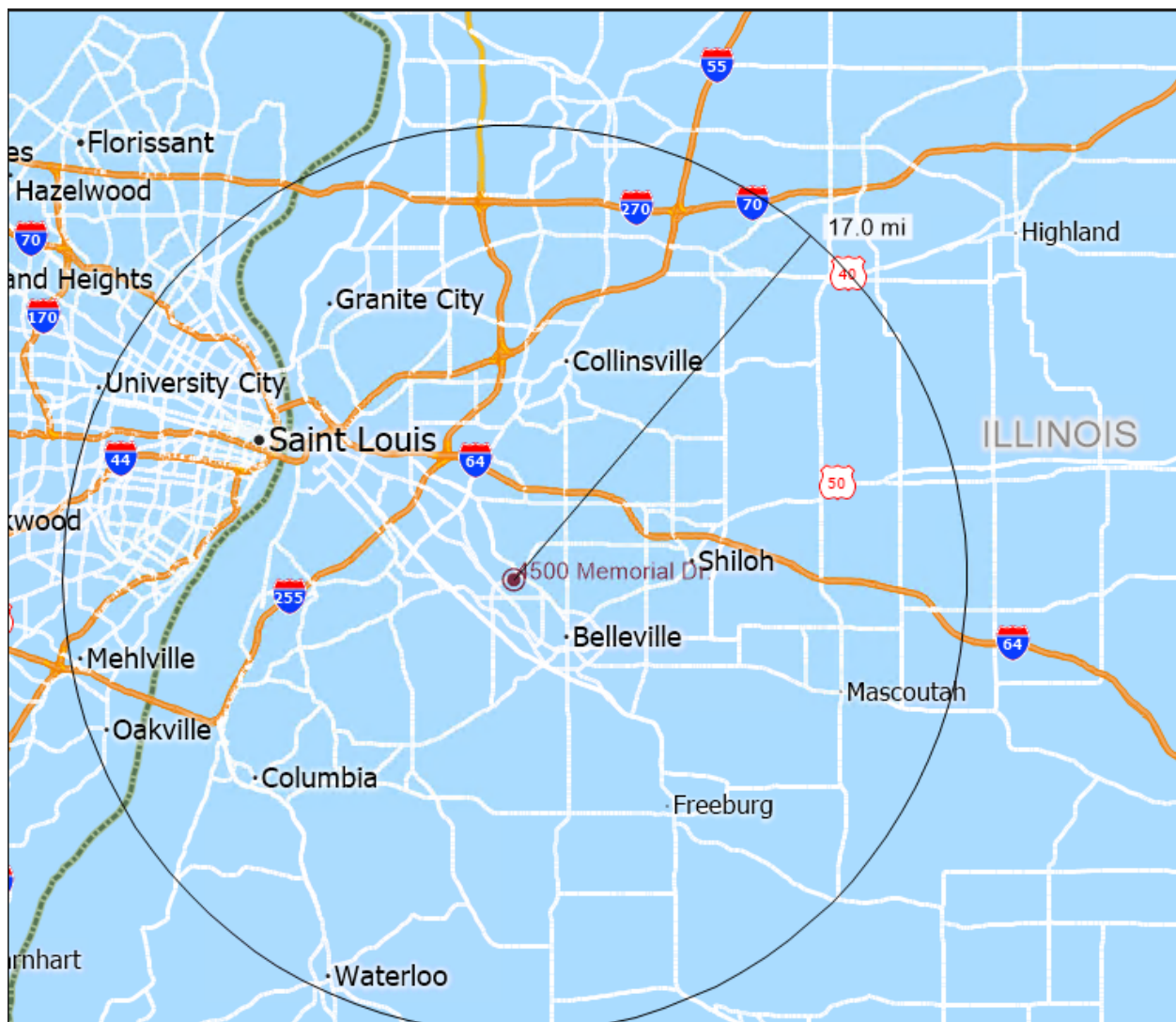
A list of all Illinois zip codes as well as population estimates for each zip code located within 17 miles of the existing hospital is provided in Table 1110.210(c)(1)(A).

**Table 1110.210(c)(1)(A)**  
**Geographic Service Area (17-Mile Radius)**

| ZIP   | Name                 | State | Population |
|-------|----------------------|-------|------------|
| 62226 | Belleville           | IL    | 28,255     |
| 62223 | Belleville           | IL    | 16,269     |
| 62260 | Millstadt            | IL    | 6,668      |
| 62240 | East Carondelet      | IL    | 1,796      |
| 62236 | Columbia             | IL    | 14,154     |
| 62239 | Dupo                 | IL    | 4,232      |
| 62206 | East Saint Louis     | IL    | 12,959     |
| 62090 | Venice               | IL    | 1,039      |
| 62059 | Lovejoy              | IL    | 729        |
| 62201 | East Saint Louis     | IL    | 4,921      |
| 62205 | East Saint Louis     | IL    | 6,459      |
| 62207 | East Saint Louis     | IL    | 6,984      |
| 62203 | East Saint Louis     | IL    | 5,465      |
| 62204 | East Saint Louis     | IL    | 4,055      |
| 62040 | Granite City         | IL    | 40,404     |
| 62060 | Madison              | IL    | 3,558      |
| 62294 | Troy                 | IL    | 15,325     |
| 62034 | Glen Carbon          | IL    | 14,870     |
| 62298 | Waterloo             | IL    | 18,208     |
| 62285 | Smithton             | IL    | 4,239      |
| 62264 | New Athens           | IL    | 3,097      |
| 62243 | Freeburg             | IL    | 6,418      |
| 62220 | Belleville           | IL    | 19,152     |
| 62221 | Belleville           | IL    | 29,875     |
| 62225 | Scott Air Force Base | IL    | 5,242      |
| 62258 | Mascoutah            | IL    | 10,437     |
| 62265 | New Baden            | IL    | 4,555      |
| 62293 | Trenton              | IL    | 4,433      |
| 62254 | Lebanon              | IL    | 6,710      |
| 62289 | Summerfield          | IL    | 273        |
| 62269 | O Fallon             | IL    | 35,923     |
| 62208 | Fairview Heights     | IL    | 16,821     |

|              |              |    |                |
|--------------|--------------|----|----------------|
| 62232        | Caseyville   | IL | 7,063          |
| 62234        | Collinsville | IL | 31,648         |
| 62062        | Maryville    | IL | 8,277          |
| 62281        | Saint Jacob  | IL | 3,059          |
| 62026        | Edwardsville | IL | 851            |
| 62025        | Edwardsville | IL | 35,520         |
| <b>Total</b> |              |    | <b>439,943</b> |

### **Geographic Service Area (17-Mile Radius)**



**AMI Facilities located within the Geographic Service Area:**

| <b>FACILITY</b>                                                                               | <b>DISTANCE TO APPLICANT</b> |
|-----------------------------------------------------------------------------------------------|------------------------------|
| Touchette Regional Hospital (50 AMI Beds)<br>5900 Bond Ave.<br>East St Louis, IL 62207        | 4.9 miles                    |
| Gateway Regional Medical Center (103 AMI Beds)<br>2100 Madison Ave.<br>Granite City, IL 62040 | 12.3 miles                   |

## ATTACHMENT 20

### Acute Mental Illness Services – Establishment of Services 1110.210(c)(2) & 1110.210(c)(3) – Unnecessary Duplication/ Maldistribution and Impact of Project on Other Area Providers

The Project will not result in a maldistribution of Acute Mental Illness beds within HSA 11 consistent with 77 Ill. Adm. Code 1110.210(c). The Project involves the establishment of 22 AMI inpatient beds at Memorial Hospital- Belleville, a general acute care hospital that currently does not operate licensed inpatient psychiatric beds. This community has not operated an AMI program since St. Elizabeth closed its inpatient AMI unit prior to its relocation to O'Fallon Illinois. The Project therefore does not duplicate an existing service at the Applicant's facility but instead enables the hospital to treat patients who already present to its emergency department and currently must be transferred elsewhere solely due to the absence of on-site inpatient capacity.

The Project will have little to no adverse impact on existing AMI providers. The proposed AMI beds represent a modest addition relative to the total AMI bed inventory within the service area, which includes nearly half a million people, and will be used primarily to treat patients who currently present to the emergency departments of BJC hospitals and are transferred elsewhere. As documented within the physician referral letter, these patients frequently travel significant distances to obtain AMI services. By retaining these patients within Memorial Hospital- Belleville, the project is expected to reduce pressure on nearby AMI providers that currently receive transfers due to Memorial Hospital- Belleville's lack of inpatient psychiatric capacity. The project will not lower the utilization of other area providers below applicable occupancy standards and will not exacerbate underutilization at any facility currently operating below those standards.

As shown in Table 1110.210(c)(2)(A) below, the ratio of acute mental illness beds to population within the GSA is comparable to the State average. Accordingly, there is not a maldistribution of acute mental illness beds in the geographic service area.

| <b>Table 1110.210(c)(2)(A)</b>                          |                   |                 |                               |
|---------------------------------------------------------|-------------------|-----------------|-------------------------------|
| <b>Ratio of Acute Mental Illness Beds to Population</b> |                   |                 |                               |
|                                                         | <b>Population</b> | <b>AMI Beds</b> | <b>AMI Beds to Population</b> |
| Geographic Service Area                                 | 439,943           | 153             | 1:2,875                       |
| State                                                   | 12,716,164        | 4,176           | 1:3,045                       |

## **ATTACHMENT 20**

### **Acute Mental Illness Services – Establishment of Services**

#### **1110.210(e) – Staffing Availability**

The Applicant has considered the relevant clinical and professional staffing requirements for the proposed Acute Mental Illness (“AMI”) inpatient unit and has determined that the necessary personnel are available and can be recruited and maintained in compliance with all applicable licensure, regulatory, and accreditation standards, including those of the Illinois Department of Public Health and The Joint Commission.

The proposed 22 bed AMI unit will be staffed using a multidisciplinary, hospital-based behavioral health care model consistent with industry standards for inpatient psychiatric services. Staffing will include board-certified or board-eligible psychiatrists; advanced practice providers with psychiatric training; registered nurses with behavioral health experience; licensed social workers; therapists; case managers; mental health technicians; and other allied health professionals as appropriate to patient acuity and census. Nursing coverage will be provided on a 24-hour basis, with staffing ratios and skill mix aligned with patient safety requirements and acuity levels typical of acute inpatient psychiatric settings.

Memorial Hospital- Belleville is an established acute care hospital with an existing clinical infrastructure, human resources platform, and recruitment capabilities that support the efficient deployment of specialized service lines. The hospital currently employs licensed nursing staff, social workers, case management personnel, and ancillary clinical staff with experience managing behavioral health patients in the emergency department and inpatient medical settings. This existing workforce provides a strong foundation for staffing the proposed AMI unit and reduces reliance on entirely new or untested staffing resources.

The Applicant affirms that all staffing necessary to operate the proposed AMI unit will be in place prior to licensure and commencement of services, and that staffing plans will remain flexible to adjust for census fluctuations and patient acuity. The proposed staffing approach is reasonable, achievable, and consistent with regulatory requirements and accepted standards of care for inpatient psychiatric services.

**ATTACHMENT 20**  
**Acute Mental Illness Services – Establishment of Services**  
**1110.210(f) – Performance Requirements**

Belleville is located in the St. Louis, MO-IL Metropolitan Statistical Area (“MSA”). The minimum bed size for a new AMI unit within an MSA is 20 beds. The proposed project will establish a 22-bed unit. Accordingly, this criterion is met.

**ATTACHMENT 20**  
**Acute Mental Illness Services – Establishment of Services**  
**1110.210(g) – Assurances**

By signing the certification pages within this application, the Applicants attest that Memorial Hospital-Belleville's AMI category of service will achieve target utilization by the second year after project completion.

## **ATTACHMENT 31**

### **Clinical Service Areas Other than Categories of Service**

#### **Criterion 1110.270 (c) – Service Modernization**

##### **1 & 2) Deteriorated Facilities and/or Necessary Expansion**

In addition to the establishment of a 22-bed AMI category of service, the Applicants also plan to modernize space to compliment the Hospital's Emergency Department by creating behavioral health stabilization rooms to support patients presenting with behavioral health diagnoses and no medical or surgical co-morbidities. The Applicant has documented that the number of rooms proposed is necessary to serve the planning area population, consistent with the requirements of 77 Ill. Adm. Code 1100. The modernization of space is necessary to address a demonstrated and sustained need for psychiatric services within the defined planning area.

Psychiatric emergency assessment rooms differ from standard emergency department bays in several significant and well-documented ways across physical design, operational protocols, and staffing model. Here is a breakdown organized by category:

- a) Physical Design Differences. Standard emergency department bays are built for efficient clinical access — open sight lines, overhead lighting, overhead medical gas booms, IV poles, mounted monitors, cabinetry, and a layout optimized for rapid physical examination and procedural intervention. Psychiatric emergency bays strip nearly all of that away by design. Key physical distinctions include:
  - (i) Anti-ligature throughout. Fixtures, grab bars, faucets, door handles, towel bars, and even ceiling tiles are all selected or eliminated to remove any surface from which a patient could suspend a cord or sheet.
  - (ii) No exposed medical equipment. Gas outlets, sharps containers, IV poles, and monitoring cables are either concealed behind locked panels or absent entirely.
  - (iii) Weighted or bolted furnishings. Chairs and tables may appear standard but are engineered to be immovable or too heavy to be used as weapons.
  - (iv) Controlled lighting. Dimmable, low-stimulation lighting rather than the bright overhead fluorescent environment of a standard bay.
  - (v) Outward-swinging doors with observation windows. Doors cannot be barricaded from the inside, and staff maintain visual access at all times without entering the room.
  - (vi) No drop-tile ceilings. Standard ceiling tiles are eliminated because patients can use them as weapons or use the grid to self-harm
- b) Operational and Protocol Differences. Standard emergency department bays cycle patients through triage, examination, and disposition. Psychiatric emergency bays are built around a fundamentally different throughput model, patients may occupy the space for hours or even days while under psychiatric evaluation, crisis stabilization, or inpatient bed placement. The clinical activity occurring in the room is primarily observational, conversational, and behavioral rather than procedural. Continuous monitoring — through direct observation, cameras, or both — is a core operational requirement, not an add-on.
- c) Involuntary Psychiatric Hold. In the vast majority of cases, the emergency department is precisely where an involuntary psychiatric hold is initiated. Patients arrive either by ambulance, law enforcement transport, or on their own, and it is the emergency department physician, not a psychiatrist, who typically makes the initial determination that the patient meets the legal criteria for an involuntary hold. That physician then executes the legal paperwork triggering the hold period. In Illinois, this is governed by the Mental Health and Developmental Disabilities Code, which authorizes emergency petition and detention when a person is reasonably expected to harm themselves or others.
- I. Specialized emergency department treatment rooms designed specifically for patients presenting in acute mental distress represent a clinically and operationally distinct category of care space that serves a population with fundamentally different needs than those addressed in a standard medical-surgical emergency department bay. Unlike general emergency

department bays optimized for high-volume, short-duration medical interventions, behavioral health treatment rooms are purpose-built environments incorporating anti-ligature fixtures, controlled sight lines, reduced environmental stimulation, and secure but non-institutional design elements, all of which are essential to de-escalation and therapeutic stabilization. Research demonstrates that dedicated behavioral assessment units co-located with emergency departments significantly reduce patient wait times, shorten length of stay, and decrease the use of mechanical restraints and therapeutic sedation compared to treating these patients in standard emergency department bays. A study at the Royal Melbourne Hospital, for example, found that a dedicated six-bed behavioral unit reduced emergency department length of stay from a median of 328 minutes to 180 minutes and reduced mechanical restraint episodes by nearly 27 percent. These outcomes reflect not merely a design preference, but a documented evidence-based standard of care for this patient population.

The addition of specialized behavioral health treatment rooms also addresses a critical and growing access-to-care gap. Behavioral health patients presenting to emergency departments in acute crisis frequently experience prolonged boarding, a phenomenon that drives up costs, delays care, and creates safety risks for both patients and staff. Standard emergency department bays are ill-suited to absorb this population: the open, high-stimulation environment of a general emergency department can actively worsen acute psychiatric symptoms and increase the likelihood of agitation, elopement, or self-harm. Purpose-designed behavioral health treatment spaces enable dedicated psychiatric triage and assessment protocols, facilitate earlier engagement with crisis intervention teams, and support the multi-component brief interventions — including psychological stabilization, safety planning, and care coordination — that research has shown to reduce subsequent suicide attempts and unnecessary inpatient admissions. The proposed rooms are therefore not duplicative of existing emergency department capacity, but rather a structurally and functionally distinct investment in a care model that the existing bay inventory is neither designed nor equipped to provide.

### **3) Utilization**

The proposed project will include behavioral health stabilization rooms. Section 1100 Appendix B of the Administrative Code documents the established utilization standards for Emergency Department stations. Compliance with the utilization standards as specified in Appendix B is detailed in Attachment- 15.

## **ATTACHMENT 33**

### **Availability of Funds**

The Applicants will fund the project entirely with existing cash and securities. The Applicants have sufficient and readily accessible internal resources to fund the obligation required by the project.

## **ATTACHMENT 34**

### **Financial Waiver**

The Applicants have the following bond rating and are, therefore, not required to address Section 1120.120 Availability of Funds.

- Aa2 from Moody's Ratings (February 26, 2025), included as part of Attachment- 35.

## ATTACHMENT 35

### Financial Viability

The Applicants have the following bond rating and, therefore, qualify for a financial viability waiver.

- Aa2 from Moody's Ratings (February 26, 2025), included as part of Attachment- 35.

### Moody's Ratings assigns Aa2 to BJC Health System's (MO) Ser. 2025; outlook stable

THOMSON REUTERS



New York, February 26, 2025 -- Moody's Ratings (Moody's) has assigned a Aa2 to BJC Health System's (MO) (BJC) proposed Health Facilities Revenue Bonds (BJC Health System) Series 2025A and its [Long-Term Rate] Health Facilities Revenue Bonds (BJC Health System) Series 2025B and Series 2025C. At the same time, we affirmed BJC's existing Aa2 revenue bond ratings and its VMIG 1 and P-1 on its self-liquidity backed VRDBs and commercial paper, respectively. The outlook is stable.

Although BJC will increase debt (by between 18%-23%), the Aa2 assignment and affirmation is supported by strong cash levels and operating cash flow margins that will be sustained in the high-single digit range, which will allow for still favorable leverage



[https://www.moody's.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-Systems-MO-Ser-Rating-Action-PR\\_909024976](https://www.moody's.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-Systems-MO-Ser-Rating-Action-PR_909024976)

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Health System (SLHS), another academic-oriented system in Kansas City. Days cash will remain strong with restricted cash providing additional cushion. Leverage rises with new debt, but cash to debt and debt to cash flow will still be favorable. Operating cash flow (OCF) margins, constrained by labor costs and reimbursement pressure, will benefit from ongoing integration of SLHS and likely approach 9% over the next two years. Favorable cash levels will counterbalance risk from less liquid investments. Beyond sector wide challenges, limited growth prospects in St. Louis remain.

BJC's underlying VMIG 1 and P-1 ratings are based on BJC's long-term rating and are further supported by BJC's own liquidity. This liquidity is based on the adequacy of liquid investments to support un-remarketed variable rates bonds and maturing commercial paper as well as management processes to ensure timely payment.

### RATING OUTLOOK

The stable outlook reflects OCF margins sustained in the 8%-9% range. The outlook further reflects maintenance of strong days

[https://www.moodys.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-System-MO-St-Louis-Rating-Action-PR\\_909024978](https://www.moodys.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-System-MO-St-Louis-Rating-Action-PR_909024978)

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- Short-term rating: not applicable

### FACTORS THAT COULD LEAD TO A DOWNGRADE OF THE RATINGS

- Inability to sustain OCF margins that can fully fund capital needs
- Rise in leverage, such that debt to cash flow or cash to debt are sustained above 2.75x or below 250%, respectively
- Sustained decline in days cash to below 275 days
- Short-term rating based on self-liquidity: material decline in daily liquidity, decline in BJC's overall credit quality, or decline in BJC's debt and treasury management

### LEGAL SECURITY

Bonds are secured by a joint and several obligation of the Obligated Group, which consists of hospitals owned and operated by BJC Health System. SLHS joined BJC's obligated group in February 2024.

### USE OF PROCEEDS

Funding of capital projects and refinancing of Series 2014.

[https://www.moodys.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-System's-MO-Ser-Rating-Action-PRL\\_9090249/8](https://www.moodys.com/research/Moodys-Ratings-assigns-Aa2-to-BJC-Health-System's-MO-Ser-Rating-Action-PRL_9090249/8)

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### METHODOLOGY

The principal methodology used in the long-term ratings was Not-for-profit Healthcare published in October 2024 and available at <https://ratings.moodys.com/rmc-documents/430698>. The principal methodology used in the short-term ratings was US Municipal Short-term Debt published in October 2024 and available at <https://ratings.moodys.com/rmc-documents/430699>. Alternatively, please see the Rating Methodologies page on <https://ratings.moodys.com> for a copy of these methodologies.

### REGULATORY DISCLOSURES

For further specification of Moody's key rating assumptions and sensitivity analysis, see the sections Methodology Assumptions and Sensitivity to Assumptions in the disclosure form. Moody's Rating Symbols and Definitions can be found on <https://ratings.moodys.com/rating-definitions>.

For any affected securities or rated entities receiving direct credit  support/credit substitution from another entity or entities subject

[https://www.moodys.com/research/CFMoodysRatingDesigns-AA2-to-BLHC-Health-Systems-MO-Sr-Rating-Action-PRI\\_909026978](https://www.moodys.com/research/CFMoodysRatingDesigns-AA2-to-BLHC-Health-Systems-MO-Sr-Rating-Action-PRI_909026978)

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a subsequently issued bond or note of the same series, category/class of debt, or security, or pursuant to a program for which the ratings are derived exclusively from existing ratings, in accordance with Moody's rating practices, can be found in the most recent Credit Rating Announcement related to the same class of Credit Rating.

For provisional ratings, the Credit Rating Announcement provides certain regulatory disclosures in relation to the provisional rating assigned, and in relation to a definitive rating that may be assigned subsequent to the final issuance of the debt, in each case where the transaction structure and terms have not changed prior to the assignment of the definitive rating in a manner that would have affected the rating.

Moody's does not always publish a separate Credit Rating Announcement for each Credit Rating assigned in the Anticipated Ratings Process or Subsequent Ratings Process.

Regulatory disclosures contained in this press release apply to the credit rating and, if applicable, the related rating outlook or rating

[https://www.moody's.com/research/Moodys-Ratings-assigned-Aa2-to-BJC-Health-Systems-AIG-Senior-Rating-Action-PR\\_909024976](https://www.moody's.com/research/Moodys-Ratings-assigned-Aa2-to-BJC-Health-Systems-AIG-Senior-Rating-Action-PR_909024976)

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[BJC Health System](#)

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2 Issues



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**ATTACHMENT 36**  
**Economic Feasibility**  
**Project Operating Costs and Total Effect**  
**of The Project on Capital Costs**

The table below provides information regarding costs as they relate to 7,360 units of service.

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 Relating to Economic Feasibility |                                       |             |
|--------------------------------------------------|---------------------------------------|-------------|
| 1                                                | Units of Service                      | 7,360 days  |
| 2                                                | Total Capital Cost (2029 Projected)   | \$1,383,000 |
| 3                                                | Total Operating Cost (2029 Projected) | \$6,140,000 |
| 4                                                | Capital Cost per Unit of Service      | \$187.91    |
| 5                                                | Operating Cost per Unit of Service    | \$834.24    |

## ATTACHMENT 36 Economic Feasibility Cost and GSF by Service

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

| Cost and Gross Square Feet by Department of Service |                 |     |               |      |          |      |                     |                   |                       |
|-----------------------------------------------------|-----------------|-----|---------------|------|----------|------|---------------------|-------------------|-----------------------|
| Department<br>(list below)                          | A               | B   | C             | D    | E        | F    | G                   | H                 | Total Cost<br>(G + H) |
|                                                     | Cost / sf       |     | Gross sf      |      | Gross sf |      | Const \$<br>(A x C) | Mod \$<br>(B x E) |                       |
|                                                     | New             | Mod | New           | Circ | Mod      | Circ |                     |                   |                       |
| Reviewable Construction                             | \$594.62        |     | 16,950        |      |          |      | \$10,078,761        |                   | \$10,078,761          |
| Reviewable Contingency                              | \$58.81         |     | 16,950        |      |          |      | \$996,800           |                   | \$996,800             |
| <b>Total Clinical</b>                               | <b>\$653.43</b> |     | <b>16,950</b> |      |          |      | <b>\$11,075,561</b> |                   | <b>\$11,075,561</b>   |

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. There are no Preplanning Costs associated with the Project. Therefore, this item is not applicable.
2. There are no Site Survey, Soil Investigation, and Site Preparation costs associated with the Project. Therefore, this item is not applicable.
3. There is no Off-site Work associated with the project. Therefore, this item is not applicable.
4. New Construction and Contingency costs are \$653.43 per gsf, which is under the state standard of \$654.11/gsf provided by George Roate on June 29, 2026. Therefore, this item is compliant with the state standard.
5. There are no Modernization Contracts associated with this project. Therefore, this item is not applicable.
6. The New Construction contingency is 9.9% of New Construction contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore, this item is compliant with the state standard.
7. Architectural and Engineering Fees for new construction are 8.63% of the sum of new construction contracts and the new construction contingency budget. This is within the state standard of a range of 5.76-8.66% for a new construction budget under \$15,000,000. Therefore, this item is compliant with the state standard.
8. There is no state standard for Consulting and Other Fees.
9. There is no state standard for Movable or Other Equipment (Not in Construction Contracts) costs.
10. There is no state standard for Bond Issuance Expense.
11. There is no state standard for Net Interest Expense.
12. There is no Fair Market Value of Leased Space or Equipment associated with the proposed project.
13. There is no state standard for Other Costs to Be Capitalized.
14. There is no Acquisition of Building or Other Property cost associated with the proposed project. Therefore, this item is not applicable.

## ATTACHMENT 37

### Safety Net Impact Statement

| Safety Net Information        |                     |                     |                     |
|-------------------------------|---------------------|---------------------|---------------------|
| CHARITY CARE                  |                     |                     |                     |
| Memorial Hospital- Belleville |                     |                     |                     |
| Charity (# of patients)       | 2023                | 2024                | 2025                |
| Inpatient                     | 128                 | 171                 | 144                 |
| Outpatient                    | 4,949               | 6,057               | 4,672               |
| <b>Total</b>                  | <b>5,077</b>        | <b>6,228</b>        | <b>6,816</b>        |
| Charity (cost in dollars)     |                     |                     |                     |
| Inpatient                     | \$2,461,278         | \$2,692,910         | \$3,065,893         |
| Outpatient                    | \$3,041,330         | \$3,687,779         | \$5,555,000         |
| <b>Total</b>                  | <b>\$5,502,608</b>  | <b>\$6,380,689</b>  | <b>\$8,620,893</b>  |
| MEDICAID                      |                     |                     |                     |
| Medicaid (of patients)        | 2022                | 2023                | 2025                |
| Inpatient                     | 1,737               | 1,766               | 2,449               |
| Outpatient                    | 31,380              | 29,812              | 29,427              |
| <b>Total</b>                  | <b>33,117</b>       | <b>31,578</b>       | <b>31,876</b>       |
| Medicaid (revenue)            |                     |                     |                     |
| Inpatient                     | \$40,754,505        | \$40,725,464        | \$62,833,838        |
| Outpatient                    | \$11,368,802        | \$12,228,845        | \$12,803,570        |
| <b>Total</b>                  | <b>\$52,123,307</b> | <b>\$52,954,309</b> | <b>\$75,637,408</b> |

## ATTACHMENT 38

### Charity Care

| CHARITY CARE                     |                      |                      |                      |
|----------------------------------|----------------------|----------------------|----------------------|
|                                  | 2023                 | 2024                 | 2025                 |
| <b>Net Patient Revenue</b>       | <b>\$257,262,513</b> | <b>\$294,460,845</b> | <b>\$357,046,141</b> |
| Amount of Charity Care (charges) | \$28,595,911         | \$32,944,491         | \$46,072,452         |
| Cost of Charity Care             | \$5,502,608          | \$6,380,689          | \$8,620,893          |

## **ATTACHMENT 39**

### **Flood Plain Information**

By signing the certification pages within this application, the Applicants attest that Memorial Hospital-Belleville at 4500 Memorial Dr, Belleville, IL 62226 complies with Illinois Executive Order #2005-5 and is not located in a flood plain.