

ORIGINALILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

14-062

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

This Section must be completed for all projects.

DEC 10 2014

Facility/Project Identification

Facility Name:	Sarah Bush Lincoln Health Center	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address:	1000 Health Center Drive		
City and Zip Code:	Mattoon, Illinois 61938-0372		
County:	Coles	Health Service Area	4 Health Planning Area: D-05

Applicant /Co -Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Name of Registered Agent:	Mr. Timothy A. Ols, FACHE
Name of Chief Executive Officer:	Mr. Timothy A. Ols, FACHE, President and Chief Executive Officer
CEO Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2572

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental		
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship		

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	Ms. Kim Uphoff
Title:	Vice President of Development
Company Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2163
E-mail Address:	kuphoff@sblhs.org
Fax Number:	217-258-2482

Additional Contact

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

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	65 E. Scott Street Suite 9A Chicago, Illinois 60610-5274
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

Additional Contact

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

Name:	Ms. Erica Stollard
Title:	Director of Planning
Company Name:	Sarah Bush Lincoln Health Center.
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2106
E-mail Address:	Estollard@sblhs.org
Fax Number:	217-258-4135

Additional Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	Sarah Bush Lincoln Health System.
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Name of Registered Agent:	Mr. Timothy A. Ols, FACHE
Name of Chief Executive Officer:	Mr. Timothy A. Ols, FACHE, President and Chief Executive Officer
CEO Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2572

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Type of Ownership**

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		<input type="checkbox"/>

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Post Permit Contact

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

Name:	Ms. Kim Uphoff
Title:	Vice President of Development
Company Name:	Sarah Bush Lincoln Health Center
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Telephone Number:	217-258-2163
E-mail Address:	kuphoff@sblhs.org
Fax Number:	217-258-2482

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Sarah Bush Lincoln Health Center
Address of Site Owner:	1000 Health Center Drive Mattoon, Illinois 61938-0372
Street Address or Legal Description of Site:	1000 Health Center Drive Mattoon, Illinois 61938
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Sarah Bush Lincoln Health Center		
Address:	1000 Health Center Drive Mattoon, Illinois 61938-0372		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
- Non-substantive

2. Narrative Description

Provide in the space below, 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.

This project proposes to construct a Cancer Center on the campus of Sarah Bush Lincoln Health Center that will replace and expand cancer services that are currently provided at the hospital. The Cancer Center, which will be a separate building, will be a part of the licensed hospital.

The project includes the following Clinical Service Areas:

- Radiation Therapy;
- Medical Oncology Infusion Center (Chemotherapy);
- Patient Exam Rooms and Physician Work Areas for cancer patients;
- Pharmacy (for compounding chemotherapy infusions);
- Clinical Laboratory Services (for preparing and transferring specimens from the Cancer Center to the Hospital Laboratory for analysis);
- Shared Patient Support for Cancer Center Patients.

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

- Education/Conference Room;
- Administrative Offices;
- Information Services (Cancer Center only)
- Environmental Services;
- Materials Management;
- Storage;
- Staff Services;
- Interdepartmental Circulation Space;
- Mechanical/Electrical Space and Equipment;
- Entrances;
- Access to Utility Tunnel to Hospital Building.

The project will consist of the construction of a one-story freestanding building on the hospital campus.

This project will not affect any categories of service.

This project will not result in any change in authorized beds.

This project is "non-substantive" in accordance with 20 ILCS 3960/12 because it does not meet the criteria for classification as a "substantive" project.

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$177,223	\$54,199	\$231,422
Site Survey and Soil Investigation	\$15,316	\$4,684	\$20,000
Site Preparation	\$199,560	\$61,030	\$260,590
Off Site Work	\$0	\$1,602,768	\$1,602,768
New Construction Contracts	\$5,602,381	\$1,712,946	\$7,315,327
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$560,238	\$171,294	\$731,532
Architectural/Engineering Fees	\$451,411	\$164,169	\$615,580
Consulting and Other Fees	\$111,041	\$33,959	\$145,000
Movable or Other Equipment (not in construction contracts)	\$5,180,556	\$134,562	\$5,315,118
Bond Issuance Expense (project related)	\$134,015	\$40,985	\$175,000
Net Interest Expense During Construction (project related)	\$1,378,440	\$421,560	\$1,800,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$13,810,181	\$4,402,156	\$18,212,337
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges	\$2,425,001	\$741,623	\$3,166,624
Gifts and Bequests	\$255,299	\$78,077	\$333,376
Bond Issues (project related)	\$11,129,881	\$3,582,456	\$14,712,337
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$13,810,181	\$4,402,156	\$18,212,337
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ _____.		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2018</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

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

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Sarah Bush Lincoln Health Center		CITY: Mattoon			
REPORTING PERIOD DATES: From: January 1, 2013 to: December 31, 2013					
Category of Service	Authorized Beds	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds
Medical/Surgical	73	3,989	19,563*	0	73
Obstetrics	19	986	2,128*	0	19
Pediatrics	8	124	462*	0	8
Intensive Care	9	557	1,983*	0	9
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	20	877	3,002	0	20
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	129	6,533**	27,138*	0	129

*Patient Days include Observation Days

**Total Admissions include ICU Direct Admissions only, excluding transfers from other services

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 manger 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.

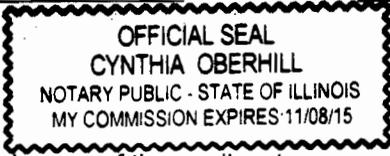
This Application for Permit is filed on the behalf of Sarah Bush Lincoln Health Center * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf 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 permit application fee required for this application is sent herewith or will be paid upon request.

Timothy A. Ols
 SIGNATURE
TIMOTHY A. OLS
 PRINTED NAME
President & CEO
 PRINTED TITLE

Dennis J. Pluard
 SIGNATURE
DENNIS J. PLUARD
 PRINTED NAME
V/P - FINANCE AND OPERATIONS
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of December 2014

Notarization:
Subscribed and sworn to before me
this 3rd day of December, 2014

Cynthia Oberhill
 Signature of Notary
 Seal


Cynthia Oberhill
 Signature of Notary
 Seal


*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 manger 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.

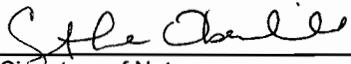
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SIGNATURE
TIMOTHY A O'S
PRINTED NAME
President & CEO
PRINTED TITLE

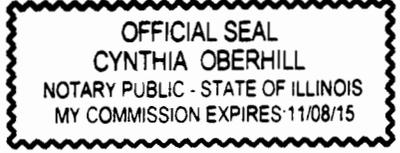

SIGNATURE
DENNIS J. PLUARD
PRINTED NAME
V/P FINANCE AND OPERATIONS
PRINTED TITLE

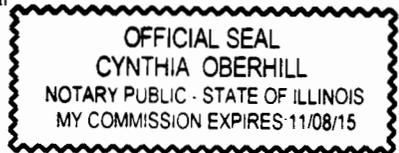
Notarization:
Subscribed and sworn to before me
this 3rd day of December 2014

Notarization:
Subscribed and sworn to before me
this 3rd day of December 2014


Signature of Notary


Signature of Notary

Seal


Seal


*Insert 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, 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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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** of 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 1110.234 - 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

NOT APPLICABLE**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot 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 are 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.**NOT APPLICABLE****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.

O. Criterion 1110.3030 - 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"/> Radiation Therapy	1 Linear Accelerator 1 Simulator (PET/CT Scanner)	1 Linear Accelerator 1 Simulator (PET/CT Scanner)
<input checked="" type="checkbox"/> Medical Oncology (Chemotherapy)	13 Infusion Stations	17 Infusion Bays
<input checked="" type="checkbox"/> Multi-Specialty Exam Rooms for Cancer Patients	5 Exam Rooms	9 Exam Rooms
<input checked="" type="checkbox"/> Pharmacy for Compounding Medical Oncology Infusions	N/A	N/A
<input checked="" type="checkbox"/> Clinical Laboratory	N/A for Cancer patients	N/A, only a Specimen Processing and Transport Area to the Hospital Lab

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

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

APPEND DOCUMENTATION AS ATTACHMENT-34, 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)

VIII. - 1120.120 - Availability of Funds

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
_____	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE		

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

IX. 1120.130 - Financial Viability

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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 of the projects 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 37, 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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

SEE ATTACHMENTS 36-38 FOR PROOF OF "A+" BOND RATING

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 of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Radiation Therapy: Linear Accelerator	\$515.00	N/A	2,061	N/A	0	N/A	\$1,061,415	\$0	\$1,061,415
Radiation Therapy: Simulator	\$409.00	N/A	875	N/A	0	N/A	\$357,875	\$0	\$357,875
Radiation Therapy: Support Services	\$386.00	N/A	1,892	N/A	0	N/A	\$730,312	\$0	\$730,312
Medical Oncology Infusion Center(Chemotherapy)	\$396.00	N/A	4,233	N/A	0	N/A	\$1,676,268	\$0	\$1,676,268
Exam Rooms and Physician Work Areas	\$286.00	N/A	3,616	N/A	0	N/A	\$1,034,176	\$0	\$1,034,176
Pharmacy	\$286.00	N/A	519	N/A	0	N/A	\$148,434	\$0	\$148,434
Clinical Laboratory Services	\$290.00	N/A	142	N/A	0	N/A	\$41,180	\$0	\$41,180
Shared Patient Support for Cancer Center Patients	\$280.00	N/A	1,974	N/A	0	N/A	\$552,721	\$0	\$552,721
SUBTOTAL CLINICAL COMPONENTS	\$365.88	N/A	15,312	N/A	0	N/A	\$5,602,381	\$0	\$5,602,381
Contingency							\$560,238	\$0	\$560,238
TOTAL CLINICAL SERVICE AREAS	\$402.47	N/A	15,312	N/A	0	N/A	\$6,162,619	\$0	\$6,162,619
Non-Clinical Service Areas:									
Education/Conference Rooms	\$280.00	N/A	406	N/A	0	N/A	\$113,680	\$0	\$113,680
Administrative Offices	\$280.00	N/A	1,113	N/A	0	N/A	\$311,640	\$0	\$311,640
Information Services	\$296.00	N/A	104	N/A	0	N/A	\$30,784	\$0	\$30,784
Environmental Services	\$275.00	N/A	177	N/A	0	N/A	\$48,675	\$0	\$48,675
Materials Management	\$275.00	N/A	283	N/A	0	N/A	\$77,825	\$0	\$77,825
Storage	\$270.00	N/A	300	N/A	0	N/A	\$81,000	\$0	\$81,000
Staff Services	\$285.00	N/A	686	N/A	0	N/A	\$195,510	\$0	\$195,510
Interdepartmental Circulation	\$275.00	N/A	493	N/A	0	N/A	\$135,575	\$0	\$135,575
Mechanical Space and Equipment	\$381.00	N/A	1,097	N/A	0	N/A	\$417,957	\$0	\$417,957
Entrances	\$285.00	N/A	395	N/A	0	N/A	\$112,575	\$0	\$112,575
Access to Utility Tunnel to Hospital Building	\$380.01	N/A	494	N/A	0	N/A	\$187,725	\$0	\$187,725
SUBTOTAL NON-CLINICAL COMPONENTS	\$308.75	N/A	5,548	N/A	0	N/A	\$1,712,946	\$0	\$1,712,946
Contingency							\$171,295	\$0	\$171,294
TOTAL NON-CLINICAL COMPONENTS	\$339.63	N/A	5,548	N/A	0	N/A	\$1,884,241	\$0	\$1,884,240
PROJECT TOTAL	\$385.76	N/A	20,860	N/A	0	N/A	\$8,046,859	\$0	\$8,046,859

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.

SARAH BUSH LINCOLN HEALTH CENTER FOR FY2018: \$ 2,611.73

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.

SARAH BUSH LINCOLN HEALTH CENTER FOR FY2018: \$ 254.98

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

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

NOT APPLICABLE BECAUSE THIS IS A "NON-SUBSTANTIVE" PROJECT

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

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

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

A table in the following format must be provided as part of Attachment 43.

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

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

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.

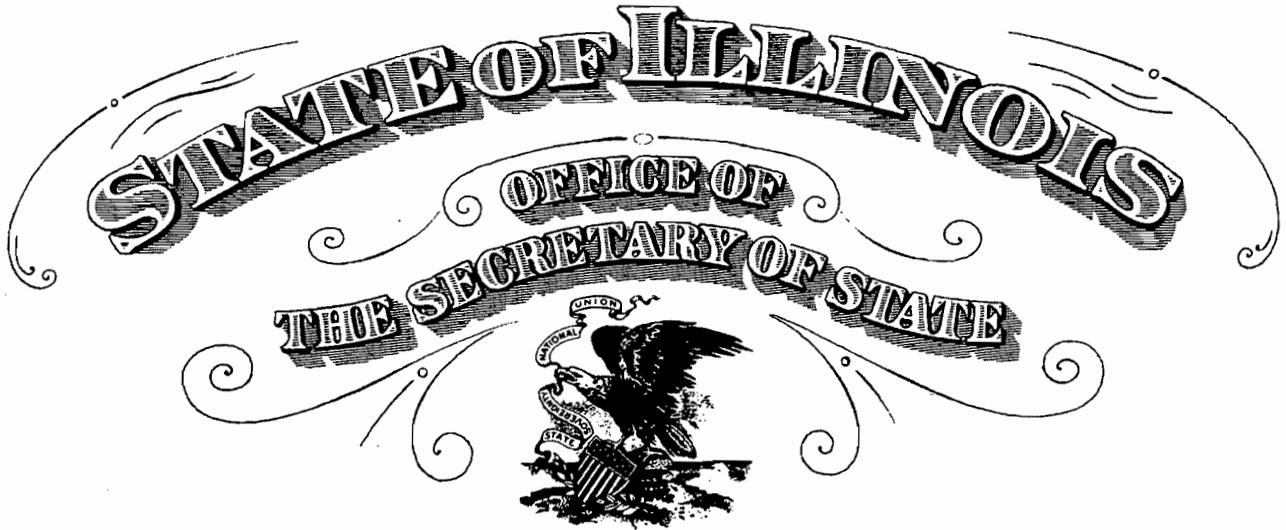
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	25
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35
5	Flood Plain Requirements	37
6	Historic Preservation Act Requirements	45
7	Project and Sources of Funds Itemization	47
8	Obligation Document if required	
9	Cost Space Requirements	59
10	Discontinuation	
11	Background of the Applicant	60
12	Purpose of the Project	65
13	Alternatives to the Project	89
14	Size of the Project	91
15	Project Service Utilization	126
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	131
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	} 152
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	158
40	Safety Net Impact Statement	
41	Charity Care Information	162



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

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



Authentication #: 1429603002

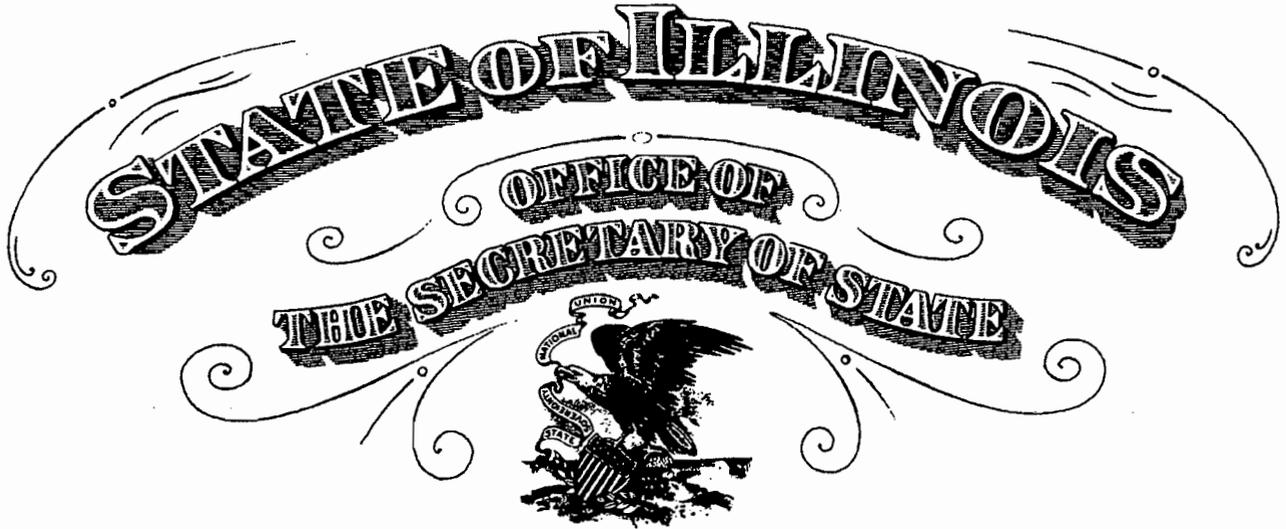
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 23RD
day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1, PAGE 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

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



Authentication #: 1429602984

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY OF STATE

I.
Site Ownership

This Attachment documents Sarah Bush Lincoln Health Center's ownership of its hospital campus, the site on which the Cancer Center will be constructed.

Lawyers Title
Insurance Corporation

INSURANCE COMMITMENT
SCHEDULE A

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

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

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

Amount: \$To Be
Determined

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

Proposed Insured:

To Be Determined

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

Amount: \$NONE

Proposed Insured:

NONE

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

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

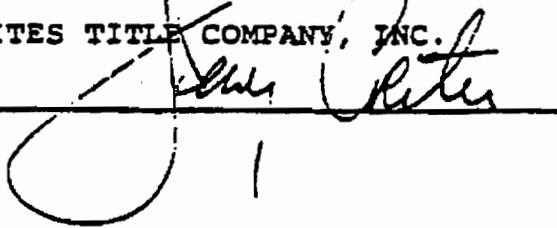
the land referred to in this Commitment is described as follows:

(SEE NEXT PAGE FOR LEGAL DESCRIPTION)

Witnessed at: Mattoon, Illinois

Commitment No. 9603172
Schedule A - Page 1

CRITES TITLE COMPANY, INC.



Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

LEGAL DESCRIPTION - CASE NO. 9603172

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

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

Schedule B - Section 2
Exceptions

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

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

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

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

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

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

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

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

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

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

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

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

19. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record October 15, 1982 in Misc. Record 598 at Page 4, subject to its terms and provisions. (SEE RECORD)

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

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

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

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

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

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

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

(Page 3 of 4 Pages)

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

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

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

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

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

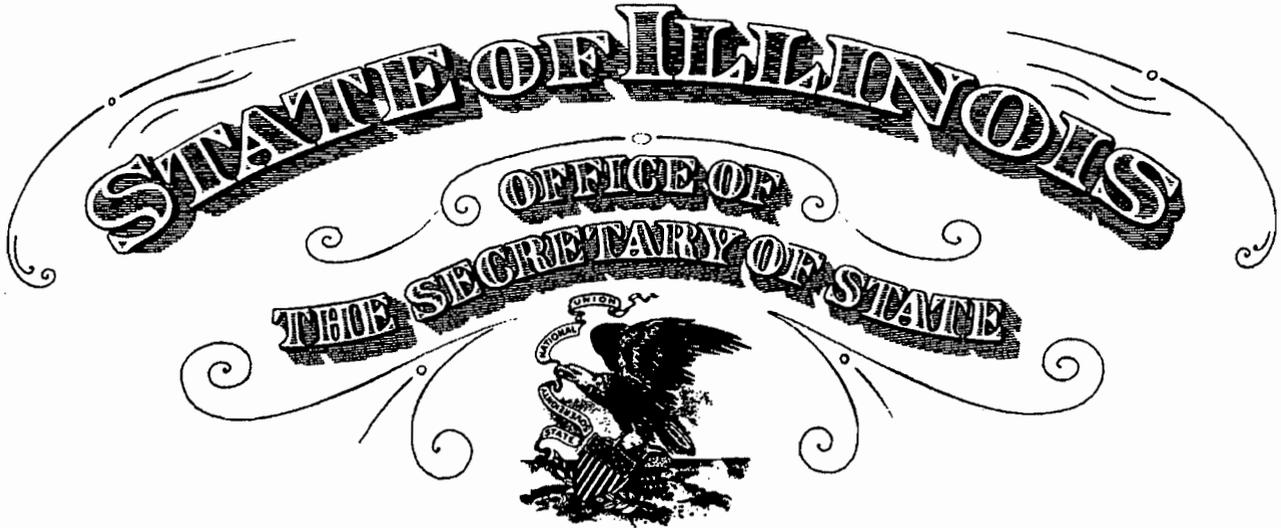
urity Interest, if any, of Citizens Fidelity Bank & Trust Company,
losed by Financing Statement #88-349, filed May 6, 1988, covering
al under Lease. (SEE RECORD) CONTINUED April 28, 1993 as F/S
-479.

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

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

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

Attachment 2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

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



Authentication #: 1429603002

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY OF STATE

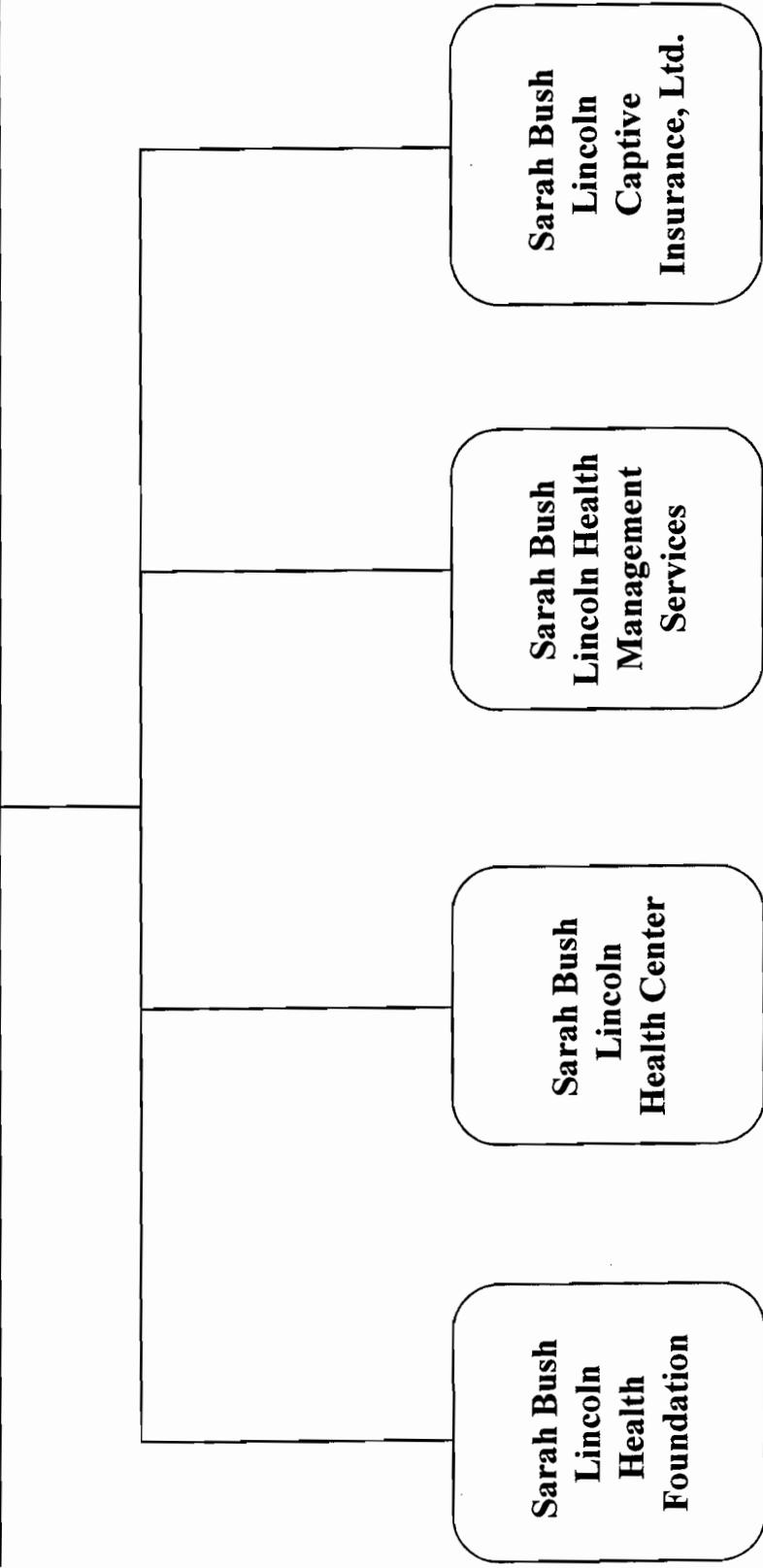
I.
Organizational Relationships

This project has 2 co-applicants: Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Sarah Bush Lincoln Health System is the sole corporate member of Sarah Bush Lincoln Health Center.

The funding for this project will consist of the following: pledges and gifts to Sarah Bush Lincoln Health Center; and a tax-exempt bond issue that will be issued by Sarah Bush Lincoln Health Center.

Sarah Bush Lincoln Health System



I.
Flood Plain Requirements

The following pages of this Attachment include the most recent Flood Insurance Rate Map (FIRM) and Federal Emergency Management Agency's revalidation letter for the campus of Sarah Bush Lincoln Health Center as well as the most recent Special Flood Hazard Area Determinations for the campus .

A notarized statement from Timothy A. Ols, President and CEO of Sarah Bush Lincoln Health Center, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Page 8 of this Attachment.

NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The **community map repository** should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations (BFEs)** and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or flood plain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or flood plain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

In the State of Illinois, any portion of a stream or watercourse that lies within the **floodway fringe** of a studied (AE) stream may have a state regulated floodway. The FIRM may not depict these state regulated floodways.

Floodways restricted by anthropogenic features such as bridges and culverts are drawn to reflect natural conditions and may not agree with the model computed widths listed in the Floodway Data table in the Flood Insurance Study report.

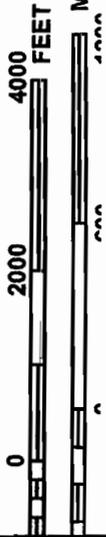
Multiple **topographic sources** may have been used in the delineation of Special Flood Hazard Areas. See Flood Insurance Study report for details on source resolution and geographic extent.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The **projection** used in the preparation of this map was Universal Transverse Mercator



MAP SCALE 1" = 2000'



PANEL 0300D

FIRM FLOOD INSURANCE RATE MAP COLES COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 300 OF 425

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:	COMMUNITY	NUMBER	PANEL	SUFFIX
	CHARLESTON, CITY OF	17092	0300	D
	COLES COUNTY	17098	0300	D
	LERNA, VILLAGE OF	17104	0300	D
	MATTOON, CITY OF	17053	0300	D

Notes to Users: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
17029C0300D

EFFECTIVE DATE
JULY 18, 2011

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

HOME FEMA's National Flood Hazard Layer (Official)

Details | Basemap |



039



Federal Emergency Management Agency
Washington, D.C. 20472

The Honorable John Bell
County Board Chairman
651 Jackson Ave.
Room 326
Charleston, IL 61920

Case No: 08-05-5345V
Community: Coles County
Community No.: 170986
Effective Date: July 19, 2011
LOMC-VALID

Dear County Board Chairman Bell:

This letter revalidates the determinations for properties and/or structures in the referenced community as described in the Letters of Map Change (LOMCs) previously issued by the Department of Homeland Security's Federal Emergency Management Agency (FEMA) on the dates listed on the enclosed table. As of the effective date shown above, these LOMCs will revise the effective National Flood Insurance Program (NFIP) map dated July 18, 2011 for the referenced community, and will remain in effect until superseded by a revision to the NFIP map panel on which the property is located. The FEMA case number, property identifier, NFIP map panel number, and current flood insurance zone for the revalidated LOMCs are listed on the enclosed table.

Because these LOMCs will not be printed or distributed to primary map users, such as local insurance agents and mortgage lenders, your community will serve as a repository for this new data. We encourage you to disseminate the information reflected by this letter throughout your community so that interested persons, such as property owners, local insurance agents, and mortgage lenders, may benefit from the information.

For information relating to LOMCs not listed on the enclosed table or to obtain copies of previously issued LOMR-Fs and LOMAs, if needed, please contact our Map Assistance Center, toll free, at 1-877-FEMA-MAP (1-877-336-2627).

Sincerely,

Luis Rodriguez, P.E., Chief
Engineering Management Branch
Federal Insurance and Mitigation Administration

Enclosure

cc: Community Map Repository
Kelly Lockhart, GIS Administrator

REVALIDATED LETTERS OF MAP CHANGE FOR COLES COUNTY, IL

Case No: 08-05-5345V

Community No.: 170986

July 19, 2011

Case No.	Date Issued	Identifier	Map Panel No.	Zone
96-05-1840A	07/10/1996	R.R. 4, BOX314A	17029C0310D	X
99-05-2976A	05/26/1999	SECTION 23 - 6020 N COUNTRY RD 650 EAST	17029C0300D	X
00-05-1076A	03/07/2000	1691 WEST HAYES AVENUE	17029C0305D	X
06-05-BJ34A	05/12/2006	6516 EAST COUNTY ROAD 1900 NORTH -- PORTION OF SECTION 9, T14N, R8E (IL)	17029C0040D	X
06-05-BS51A	09/12/2006	9165 EAST COUNTY ROAD 1450 NORTH -- PORTION OF SECTION 10, T13N, R8E (IL)	17029C0175D	X
06-05-C450A	11/07/2006	ROLLING GREEN SUBDIV NO. 1, LOT 5 -- 7528 OLD STATE ROAD (IL)	17029C0280D	X
07-05-6010A	10/25/2007	SHADY OAKS SUBDIV, LOT 6 -- 6 BRIAN DRIVE	17029C0280D	X
08-05-5180A	10/09/2008	PORTION OF SECTION 2, T13N, R7E - - 4136 EAST COUNTY ROAD 1600 NORTH	17029C0150D	X
11-05-0473A	11/04/2010	18337 COUNTY ROAD 2700 EAST	17029C0115C	X
11-05-0158A	11/09/2010	10593 EAST COUNTY ROAD 600 NORTH	17029C0300D	X
11-05-6229A		Lot 2 - 5148 East County Road 1600 North	17029C0150D	X



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
http://dnr.state.il.us

Pat Quinn, Governor
Marc Miller, Acting Director

Special Flood Hazard Area Determination Pursuant to Governor's Executive Order 5 (2006) (Supersedes Governor's Executive Order 4 (1979))

In brief, Executive Order 5 (2006) requires that State agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the State floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. Critical facilities, as described in the Executive Order, must be protected to the 500-year flood elevation. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties.

Requester: Sarah Bush Lincoln Health Center / Tim Kastl

Address: 1000 Health Center Dr., P.O. Box 372

City, state, zip code: Mattoon, IL 61938

Project Description: Expansion to Emergency Department.

Site address or location: 1000 Health Center Dr.

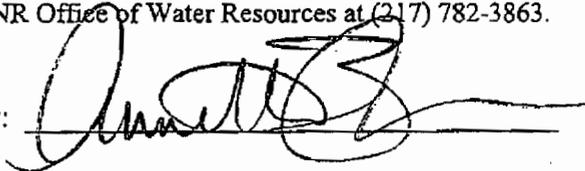
City, state, zip code: Mattoon, IL 61938

County: Cole County **Flood Map Panel:** 1709860125 **Map Date:** 08/05/1985

Floodplain Determination

- The property described above is NOT located within a 100-year or 500-year floodplain.
- The property described above is located within a 100-year floodplain. Further plan review required.
- Critical facility site located within 500-year floodplain. Further plan review required.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or flood damage. Questions concerning this determination may be directed to the Illinois DNR Office of Water Resources at (217) 782-3863.

Reviewed by:  Date: 6/29/09



Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106



Floodplain Information Repository Special Flood Hazard Area Determination

Contact
Paul Osmon
IDNR water resources
782-4428

Requester: Andrea Rozran, Diversified Health Resources
Address: 875 North Michigan Ave., Suite 3250
City, state, zip: Chicago, IL 60611 Telephone: (312) 266-0466

Site for Determination:

Street address: Sarah Bush Lincoln Health Center, 1000 Health Center Drive
City, state, zip: Mattoon, IL 61938
County: Coles Sec¹/₄: W 1/2 of NE 1/4 Section: 14 T. 12 N. R. 8 E. PM: 3rd
Site description: The W 1/2 of the NE 1/4 of Sec. 14, T. 12 N., R. 8 E., 3rd P.M., Coles County IL.

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).
Floodway mapped: N/A Floodway on property: N/A
Map used: Flood Insurance Rate Map (FIRM). A copy of a portion of the map showing the subject area is attached.
Community name: Coles County Uninc. Areas Community number: 170986*
Panel/map number: 170986 0125 B Effective Date: August 5, 1985
Flood zone: C Base flood elevation, from FIRM (±0.5 ft): N/A NGVD 1929

**If the property is incorporated in Mattoon city limits, the applicable NFIP Community Number is 170053.*

- N/A a. The community does not currently participate in the National Flood Insurance Program; State and Federal grants as well as flood insurance may not be available.
- N/A b. Panel not printed; no Special Flood Hazard Area on the panel.
- N/A c. No maps printed; no Special Flood Hazard Area for the community.

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity must meet State and Federal floodplain development regulations. Federal law requires that a flood insurance policy be obtained as conditions of a federally-backed mortgage or loan that is secured by the building.
- N/A e. Is located in Zone B (500-year floodplain). Flood insurance may be available at non-SFHA rates.
- X f. Is not located in a Special Flood Hazard Area. Flood insurance may be available at non-floodplain rates.
- N/A g. A determination of the building's exact location cannot be made on the current Federal Emergency Management Agency flood hazard map.
- N/A h. Exact structure location not available or not provided for this determination.

Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) or Sally McConkey (217/333-5482) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order IV (1979), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the IDNR Office of Water Resources.

William F. Saylor Title: Surface Water and Floodplain Information Date: 5/7/2001



Sarah Bush
Lincoln
Trusted Compassionate Care

November 26, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Re: Compliance with Requirements of Illinois Executive Order #2006-5
Regarding Construction Activities in Special Flood Hazard Areas

Dear Ms. Avery:

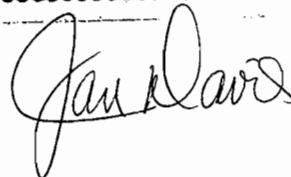
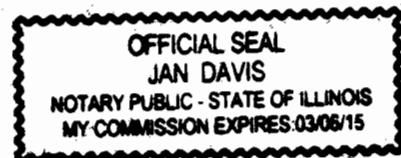
I am the applicant representative of Sarah Bush Lincoln Health Center. Sarah Bush Lincoln Health Center is the owner of hospital site, which is where the Sarah Bush Lincoln Cancer Center will be located.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Insurance Rate Map and revalidation letter for this location. This location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in the Special Flood Hazard Areas."

Sincerely,



Timothy A. Ols, FACHE
President and Chief Executive Officer



044

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents Sarah Bush Lincoln Health Center's compliance with the requirements of the Historic Resources Preservation Act for the site of the Sarah Bush Lincoln Cancer Center.

The letter from Anne E. Haaker, Deputy State Historic Preservation Officer, documents that this project has been found to be in compliance with the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 Ill. Adm. Code 4180).



FAX 217/524-7525

Coles County
Mattoon
NE of Health Center Drive & Highway 16
IEPA
New construction, Sarah Bush Lincoln Health Cancer Center

PLEASE REFER TO: IHPA LOG #011092214

October 1, 2014

Andrea Rozran
Diversified Health Resources
65 E. Scott, Suite 9A
Chicago, IL 60610-5274

Dear Ms. Rozran:

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

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

1 Old State Capitol Plaza
Springfield IL 62701

ILLINOISHISTORY.GOV

10/1/14

046

Sarah Bush Lincoln Cancer Center Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Pre-Planning Costs:			
Architectural Pre-Planning	\$119,788	\$36,634	\$156,422
Program/Planning Services	\$57,435	\$17,565	\$75,000
Total Pre-Planning Costs	\$177,223	\$54,199	\$231,422
Site Survey and Soil Investigation:			
Permits, Testing and Surveys	\$15,316	\$4,684	\$20,000
Total Site Survey and Soil Investigation	\$15,316	\$4,684	\$20,000
Site Preparation:			
Excavation & Grading	\$199,560	\$61,030	\$260,590
Total Site Preparation	\$199,560	\$61,030	\$260,590
Off-Site Work:			
Utilities	\$0	\$180,313	\$180,313
Paving	\$0	\$280,478	\$280,478
Striping, Signs, Fences, etc.	\$0	\$19,690	\$19,690
Landscaping	\$0	\$209,000	\$209,000
Tunnel to the hospital building	\$0	\$913,287	\$913,287
Total Off Site Work	\$0	\$1,602,768	\$1,602,768
New Construction Contracts	\$5,602,381	\$1,712,946	\$7,315,327
Contingencies	\$560,238	\$171,294	\$731,532
Architectural and Engineering Fees:	\$451,411	\$164,169	\$615,580
Consulting and Other Fees:			
CON Planning and Consultation	\$57,435	\$17,565	\$75,000
CON Application Processing Fee	\$34,461	\$10,539	\$45,000
IDPH Plan Review Fee	\$19,145	\$5,855	\$25,000
Total Consulting and Other Fees	\$111,041	\$33,959	\$145,000
Movable or Other Equipment			
(not in Construction Contracts):			
Medical Equipment, Furniture/Furnishings (see listing by department on following pages)	\$5,180,556	\$134,562	\$5,315,118
Total Movable or Other Equipment	\$5,180,556	\$134,562	\$5,315,118
Bond Issuance Expense (Project Related)			
Cost of Issuance	\$13,785	\$4,215	\$18,000
Issuer	\$32,929	\$10,071	\$43,000
Issuer Counsel	\$8,424	\$2,576	\$11,000
Bond Counsel	\$24,506	\$7,494	\$32,000
Hospital Counsel	\$9,955	\$3,045	\$13,000
Lender	\$12,253	\$3,747	\$16,000
Bank Counsel	\$9,955	\$3,045	\$13,000
Financial Advisor	\$17,613	\$5,387	\$23,000
Trustee & Other Fees	\$4,595	\$1,405	\$6,000
Total Bond Issuance Expense	\$134,015	\$40,985	\$175,000
Net Interest Expense During Construction (Project Related)	\$1,378,440	\$421,560	\$1,800,000
TOTAL ESTIMATED PROJECT COSTS	\$13,810,181	\$4,402,156	\$18,212,337

Pt Cart/Stretcher	Radiation Therapy: Lin Ac	1	1	1	1	1	0	0	\$	\$	\$	\$
Bench	RT: Lin Acc	1	0	1	1	1	0	1	\$	\$ 945.00	\$	945.00
Blanket Warmer	RT: Lin Acc	1	1?	1	1	1	1	1	\$	\$ 4,860.00	\$	4,860.00
Block Cuffer	RT: Lin Acc	1	1	1	1	1	0	0				
Cerrobend Pot	RT: Lin Acc	1	1	1	1	1	0	0				
Chair	RT: Lin Acc	1	0	1	1	1	0	0				
Computers	RT: Lin Acc	2		2	2	2			\$	\$ 700.00	\$	700.00
Daily QA3	RT: Lin Acc	1	1	1	1	1	0	0				
Diode System	RT: Lin Acc	1	0	0	0	0	0	0				
Drill Press	RT: Lin Acc	1	1	1	1	1	0	0				
Full Length Mirror	RT: Lin Acc	1	0	1	1	1	1	1	\$	\$ 42.00	\$	42.00
Hood	RT: Lin Acc	1	0	1	1	1	1	1	\$	\$ 20,000.00	\$	20,000.00
Huge Trash Can w/ Lid	RT: Lin Acc	1	1	1	1	1	0	0				
In Tx Room Monitor	RT: Lin Acc	1							\$	\$ 750.00	\$	750.00
Intercom	RT: Lin Acc	1	0	1	1	1	1	1	\$	\$ 4,000.00	\$	4,000.00
IPOD & Docking Station/Speakers	RT: Lin Acc	1	1	1	1	1	0	0	\$	\$ 6,000.00	\$	6,000.00
Label Printer	RT: Lin Acc	1							\$	\$ 190.00	\$	190.00
Laser System	RT: Lin Acc	1	0	1	1	1	1	1	\$	\$ 4,000,000.00	\$	4,000,000.00
Linear Accelerator	RT: Lin Acc	1	0	1	1	1	1	1	\$	\$ 160.00	\$	160.00
Monitors	RT: Lin Acc	4		4	4	4			\$	\$ 180.00	\$	180.00
Printer	RT: Lin Acc	1							\$	\$ 210.00	\$	210.00
Rolling Office Chairs	RT: Lin Acc	2	0	2	2	2	2	2	\$	\$ 216.00	\$	216.00
Stationary Chair	RT: Lin Acc	1	0	1	1	1	1	1	\$	see bottom	\$	
Step Stool	RT: Lin Acc	1	1	2	2	2	1	1	\$	\$ 200.00	\$	200.00
Telephone	RT: Lin Acc	1	0	2	2	2	2	2	\$	\$ 50.50	\$	50.50
Trash Can	RT: Lin Acc	2	0	2	2	2	2	2	\$	\$ 2,600.00	\$	2,600.00
TV Monitors/Cameras	RT: Lin Acc	2	0	2	2	2	2	2	\$	\$ 2,600.00	\$	2,600.00
Utility Cart	RT: Lin Acc	1	0	0	0	0	0	0				
Vacuum	RT: Lin Acc	1	1	1	1	1	1	1	\$	\$ 26.25	\$	26.25
Wall Clock	RT: Lin Acc	1	0	2	2	2	2	2	\$	\$ 52.50	\$	52.50

4,045,180.50

\$

Full Length Mirror	Rad Therapy / Support Area				5	\$ 42.00	
recliners for PET holding	Rad Therapy / Support Area				2	\$ 3,000.00	
Bathroom size mirror	Rad Therapy/ Support area				3	\$ 26.25	\$ 78.75
Bedside Table	RT: Support Area	1	0	2	2	\$ 600.00	\$ 1,200.00
Chair	RT: Support Area	2	0	4	4	\$ 840.00	\$ 1,680.00
Chair-High	RT: Support Area	2	0	0	0	\$ 100.00	
Chair-Low	RT: Support Area	2	0	0	0		
Computers	RT: Support Area	6	6	6	0		
Desk	RT: Support Area	2	0	0	0		
Dry Erase Board	RT: Support Area	1	0	1	1	\$ 57.75	
Electrometer	RT: Support Area	3	3	3	0		
File Cabinet	RT: Support Area	1	0	0	0		
Full Length Mirror	RT: Support Area	1	0	2	2	\$ 42.00	\$ 84.00
Laptop-New	RT: Support Area	1	1	1	0		
Laptop-Old	RT: Support Area	1	1	1	0		
Large Water Tank	RT: Support Area	1	1	1	0		
Lockers (Metal)	RT: Support Area	2	0				
Monitors	RT: Support Area	8	8	8	0		
Old CPU For Annuals	RT: Support Area	1	1	1	0		
Paper Organizer	RT: Support Area	1	1	1	0		
Printer	RT: Support Area	1	1	1	0		
Recliner	RT: Support Area	1	0	2	2	\$ 4,500.00	\$ 9,000.00
Rolling Stool	RT: Support Area	1	0	2	2	\$ 225.00	\$ 450.00
Small Book Shelf	RT: Support Area	1	0	0	0		
Small Water Tank	RT: Support Area	1	1	1	0		
Telephone	RT: Support Area	1	1	2	4	\$ 200.00	\$ 800.00
Wall Clock	RT: Support Area	1	0	1	1	\$ 26.25	\$ 26.25
Large Barrel Trashcan	RT: Support Area				2	\$ 40.00	\$ 80.00

20,066.75

\$

050

(COW)	Med Oncology	3	0	0	0	\$	-
1 Metal Cabinet	Med Oncology	1	0	0	0	\$	-
Bedside Table	Med Oncology	1	0	0	0	\$	-
Blanket/Fluid Warmer	Med Oncology	1	1	1	1	\$	-
Cabinets	Med Oncology	3	0	0	0	\$	-
Chairs	Med Oncology	3	5	5	5	\$	2,295.00
Chemo Chairs	Med Oncology	13	0	0	16	\$	8,000.00
Cordless Phone	Med Oncology	1	1	1	1	\$	455.00
Desktop Computer/Monitor	Med Oncology	1	0	0	5	\$	3,675.00
Dynamaps	Med Oncology	1	0	0	5	\$	18,375.00
Ice/Water Machine	Med Oncology	1	0	1	1	\$	2,000.00
IV Pumps	Med Oncology	18	18	18	18	\$	-
Paper Towel Dispenser	Med Oncology	1	0	4	4	\$	51.00
Printer/Fax Machine	Med Oncology	1	0	1	1	\$	1,200.00
Pyxis	Med Oncology	1	1	1	1	\$	-
Rolling Stools	Med Oncology	3	0	3	3	\$	225.00
Side Chairs	Med Oncology	24	24	24	24	\$	216.00
Small Refrigerator	Med Oncology	1	1	1	1	\$	-
Soap Dispenser	Med Oncology	4	4	4	4	\$	NC
Telephone	Med Oncology	1	0	3	3	\$	200.00
Trash Cans	Med Oncology	12	12	12	12	\$	50.50
Trashcans	Med Oncology	3	0	5	5	\$	50.50
TV's	Med Oncology	2	2	2	2	\$	252.50
Utility Cart	Med Oncology	1	0	0	0	\$	-
Wall Clock	Med Oncology	1	0	3	3	\$	26.25
Wall Supply Organizer	Med Oncology	1	1	1	1	\$	350.00
Cubby Thingy	Med Oncology	1	1	1	1	\$	350.00
Bathroom size mirror	Medical Oncology	2	2	2	2	\$	26.25
couch	Medical Oncology	2	2	2	2	\$	1,200.00
Ipad / TV for patients	Medical Oncology	18	18	18	18	\$	1,000.00
Accuvein	Med Oncology	1	1	1	1	\$	300.00

182,547.75

\$

#103 rnc C54

endtables-fam waiting&waiting rm	Shared Patient Support					8	\$ 400.00	200.00
round tables	Shared Patient Support					10	\$ 500.00	500.00
waiting room chairs	Shared Patient Support	0				35	\$ 840.00	2940.00
Waiting room coat hanger	Shared Patient Support					3	\$ 320.00	960.00
waiting room double/love seat	Shared Patient Support					10	\$ 1,354.50	13545.00
Bathroom size mirror	Shared Pt Support				2	\$ 26.25	\$	52.50
BUNN Coffee Maker	Shared Pt Support	1				\$ 1,500.00		1500.00
Chairs	Shared Pt Support	30	0			see bottom		
Coat Hanger	Shared Pt Support	1	0		3	\$ 330.75		992.25
Coffee Cart	Shared Pt Support	1	0					
Computer & monitors	Shared Pt Support	4	4		4	\$ 455.00		1820.00
Copier	Shared Pt Support	1	1		1	\$ 6,000.00		6000.00
Fax	Shared Pt Support	1	4		4	\$ 750.00		3000.00
File Cabinets	Shared Pt Support	1	0					
Label Printer	Shared Pt Support	1	1		1	\$ 1,200.00		1200.00
Laptop	Shared Pt Support	1	1	0	0			
Office Chairs	Shared Pt Support	6	?		4	\$ 459.00	\$	1,836.00
Printer	Shared Pt Support	1	1		1	\$ 560.00		560.00
Rolling Files	Shared Pt Support	2.5	0					
Rolling Stool	Shared Pt Support	1	0		0			
Scanners	Shared Pt Support	2	4		4	\$ 925.00		3700.00
Shelf (book)	Shared Pt Support	1	0					
Table	Shared Pt Support	1	0					
Telephone	Shared Pt Support	4	2	4	6	\$ 200.00	\$	1,200.00
Trashcans	Shared Pt Support	3	0	4	4	\$ 50.50	\$	202.00
Trashcans	Shared Pt Support	1	0	?		see bottom		
TV	Shared Pt Support	1						
Wall Clock	Shared Pt Support	1	2	2	2	\$ 26.25	\$	52.50
Water Machine	Shared Pt Support	1	1		1	\$ 1,500.00		1500.00

\$

81,705.25

054

Chairs for Educ./Confer. Room	Education/Conference Rm.		30	30	\$	216.00	\$	6 480.00	
projector system for Educ./Confer. Rm.	Education/Conference Rm.			1	\$	10,000.00			
tables for Educ./Confer. Rm.	Education/Conference Rm.		10	10	\$	800.00			
								\$	24,480.00

Computer / Monitor	Administration		8	8	\$ 1,200.00	\$	9,600.00
Desks	Administration		5	5	\$ 1,664.78	\$	8,323.90
Large Table for Conference Room	Administration				\$ 1,000.00	\$	1,000.00
Side Chairs	Administration		5	5	\$ 216.00	\$	1,080.00
Task Chair	Administration		25	25	\$ 459.00	\$	11,475.00
Telephone	Administration		10	10	\$ 200.00	\$	2,000.00
Trash Can	Administration		11	11	\$ 50.50	\$	555.50
Wall Clock	Administration		12	12	\$ 26.25	\$	315.00
Wall Mount coat hangar	Administration		8	8	\$ 17.85	\$	142.80
							34,492.20

056

Bathroom size mirror.	Staff Services				2	2		\$	26.25	\$	52.50
Bookshelf	Staff Services	1	0	0				\$			
Bulletin Board	Staff Services	1	0	1		1		\$	186.90	\$	186.90
Chairs	Staff Services	9	0	12		12		\$	216.00	\$	2,592.00
Coffee Maker	Staff Services	1	1	1				\$			
Film Badge Holder	Staff Services	1	1	11				\$			
Folding Chairs	Staff Services	4	0	6		6		\$	125.00	\$	750.00
Folding Table	Staff Services	1	0					\$			
Lockers?	Staff Services	0	0	26		26		\$	600.00	\$	
Microwave	Staff Services	1		2		2		\$	200.00	\$	400.00
microwave	Staff Services	1	?	2		1 or 2		\$	200.00	\$	
Microwave Cart	Staff Services	1	0					\$			
Refrigerator	Staff Services	1		2		2		\$	400.00	\$	800.00
refrigerator	Staff Services	1	?	2		1 or 2		\$	400.00	\$	
Small Table	Staff Services	1	0					\$	500.00	\$	1,500.00
Tables	Staff Services	1	0	4		4		\$	500.00	\$	2,000.00
Telephone	Staff Services	1	1	1		3		\$	200.00	\$	
Trashcans-Large	Staff Services							\$	50.50	\$	-
TV's	Staff Services			1		1		\$	800.00	\$	800.00
Wall Clock	Staff Services	1	0	1		1		\$	26.25	\$	26.25
picnic table	Staff Services							\$	1,500.00	\$	1,500.00

26,407.65

\$

Cost Space Requirements

Department	Cost	Gross Square Feet		Amount of Proposed Total GSF That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<u>Clinical Service Areas:</u>							
Radiation Therapy:							
Linear Accelerator	\$5,679,866	1,727	2,061	2,061	0	0	1,727
Simulator	\$814,082	791	875	875	0	0	791
Support Services for Radiation Therapy	\$1,162,160	257	1,892	1,892	0	0	257
Medical Oncology Infusion Center (Chemotherapy)	\$2,799,955	1,272	4,233	4,233	0	0	1,272
Exam Rooms and Physicians' Work Areas	\$1,635,072	1,039	3,616	3,616	0	0	1,039
Pharmacy (Cancer Center related)	\$487,447	0	519	519	0	0	0
Clinical Laboratory Services (Cancer Center related)	\$65,691	0	142	142	0	0	0
Shared Patient Support for Cancer Center Patients	\$965,906	<u>638</u>	<u>1,974</u>	<u>1,974</u>	<u>0</u>	<u>0</u>	<u>638</u>
Sub-Total: Clinical Service Areas	\$13,810,181	5,724	16,312	16,312	0	0	5,724
<u>Non-Clinical Service Areas: (Cancer Center only)</u>							
Education/Conference Room	\$312,131	0	406	406	0	0	0
Administrative Offices	\$823,053	1,048	1,113	1,113	0	0	1,048
Information Services (Cancer Center only)	77,711	0	104	104	0	0	0
Environmental Services	\$123,263	47	177	177	0	0	47
Materials Management	\$197,081	0	283	283	0	0	0
Storage	\$205,290	38	300	300	0	0	38
Staff Services	\$520,739	351	686	686	0	0	351
Interdepartmental Circulation	\$343,325	707	493	493	0	0	707
Mechanical Space and Equipment	\$1,045,363	109	1,097	1,097	0	0	109
Entrances	\$284,637	174	395	395	0	0	174
Access to Utility Tunnel to Hospital Building	\$469,583	<u>0</u>	<u>494</u>	<u>494</u>	<u>0</u>	<u>0</u>	<u>0</u>
Sub-Total: Non-Clinical Service Areas	\$4,402,156	2,472	5,548	5,548	0	0	2,472
TOTAL PROJECT	\$18,212,337	8,196	20,860	20,860	0	0	6,196

All of the space being vacated is located in the hospital building. There are currently no plans for the reuse of the vacated space, and no capital funds have been allocated to the modernization of this vacated space in order to permit it to be re-used.

III.
Criterion 1110.230 - Background of Applicant

1. The sole corporate member of Sarah Bush Lincoln Health Center is Sarah Bush Lincoln Health System.

Sarah Bush Lincoln Health Center is the only health care facility owned or operated by Sarah Bush Lincoln Health System.

Its identification numbers are shown below..

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Sarah Bush Lincoln Health Center, Mattoon	Illinois Hospital License ID# 0003392 The Joint Commission ID# 7257

Proof of the current licensure and accreditation for Sarah Bush Lincoln Health Center will be found beginning on Page 2 of this Attachment.

- 2, 3. This Attachment includes a certification letter from Sarah Bush Lincoln Health System, the sole corporate member of Sarah Bush Lincoln Health Center, (1) documenting that Sarah Bush Lincoln Health Center has not had any adverse action taken against it during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.
4. This item is not applicable to this application because the requested materials are being submitted as part of this application, beginning on Page 2 of this Attachment.



**Illinois Department of
PUBLIC HEALTH**

HF104569

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

**LaMar Hasbrouck, MD, MPH
Acting Director**

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
12/31/2014		0003392

Exp. Date 12/31/2014

Lic Number 0003392

General Hospital

Effective: 01/01/14

Date Printed 11/25/2013

Sarah Bush Lincoln Health Center

Sarah Bush Lincoln Health Center

1000 Health Center Drive, P. O. Box 372

1000 Health Center Drive, P. O. Box 3

Mattoon, IL 61938

Mattoon, IL 61938

The terms of this license have not been modified. Printed by Authority of the State of Illinois • PO. 45012320 10M 3/12

FEE RECEIPT NO



June 6, 2014

Tim Ols, FACHE
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 06/06/2014

Dear Mr. Ols:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting 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 October 26, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

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

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations



June 6, 2014

Tim Ols, FACHE
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Program: Home Care Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 06/06/2014

Dear Mr. Ols:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

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

Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning October 26, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

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

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

 Sarah Bush
Lincoln
Trusted Compassionate Care

September 11, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

Sarah Bush Lincoln Health Center is a licensed, Joint Commission-accredited hospital in Mattoon. Its sole corporate member is Sarah Bush Lincoln Health System, a not for profit corporation.

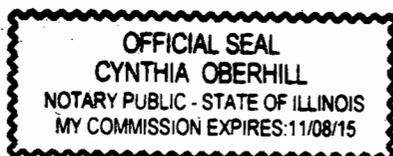
We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by Sarah Bush Lincoln Health System during the three years prior to the filing of this application.

This letter is also sent to authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

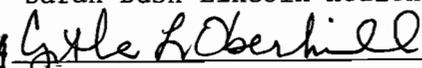
Sincerely,



Timothy A. Ols, FACHE
President and Chief Executive Officer



State of Illinois
County of Coles
Signed and sworn to before me on
September 11, 2014 by Timothy A. Ols
as President and Chief Executive Officer of
Sarah Bush Lincoln Health System.

064  Notary Public

III.

Criterion 1110.230.b - Purpose of Project

1. This project will improve the health care and well-being of the market area population by replacing Sarah Bush Lincoln Health Center's undersized and outdated Regional Cancer Center, which is located within the hospital, with a freestanding Regional Cancer Center on the hospital campus.

The replacement Cancer Center will provide the patients of Sarah Bush Lincoln Health Center's 10-county market area with a wide range of cancer services in appropriately sized and configured facilities.

Sarah Bush Lincoln Health Center's existing Cancer Center includes Radiation Therapy, Medical Oncology (Chemotherapy), Exam Rooms, Physicians' Work Areas, and Shared Patient Support. This facility was constructed in 1989 and needs to be replaced and expanded, as explained in Attachment 34 of this CON application.

The new Cancer Center will be able to enhance Sarah Bush Lincoln's cancer program because it will have the space to add multidisciplinary teams, an Oncology Service Line Director, a Clinical Research Coordinator, and patient navigators.

The services that will be included in the replacement Cancer Center will include the following.

- Radiation Therapy
- Medical Oncology (Chemotherapy)
- Oncologists' Exam Rooms and Physicians' Work Areas
- Pharmacy (for compounding chemotherapy infusions)
- Clinical Laboratory Services (for preparing and transferring specimens from the Cancer Center to the hospital Lab)
- Shared Patient Support for Cancer Center Patients
- Cancer Education programs and support groups
- Cancer Resource Center
- Administrative Offices

This project is needed and appropriate to address the market area's significant incidence of cancer and the aging of the market area population.

As discussed under Item 2. below, the market area for this project is Sarah Bush Lincoln Health Center's 10-county market area in east central Illinois (consisting of Coles, Clark, Cumberland, Douglas, Edgar, Moultrie, Shelby, Crawford, Effingham, and Jasper Counties) that includes all of the State-designated

Planning Area D-05, the planning area in which Sarah Bush Lincoln Health Center is located, as well as parts of Planning Areas D-01, D-04, F-02, and F-03.

This 10-county area had a 2010 population of 223,339 and accounted for at least 92% of the total discharges to Sarah Bush Lincoln Health Center in the 12 month period from April, 2013, through March, 2014.

The need for this project is based upon the following.

- a. Cancer is a leading cause of death, according to the Illinois Department of Public Health, which stated that "Cancer is the second most common cause of death in Illinois and the United States, and the leading cause of death for Illinois citizens aged 45-64." (Source: Illinois Department of Public Health, "Cancer in Illinois," <http://www.idph.state.il.us/cancer/index.htm>)
- b. This project is needed to provide state-of-the-art diagnostic and treatment services for cancer patients currently receiving care at Sarah Bush Lincoln Health Center.

Sarah Bush Lincoln Health Center diagnoses nearly 270 new cancer cases annually and operates an active cancer center that provides Radiation Therapy, Medical Oncology, Blood Transfusions, office visits, and physician examinations.

The number of Radiation Therapy treatments increased by more than 11% from CY2010 to CY2013, increasing from 2,978 treatments in 2010 to 3,317 treatments in 2013.

The number of visits to Medical Oncology for procedures performed in the infusion stations (e.g., chemical infusions, blood transfusions, pumps, injections) increased by 53% from CY2010 to CY2013, increasing from 3,460 visits in 2010 to 5,813 visits in 2013.

The number of visits in Exam Rooms, either for provider office visits or for procedures (e.g., bone marrows, port flushes, phlebotomy/labs) increased by 50% from CY2010 to CY2013, increasing from 6,772 visits in 2010 to 10,167 in 2013.

- c. In FY2013, 1,339 new cancer cases were diagnosed in Sarah Bush Lincoln Health Center's 10-county market area. (Source: Oncology Solutions, LLC, "Sarah Bush Lincoln Health System: Environmental Assessment Presentation," September, 2013)

In 2013, 11,383 residents of Sarah Bush Lincoln's market area were living with cancer. (op. cit.)

In 2013, 469 residents of Sarah Bush Lincoln's market area died of cancer. (op. cit.)

- d. Sarah Bush Lincoln is a major provider of cancer treatment care to residents of its 10-county market area.

In 2012, 57% of Sarah Bush Lincoln Health Center's new cancer cases were residents of its Primary Service Area, Coles County, the county in which the hospital is located, while 35% of its new cancer cases were residents of its Secondary Service Area (Clark, Cumberland, Douglas, Edgar, Moultrie, and Shelby Counties), and 7% of its new cancer cases were residents of its Tertiary Service Area (Crawford, Effingham, and Jasper Counties). Only 2% of its new cancer cases resided outside the market area.

Similarly, in 2012, 67% of the courses of Radiation Therapy treatment provided at Sarah Bush Lincoln Health Center were provided to residents of its Primary Service Area, while 22% of the courses of Radiation Therapy treatment provided were provided to residents of its Secondary Service Area, and 9% of its new cancer cases were provided to residents of its Tertiary Service Area. Only 2% of its courses of Radiation Therapy treatment were provided to patients who originated outside the market area.

- e. Sarah Bush Lincoln needs to expand its cancer programs in order to meet the needs of its market area population, which is older than a normative population and is continuing to age. The incidence of cancer is nine times higher for persons 65 years and older than it is for those younger than 65.

In 2013, 14.6% of the population in Sarah Bush Lincoln Health Center's Primary Service Area were 65 and older, while 18.7% of the population of its Secondary Service Area were 65 and older, and 17.0% of the population in its Tertiary Service Area were 65 and older.

The percentage of the population in Sarah Bush Lincoln Health Center's Primary Service area that is aged 65 and older is expected to increase to 16.0% by 2017, while the percentage of the population in its Secondary Service Area that is aged 65 and older is expected to increase to 20.4% by 2017, and the percentage of the population in its Tertiary Service Area that is aged 65 and older is expected to increase to 18.8% by 2017.

As a result of this aging of the market area population, the number of new cancer cases in the market area is expected to increase to 1,410 by 2017, and the number of those living with cancer is expected to increase to 11,981 by 2017.

- f. This project is needed to provide state-of-the-art diagnostic and treatment services for cancer patients residing in the market area who are receiving care at Sarah Bush Lincoln Health Center as well as for those who reside in its 10-county market area in East Central Illinois but are currently traveling outside the market area to receive this care.
- g. This project is needed to replace existing diagnostic and treatment equipment that has exceeded its useful life.

For example, Sarah Bush Lincoln Health Center's linear accelerator is currently 7 years old and is scheduled to be replaced in FY2017.

- h. This project is needed to provide care to many of Sarah Bush Lincoln Cancer Center's patients that are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for this project, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers (<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>).

The federal criteria for HPSA designation are found on Pages 11 through 18 of this Attachment.

As of June 25, 2014, the federal government designated the following portions of the market area as being Health Professional Shortage Areas (HPSAs). As this list indicates, at least a portion of every county in Sarah Bush Lincoln's market area for cancer care is designated as a Health Professional Shortage Area.

Coles County: Low Income Population Group
Clark County: Low Income Population Group
Cumberland County: Low Income Population Group
Douglas County: Entire County
Edgar County: Low Income Population Group
Moultrie County: Entire County

Shelby County: Entire County
Crawford County: Low Income Population Group
Effingham County: Medicaid Eligible Population Group
Jasper County: Low Income Population Group

Documentation of these Health Professional Shortage Areas is found on Page 19 of this Attachment.

- i. This project is needed to provide care to many of Sarah Bush Lincoln Cancer Center's patients that are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in the market area for this project, as identified below.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or

the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides.

The federal criteria for designation of Medically Underserved Areas and Populations are found on Pages 12 and 20 through 22 of this Attachment.

As of November 25, 2014, the federal government designated the following Medically Underserved Areas (MUAs) in the market area for this project.

Clark County: Low Income Population Group
Cumberland County: Greenup/Sumpter Service Area
Edgar County parts of 1 township
Effingham County: 3 census tracts
Jasper County: parts of 3 townships
Shelby County: parts of 7 townships in the Shelbyville, Herrick,
and Ridge Service Areas

Documentation of these Medically Underserved Areas is found on Page 23 of this Attachment.

The federal government has designated the following Medically Underserved Population (MUP) in the market area for this project.

Coles County: Low Income Population Group in
East Oakland Township
Edgar County: Low Income Population Group in Kansas Township

Documentation of this Medically Underserved Population is also found on Page 23 of this Attachment.

- j. This project will have a positive impact on essential safety net services in Planning Areas D-01, D-04, D-05, F-02, and F-03, particularly in those counties within these planning areas that constitute the market area for the Sarah Bush Lincoln Cancer Center. That is because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive diagnostic and treatment services for cancer in new facilities with state-of-the-art equipment, all of which has been designed and selected to meet their needs.
- k. The Clinical Service Areas being provided at the Sarah Bush Lincoln Cancer Center must address the standards found in the Illinois Health

Care Facilities Plan, 77 Ill. Adm. Code 1100.360, 1100.380, 1100.390, 1100.400, 1100.410, 1100.430, 1110.230, 1110.234(a-c), 1110.3030, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, and 1120.140.

This project is a necessary replacement and expansion of existing services for cancer patients that are currently provided to patients at Sarah Bush Lincoln Health Center.

Specific information regarding the need to modernize these Clinical Service Areas will be found in Attachment 34.

The project will be sized to accommodate the projected utilization in each of the included services during the second full year of operation of the Sarah Bush Lincoln Cancer Center.

Population statistics for the counties that constitute the market area for the Sarah Bush Lincoln Cancer Center were reviewed to identify recent population figures and five-year projections. The Illinois Department of Commerce and Economic Opportunity is the source of these population statistics (<https://data.illinois.gov/Economics/DCEO-County-Population-Projections/h3bx-hbbh>)

This review revealed that the population in the market area is expected to increase by 3% from 2015 to 2020, with the population expected to increase in every one of the 10 counties in the market area.

2. Sarah Bush Lincoln Health Center is located in Coles County in Planning Area D-05.

The market area for this project consists of the following counties in Southern Illinois.

Coles (Primary Service Area) - located in Planning Area D-05
Clark (Secondary Service Area) - located in Planning Area D-05
Cumberland (Secondary Service Area) - located in Planning Area D-05
Douglas (Secondary Service Area) - located in Planning Area D-01
Edgar (Secondary Service Area) - located in Planning Area D-05
Moultrie (Secondary Service Area) - located in Planning Area D-04
Shelby (Secondary Service Area) - located in Planning Area D-04
Crawford (Tertiary Service Area) - located in Planning Area F-03
Effingham (Tertiary Service Area) - located in Planning Area F-02
Jasper (Tertiary Service Area) - located in Planning Areas F-02 and F-03

As indicated above, this market area constitutes all of Planning Area D-05 and parts of Planning Areas D-01, D-04, F-02, and F-03.

Sarah Bush Lincoln Health Center is the only hospital in the market area that offers Radiation Therapy Services. The existing Radiation Therapy Services provided in the market area are not located in hospitals.

Patient origin data for inpatient admissions to Sarah Bush Lincoln Health Center from April, 2013, through March, 2014, are found on Page 24 of this Attachment.

3. This project constitutes a needed replacement and expansion of services for cancer patients.

The project addresses the following issues, which are also addressed in Attachment 34 of this application.

- a. The Clinical Service Areas included in this project are undersized and need to be replaced.
 - 1) There are too few infusion stations.
 - 2) The existing infusion stations are undersized and do not have space to permit families to stay with patients undergoing infusion.
 - 3) There are too few exam rooms.
 - 4) The existing exam rooms are undersized.
 - 5) There is inadequate waiting space for both patients and their families.
 - 6) There are an inadequate number of physicians' offices.
- b. The existing Linear Accelerator at Sarah Bush Lincoln Health Center will need replacement due to obsolescence and outliving its useful life by 2017, at the time that the Cancer Center will become operational.

This Linear Accelerator was purchased in 2007.

- c. This project is needed to enable the construction of a freestanding Cancer Center on Sarah Bush Lincoln Health System's campus that will provide the patients of the market area with a range of cancer services that are consolidated in a single facility.

- d. Space is needed to permit physicians working in the Cancer Center to provide care to their cancer patients and to have offices in which to perform their work.
- e. The project will provide much-needed services to the market area and, in doing so, will provide health care services to the low income and uninsured.

Documentation of this project's ability to address this issue is found in Item 5. below.

4. The sources of information provided as documentation are the following.

- a. Hospital records regarding the existing facilities and services for cancer care and the age of existing linear accelerator;
- b. The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Health Care Facilities, 2010 Edition. 2010: ASHE (American Society for Healthcare Engineering).

- c. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County for the market area counties, <http://www.hrsa.gov/shortage/>, <http://hpsafind.hrsa.gov/HPSASearch.aspx>.

A print-out of this information and a discussion of Health Professional Shortage Areas are found on Pages 11 through 19 of this Attachment.

- d. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by Address for the market area counties, <http://www.hrsa.gov/shortage/mua/index.html>, <http://muafind.hrsa.gov/index.aspx>.

A print-out of this information and a discussion of Medically Underserved Areas and Medically Underserved Populations are found on Pages 20 through 23 of this Attachment.

- e. State Cancer Profiles, National Cancer Institute. <http://statecancerprofiles.cancer.gov/>
- f. 77 Ill. Adm. Code 1100.520(a)(6)(E)-(G) for identification of counties in Planning Areas D-01, D-04, D-05, F-02, F-03.

- g. Illinois Department of Public Health, Hospital Profile - CY2013 for the hospitals in the Market Area: Crawford Memorial Hospital, Robinson (Crawford County); Paris Community Hospital, Paris (Edgar County); Sarah Bush Lincoln Health Center, Mattoon (Coles County); Shelby Memorial Hospital, Shelbyville (Shelby County); St. Anthony's Memorial Hospital, Effingham (Effingham County).
 - h. Illinois Department of Public Health, "Cancer in Illinois," <http://www.idph.state.il.us/cancer/index.htm>,
 - i. Illinois Department of Commerce and Economic Opportunity, "DCEO County Population Projections," <https://data.illinois.gov/Economics/DCEO-County-Population-Projections/h3bx-hbbh>.
 - j. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]).
 - k. National Fire Protection Association, NFPA 101: Life Safety Code, 2012 Edition.
5. This project will address and improve the health care of residents of the market area, both patients already diagnosed with cancer as well as those who present themselves for diagnosis with cancer, because it will replace undersized Clinical Service Areas that are currently located at Sarah Bush Lincoln Health Center with new facilities that are appropriately designed, sized and configured for cancer care.
- By providing much-needed services to the market area this project will provide health care services to all residents of the market area, including the low income and uninsured.
6. Sarah Bush Lincoln Health Center's goal for this project is to continue providing quality oncological (cancer) care to those living and working within the market area.



Health Resources and Services Administration



Shortage Designation

Find Shortage Areas

[Health Professional Shortage Areas \(HPSAs\)](#)

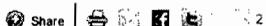
[Medically Underserved Areas and Populations \(MUAs/Ps\)](#)

[Frequently Asked Questions](#)

[Negotiated Rulemaking Committee](#)

Contact: SDB@hrsa.gov or 1-888-275-4772

Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations



Online processing of shortage designation applications will resume in December 2014. Please direct any questions to your State Primary Care Office and/or the appropriate Shortage Designation Officer.

HRSA develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

Find Shortage Areas

Programs that use HPSAs to determine eligibility may utilize the HPSA data as of a certain date in time in order to facilitate program operations. To locate NHSC approved sites with eligible HPSAs and the corresponding HPSA scores for use in the National Health Service Corps programs, individuals should refer to the [NHSC Jobs Center](#). Find HPSAs, MUAs and MUPs by state, county or street address.

Please note: not all programs that use the HPSA or MUA/MUP designation to determine eligibility use them in the same way. The National Health Service Corps uses HPSA data as of a certain date.

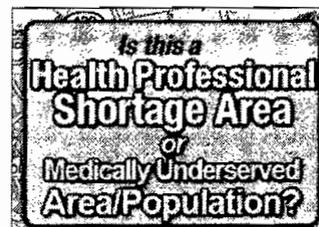
To find approved National Health Service Corps sites and their HPSA scores, please use the [NHSC Jobs Center](#). The Medicare Physician Bonus Payment program uses only geographic HPSAs. To find eligible HPSAs, please use [Find HPSAs eligible for the Medicare Physician Bonus Payment](#).

Health Professional Shortage Areas

HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

As of June 19, 2014:

- **There are currently approximately 6,100 designated Primary Care HPSAs.** Primary Care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. Applying this formula, it would take approximately 8,200 additional primary care physicians to eliminate the current primary care HPSA designations. While the 1:3,500 ratio has been a long standing ratio used to identify high need areas, it is important to note that there is no generally accepted ratio of physician to population ratio. Furthermore, primary care needs of an individual community will vary by a number of factors such as the age of the community's population. Additionally, the formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by Nurse Practitioners and Physician Assistants in an area. Other sources describing primary care supply use other ratios; for example, a ratio of 1 physician to 2,000 population. To meet this ratio, approximately 16,000 more primary care physicians would need to be added to the current supply in HPSAs.
- **There are currently approximately 4,900 Dental HPSAs.** Dental HPSAs are based on a dentist to population ratio of 1:5,000. In other words, when there are 5,000 or more people per dentist, an area is eligible to be designated as a dental HPSA. Applying this formula, it would take approximately 7,300 additional dentists to eliminate the current dental HPSA designations.
- **There are currently approximately 4,000 Mental Health HPSAs.** Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000. In other words, when there are 30,000 or more people per psychiatrist, an area is eligible to be designated as a mental health HPSA. Applying this



Programs

These programs benefit HPSAs and MUAs/Ps

Health Center Program grants support access to primary care in underserved areas

Rural Health Clinic Program provides cost-based reimbursement from Medicare and Medicaid

Medicare HPSA Bonus Payment provides reimbursement to physicians in underserved areas

National Health Service Corps Loan Repayment and Scholarship Programs helps underserved communities recruit and retain primary medical, dental and mental/behavioral health professionals

Indian Health Service Scholarship Program supports health professions students who will work in IHS facilities after graduation

Exchange Visitor Program enables foreign physicians to obtain J-1 visas and work in shortage areas

Conrad State 30 Program allows States 30 J-1 visa waivers each year in exchange for service in a shortage area

075

formula, it would take approximately 2,800 additional psychiatrists to eliminate the current mental HPSA designations.

Medically Underserved Areas and Populations

Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

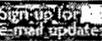
076

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Health Workforce




[Home](#) > [Shortage Designation](#)

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
[Overview](#)
[Criteria](#)
[Guidelines](#)

Dental HPSAs:
[Overview](#)
[Criteria](#)
[Guidelines](#)

Mental Health HPSAs:
[Overview](#)
[Criteria](#)
[Guidelines](#)

Health Professional Shortage Areas (HPSAs)

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Programs that use HPSAs to determine eligibility may utilize the HPSA data as of a certain date in time in order to facilitate program operations. To determine the list of eligible HPSAs and the corresponding HPSA scores for use in the National Health Service Corps, individuals should refer to the [NHSC Jobs Center](#).

[HPSA Designation Criteria, Guidelines & Process](#)

Information on how HPSAs are defined and the designation process.

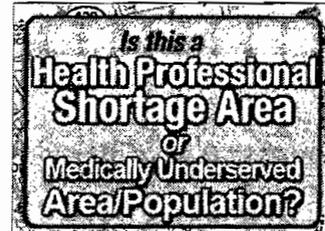
[Criteria for Determining Priorities Among Health Professional Shortage Areas](#)
 Federal Register Notice that sets forth the current greatest shortage criteria for HPSAs.

[Automatic Facility HPSA Scoring](#)
 How HPSA scoring works.

[Rural Health Clinic Automatic HPSA Process](#)
 Information on how to request an auto HPSA for your CMS-certified RHC

[How to Apply for HPSA Designation](#)
 Application guidelines and contact information.

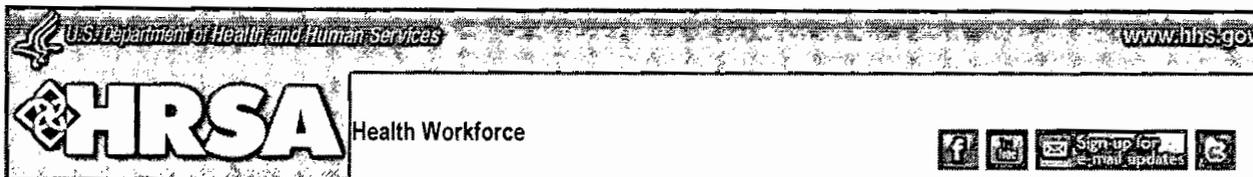
[HPSA Glossary](#)
 A list of HPSA-related terms.



Related Links

- [State Primary Care Offices](#) for designation application help and State shortage information
- [Exchange Visitor Program](#) for physicians with J-1 visas working in HPSAs
- [National Health Service Corps](#) scholarships & loan repayment in return for service at NHSC-approved sites in greatest-need HPSAs
- [Medicare PSA/HPSA Physician Bonus](#)

077



[Home](#) > [Shortage Designation](#)

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:

[Overview](#)
[Criteria](#)
[Guidelines](#)

Dental HPSAs:

[Overview](#)
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Mental Health HPSAs:

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Primary Medical Care HPSA Designation Overview

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There are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must:

- Be a rational area for the delivery of primary medical care services
- Meet one of the following conditions:
 - Have a population to full-time equivalent primary care physician ratio of at least 3,500:1
 - Have a population to full-time equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers
- Demonstrate that primary medical professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population under consideration.

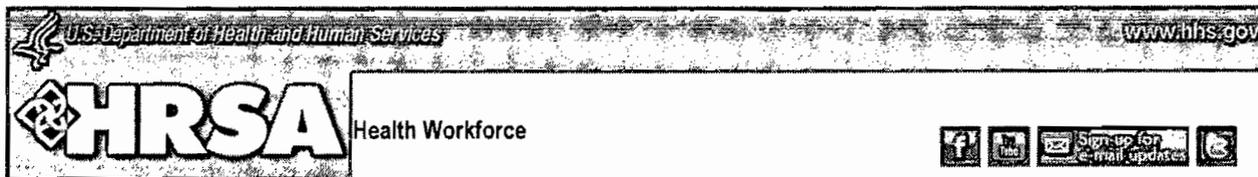
Population Groups must:

- Reside in an area in that is rational for the delivery of primary medical care services as defined in the Federal code of regulations.
- Have access barriers that prevent the population group from use of the area's primary medical care providers.
- Have a ratio of persons in the population group to number of primary care physicians practicing in the area and serving the population group ratio of at least 3,000:1
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.

Facilities must:

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Be maximum or medium security facilities
- Federal/State Correctional Institutions must have at least 250 inmates and the ratio of the number of internees/year to the number of FTE primary care physicians serving the institution must be at least 1,000:1
- Public and/or non-profit medical Facilities must demonstrate that they provide primary medical care services to an area or population group designated as a primary care HPSA and must have an insufficient capacity to meet the primary care needs of that area or population group.

078



[Home](#) > [Shortage Designation](#)

HPSA Designations

HPSA Overall Designation Criteria

Primary Medical Care HPSAs:
[Overview](#)
[Criteria](#)
[Guidelines](#)

Dental HPSAs:
[Overview](#)
[Criteria](#)
[Guidelines](#)

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Primary Medical Care HPSA Designation Criteria

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Part I -- Geographic Areas

A. Criteria.

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - (a) The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - (b) The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

B. Methodology.

In determining whether an area meets the criteria established by paragraph A of this part, the following methodology will be used:

1. Rational Areas for the Delivery of Primary Medical Care Services.

- (a) The following areas will be considered rational areas for the delivery of primary medical care services:
- (i) A county, or a group of contiguous counties whose population centers are within 30 minutes travel time of each other.
 - (ii) A portion of a county, or an area made up of portions of more than one county, whose population, because of topography, market or transportation patterns, distinctive population characteristics or other factors, has limited access to contiguous area resources, as measured generally by a travel time greater than 30 minutes to such resources.
 - (iii) Established neighborhoods and communities within metropolitan areas which display a strong self-identity (as indicated by a homogeneous socioeconomic or demographic structure and/or a tradition of interaction or interdependency), have limited interaction with contiguous areas, and which, in general, have a minimum population of 20,000.
- (b) The following distances will be used as guidelines in determining distances corresponding to 30 minutes travel time:
- (i) Under normal conditions with primary roads available: 20 miles.
 - (ii) In mountainous terrain or in areas with only secondary roads available: 15 miles.
 - (iii) In flat terrain or in areas connected by interstate highways: 25 miles.

Within inner portions of metropolitan areas, information on the public transportation system will be used to determine the distance corresponding to 30 minutes travel time.

2. Population Count.

The population count used will be the total permanent resident civilian population of the area, excluding inmates of institutions with the following adjustments, where appropriate:

- (a) The effect of transient populations on the need of an area for primary care professional(s) will be taken into account as follows:
- (i) Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.
 - (ii) Other tourists (non-resident) may be included in an area's population but only with a weight of 0.25, using the following formula: Effective tourist contribution to population = 0.25 x (fraction of year tourists are present in area) x (average daily number of tourists during portion of year that tourists are present).
 - (iii) Migratory workers and their families may be included in an area's population, using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present).

3. Counting of Primary Care Practitioners.

- (a) All non-Federal doctors of medicine (M.D.) and doctors of osteopathy (D.O.) providing direct patient care who practice principally in one of the four primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology -- will be counted. Those physicians engaged solely in administration, research, and teaching will be excluded. Adjustments for the following factors will be made in computing the number of full-time-equivalent (FTE) primary care physicians:

079

- (i) Interns and residents will be counted as 0.1 full-time equivalent (FTE) physicians.
 - (ii) Graduates of foreign medical schools who are not citizens or lawful permanent residents of the United States will be excluded from physician counts.
 - (iii) Those graduates of foreign medical schools who are citizens or lawful permanent residents of the United States, but do not have unrestricted licenses to practice medicine, will be counted as 0.5 FTE physicians.
- (b) Practitioners who are semi-retired, who operate a reduced practice due to infirmity or other limiting conditions, or who provide patient care services to the residents of the area only on a part-time basis will be discounted through the use of full-time equivalency figures. A 40-hour work week will be used as the standard for determining full-time equivalents in these cases. For practitioners working less than a 40-hour week, every four (4) hours (or 1/2 day) spent providing patient care, in either ambulatory or inpatient settings, will be counted as 0.1 FTE (with numbers obtained for FTE's rounded to the nearest 0.1 FTE), and each physician providing patient care 40 or more hours a week will be counted as 1.0 FTE physician. (For cases where data are available only for the number of hours providing patient care in office settings, equivalencies will be provided in guidelines.)
- (c) In some cases, physicians located within an area may not be accessible to the population of the area under consideration. Allowances for physicians with restricted practices can be made, on a case-by-case basis. However, where only a portion of the population of the area cannot access existing primary care resources in the area, a population group designation may be more appropriate (see part II of this appendix).
- (d) Hospital staff physicians involved exclusively in inpatient care will be excluded. The number of full-time equivalent physicians practicing in organized outpatient departments and primary care clinics will be included, but those in emergency rooms will be excluded.
- (e) Physicians who are suspended under provisions of the Medicare-Medicaid Anti-Fraud and Abuse Act for a period of eighteen months or more will be excluded.

4. Determination of Unusually High Needs for Primary Medical Care Services.

An area will be considered as having unusually high needs for primary health care services if at least one of the following criteria is met:

- (a) The area has more than 100 births per year per 1,000 women aged 15 - 44.
- (b) The area has more than 20 infant deaths per 1,000 live births.
- (c) More than 20% of the population (or of all households) have incomes below the poverty level.

5. Determination of Insufficient Capacity of Existing Primary Care Providers.

An area's existing primary care providers will be considered to have insufficient capacity if at least two of the following criteria are met:

- (a) More than 8,000 office or outpatient visits per year per FTE primary care physician serving the area.
- (b) Unusually long waits for appointments for routine medical services (i.e., more than 7 days for established patients and 14 days for new patients).
- (c) Excessive average waiting time at primary care providers (longer than one hour where patients have appointments or two hours where patients are treated on a first-come, first-served basis).
- (d) Evidence of excessive use of emergency room facilities for routine primary care.
- (e) A substantial proportion (2/3 or more) of the area's physicians do not accept new patients.
- (f) Abnormally low utilization of health services, as indicated by an average of 2.0 or less office visits per year on the part of the area's population.

6. Contiguous Area Considerations.

Primary care professional(s) in areas contiguous to an area being considered for designation will be considered excessively distant, overutilized or inaccessible to the population of the area under consideration if one of the following conditions prevails in each contiguous area:

- (a) Primary care professional(s) in the contiguous area are more than 30 minutes travel time from the population center(s) of the area being considered for designation (measured in accordance with paragraph B.1(b) of this part).
- (b) The contiguous area population-to-full-time-equivalent primary care physician ratio is in excess of 2000:1, indicating that practitioners in the contiguous area cannot be expected to help alleviate the shortage situation in the area being considered for designation.
- (c) Primary care professional(s) in the contiguous area are inaccessible to the population of the area under consideration because of specified access barriers, such as:
 - (i) Significant differences between the demographic (or socio-economic) characteristics of the area under consideration and those of the contiguous area, indicating that the population of the area under consideration may be effectively isolated from nearby resources. This isolation could be indicated, for example, by an unusually high proportion of non-English-speaking persons.
 - (ii) A lack of economic access to contiguous area resources, as indicated particularly where a very high proportion of the population of the area under consideration is poor (i.e., where more than 20 percent of the population or the households have incomes below the poverty level), and Medicaid-covered or public primary care services are not available in the contiguous area.

Part II -- Population Groups

A. Criteria.

1. In general, specific population groups within particular geographic areas will be designated as having a shortage of primary medical care professional(s) if the following three criteria are met:

080

(a) The area in which they reside is rational for the delivery of primary medical care services, as defined in paragraph B.1 of part I of this appendix.

(b) Access barriers prevent the population group from use of the area's primary medical care providers. Such barriers may be economic, linguistic, cultural, or architectural, or could involve refusal of some providers to accept certain types of patients or to accept Medicaid reimbursement.

(c) The ratio of the number of persons in the population group to the number of primary care physicians practicing in the area and serving the population group is at least 3,000:1.

2. Indians and Alaska Natives will be considered for designation as having shortages of primary care professional(s) as follows:

(a) Groups of members of Indian tribes (as defined in section 4(d) of Pub. L. 94 - 437, the Indian Health Care Improvement Act of 1976) are automatically designated.

(b) Other groups of Indians or Alaska Natives (as defined in section 4(c) of Pub. L. 94 - 437) will be designated if the general criteria in paragraph A are met.

Part III -- Facilities

A. Federal and State Correctional Institutions.

1. Criteria.

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of primary medical care professional(s) if both the following criteria are met:

(a) The institution has at least 250 inmates.

(b) The ratio of the number of internees per year to the number of FTE primary care physicians serving the institution is at least 1,000:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay (ALOS) are not specified, or if the information provided does not indicate that intake medical examinations are routinely performed upon entry, then -- Number of internees = average number of inmates.

(ii) If the ALOS is specified as one year or more, and intake medical examinations are routinely performed upon entry, then -- Number of internees = average number of inmates + (0.3) x number of new inmates per year.

(iii) If the ALOS is specified as less than one year, and intake examinations are routinely performed upon entry, then -- Number of internees = average number of inmates + (0.2) x (1+ALOS/2) x number of new inmates per year where ALOS = average length-of-stay (in fraction of year). (The number of FTE primary care physicians is computed as in part I, section B, paragraph 3 above.)

B. Public or Non-Profit Medical Facilities.

1. Criteria.

Public or non-profit private medical facilities will be designated as having a shortage of primary medical care professional(s) if:

(a) the facility is providing primary medical care services to an area or population group designated as having a primary care professional(s) shortage; and

(b) the facility has insufficient capacity to meet the primary care needs of that area or population group.

2. Methodology

In determining whether public or nonprofit private medical facilities meet the criteria established by paragraph B.1 of this Part, the following methodology will be used:

(a) Provision of Services to a Designated Area or Population Group.

A facility will be considered to be providing services to a designated area or population group if either:

(i) A majority of the facility's primary care services are being provided to residents of designated primary care professional(s) shortage areas or to population groups designated as having a shortage of primary care professional(s); or

(ii) The population within a designated primary care shortage area or population group has reasonable access to primary care services provided at the facility. Reasonable access will be assumed if the area within which the population resides lies within 30 minutes travel time of the facility and non-physical barriers (relating to demographic and socioeconomic characteristics of the population) do not prevent the population from receiving care at the facility.

Migrant health centers (as defined in section 319(a)(1) of the Act) which are located in areas with designated migrant population groups and Indian Health Service facilities are assumed to be meeting this requirement.

(b) Insufficient capacity to meet primary care needs.

A facility will be considered to have insufficient capacity to meet the primary care needs of the area or population it serves if at least two of the following conditions exist at the facility:

(i) There are more than 8,000 outpatient visits per year per FTE primary care physician on the staff of the facility. (Here the number of FTE primary care physicians is computed as in Part I, Section B, paragraph 3 above.)

(ii) There is excessive usage of emergency room facilities for routine primary care.

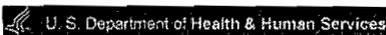
(iii) Waiting time for appointments is more than 7 days for established patients or more than 14 days for new patients, for routine health services.

(iv) Waiting time at the facility is longer than 1 hour where patients have appointments or 2 hours where patients are treated on a first-come, first-served basis.

081

Relevant excerpts from 42 Code of Federal Regulations (CFR), Chapter 1, Part 5, Appendix A (October 1, 1993, pp. 34-48) Criteria for Designation of Areas Having Shortages of Primary Medical Care Professionals [45 FR 76000, Nov. 17, 1980, as amended at 54 FR 8737, Mar. 2, 1989; 57 FR 2480, Jan. 22, 1992]

082



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- Shortage Designation Home
- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:						
State: Illinois County: Clark County Coles County Crawford County Cumberland County Douglas County Edgar County Effingham County Jasper County Moultrie County Shelby County ID: All			Discipline: Primary Medical Care Metro: All Status: Designated Type: All			
Date of Last Update: All Dates HPSA Score (lower limit): 0						
Results: 21 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
023 - Clark County						
Casey Clinic	117999177J	Rural Health Clinic		0	0	
Low Income - Clark/Edgar Counties	11799917Q9	Population Group	2		14	
Clark		Single County				
029 - Coles County						
Low Income - Coles County	117999173H	Population Group	7	0	9	
Coles		Single County				
033 - Crawford County						
Low Income - Crawford County	117999174E	Population Group	2	1	13	
Crawford		Single County				
035 - Cumberland County						
Low Income - Cumberland County	117999176M	Population Group	1	1	14	
Cumberland		Single County				
Neoga Clinic	117999177W	Rural Health Clinic		0	0	
Sbl - Neoga Clinic	11799917PR	Rural Health Clinic	0	0	0	
041 - Douglas County						
Douglas County	117041	Single County	5	1	9	
045 - Edgar County						
Low Income - Clark/Edgar Counties	11799917Q9	Population Group	2		14	
Edgar		Single County				
049 - Effingham County						
Medicaid Eligible - Effingham County	11799917Q5	Population Group	2	0	8	
Effingham		Single County				
079 - Jasper County						
Low Income - Jasper County	11799917Q6	Population Group	0	1	16	
Jasper		Single County				
139 - Moultrie County						
Moultrie County	117139	Single County	3	1	8	
Sullivan Clinic	117999177Z	Rural Health Clinic		0	0	
173 - Shelby County						
Shelby County	117173	Single County	4	2	10	
Data as of: 11/10/2014						
<input type="button" value="NEW SEARCH"/>			<input type="button" value="MODIFY SEARCH CRITERIA"/>			

June 25, 2014 Federal Register Notice

NOTE: Today a list of designated HPSAs is being posted below to reflect the publication of the Federal Register notice on June 25, 2014. This Federal Register notice reflects the status of HPSAs as of May 23, 2014. The main impact of this Federal Register publication will be to officially withdraw those HPSAs that have been in "proposed for withdrawal" status since the last Federal Register notice was published on June 27, 2013. HPSAs that have been placed in "proposed for withdrawal" status since May 23, 2014 will remain in that status until the publication of the next Federal Register notice. If there are any questions about the status of a particular HPSA or area, we recommend that you contact the state primary care office in your state; a listing can be obtained at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>

- [County and County Equivalent Listing - Primary Care](#) (approx. 359 KB)
- [County and County Equivalent Listing - Dental Care](#) (approx. 297 KB)
- [County and County Equivalent Listing - Mental Care](#) (approx. 355 KB)

Online Processing of Shortage Designation Applications Suspended

Online processing of shortage designation applications has been suspended and will resume in December 2014. Please direct any questions to your [State Primary Care Office](#) and/or the appropriate Shortage Designation Officer.

083

U.S. Department of Health and Human Services www.hhs.gov

Health Resources and Services Administration

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Shortage Designation

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Contact: SDB@hrsa.gov or 1-888-275-4772

Medically Underserved Areas/Populations

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Guidelines for MUA and MUP Designation

These guidelines are for use in applying the established Criteria for Designation of Medically Underserved Areas (MUAs) and Populations (MUPs), based on the Index of Medical Underservice (IMU), published in the *Federal Register* on October 15, 1976, and in submitting requests for exceptional MUP designations based on the provisions of Public Law 99-280, enacted in 1986.

The three methods for designation of MUAs or MUPs are as follows:

I. MUA Designation

This involves application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

The MUA designation process therefore requires the following information:

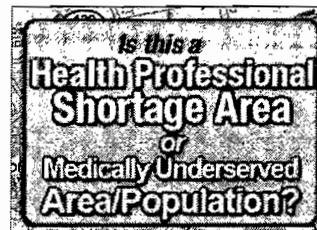
(1) Definition of the service area being requested for designation. These may be defined in terms of:

- (a) a whole county (in non-metropolitan areas);
- (b) groups of contiguous counties, minor civil divisions (MCDs), or census county divisions (CCDs) in non-metropolitan areas, with population centers within 30 minutes travel time of each other;
- (c) in metropolitan areas, a group of census tracts (C.T.s) which represent a neighborhood due to homogeneous socioeconomic and demographic characteristics.

In addition, for non-single-county service areas, the rationale for the selection of a particular service area definition, in terms of market patterns or composition of population, should be presented. Designation requests should also include a map showing the boundaries of the service area involved and the location of resources within this area.

(2) The latest available data on:

- (a) the resident civilian, non-institutional population of the service area (aggregated from individual county, MCD/CCD or C.T. population data)
- (b) the percent of the service area's population with incomes below the poverty level
- (c) the percent of the service area's population age 65 and over
- (d) the infant mortality rate (IMR) for the service area, or for the county or subcounty area which includes it. The latest five-year average should be used to ensure statistical significance. Subcounty IMRs should be used only if they involve at least 4000 births over a five-year period. (If the service area includes portions of two or more counties, and only county-level infant mortality data is available, the different county rates should be weighted according to the fraction of the service area's population residing in each.)
- (e) the current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area, and their locations of practice. Patient care includes seeing patients in the office, on hospital rounds and in other settings, and activities such as laboratory tests and X-rays and consulting with other physicians. To develop a comprehensive list of primary care physicians in



What Does That Mean?

Dictionary of MUA/P Words, Acronyms and Codes

084

an area, an applicant should check State and local physician licensure lists, State and local medical society directories, local hospital admitting physician listings, Medicaid and Medicare provider lists, and the local yellow pages.

(3) The computed ratio of FTE primary care physicians per thousand population for the service area (from items 2a and 2e above).

(4) The IMU for the service area is then computed from the above data using the attached conversion Tables V1-V4, which translate the values of each of the four indicators (2b, 2c, 2d, and 3) into a score. The IMU is the sum of the four scores. (Tables V1-V4 are reprinted from earlier Federal Register publications.)

II. MUP Designation, using IMU

This involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (**low-income or Medicaid-eligible populations**), or cultural and/or linguistic access barriers to primary medical care services.

This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs in section I above. The population is now the population of the requested group within the area rather than the total resident civilian population of the area. The number of FTE primary care physicians would include only those serving the requested population group. Again, the sample survey on page 8 may be used as a guide for this data collection. The ratio of the FTE primary care physicians serving the population group per 1,000 persons in the group is used in determining weighted value V4. The weighted value for poverty (V1) is to be based on the percent of population with incomes at or below 100 percent of the poverty level in the area of residence for the population group. The weighted values for percent of population age 65 and over (V2) and the infant mortality rate (V3) would be those for the requested segment of the population in the area of residence, if available and statistically significant; otherwise, these variables for the total resident civilian population in the area should be used. If the total of weighted values V1 - V4 is 62.0 or less, the population group qualifies for designation as an IMU-based MUP.

Tables V1 - V4 for Determining Weighted Values

Table V1: Percentage of Population Below Poverty Level

Table V2: Percentage of Population Age 65 and Over

Table V3: Infant Mortality Rate

Table V4: Ratio of Primary Care Physicians per 1,000 Population

III. Exceptional MUP designations

Under the provisions of Public law 99-280, enacted in 1986, a population group which does not meet the established criteria of an IMU less than 62.0 can nevertheless be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.

Requests for designation under these exceptional procedures should describe in detail the unusual local conditions/access barriers/availability indicators which led to the recommendation for exceptional designation and include any supporting data.

Such requests must also include a written recommendation for designation from the Governor or other chief executive officer of the State (or State-equivalent) and local health official.

Federal Programs Using MUA/MUP Designations

Recipients of Community Health Center (CHC) grant funds are legislatively required to serve areas or populations designated by the Secretary of Health and Human Services as medically underserved. Grants for the planning, development, or operation of community health centers under section 330 of the Public Health Service Act are available only to centers which serve designated MUAs or MUPs.

Systems of care which meet the definition of a community health center contained in Section 330 of the Public Health Service Act, but are not funded under that section, and are serving a designated MUA or MUP, are eligible for certification as a Federally Qualified Health Center (FQHC) and thus for cost-based reimbursement of services to Medicaid-eligibles.

Clinics serving rural areas designated as MUAs are eligible for certification as Rural Health Clinics by the Centers for Medicare and Medicaid Services under the authority of the Rural Health Clinics Services Act (Public Law 95-210, as amended).

PHS Grant Programs administered by HRSA's Bureau of Health Professions - gives funding preference to Title VII and VIII training programs in MUA/VPs.

Revised June, 1995

085

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086



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Find Shortage Areas: MUA/P by State and County

- Shortage Designation Home
- Find Shortage Areas**
- HPSA & MUA/P by Address
- HPSA by State & County
- HPSA Eligible for the Medicare Physician Bonus Payment

Criteria:

State: Illinois
 County: Clark County
 Coles County
 Crawford County
 Cumberland County
 Douglas County
 Edgar County
 Effingham County
 Jasper County
 Moultrie County
 Shelby County
 ID #: All

Results: 28 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Clark County					
Low Income - Clark County	00799	MUA	50.40	1978/11/01	
Coles County					
Low Inc - Coles County	00871	MUP	62.00	1994/05/18	2008/02/23
MCD (22138) East Oakland township					
Crawford County					
No MUAs in this county.					
Cumberland County					
Greenup/ Sumpter Service Area	00849	MUA	61.40	1994/05/18	
MCD (31537) Greenup township					
MCD (73729) Sumpter township					
Douglas County					
No MUAs in this county.					
Edgar County					
Low Inc - Coles County	00871	MUP	62.00	1994/05/18	2008/02/23
MCD (38999) Kansas township					
Edgar County	07875	MUA	58.30	2012/05/30	
Effingham County					
Effingham	07232	MUA	60.40	2002/07/23	
CT 9502.00					
CT 9506.00					
CT 9508.00					
Jasper County					
Ste. Marie Service Area	00853	MUA	58.10	1994/05/18	
MCD (17653) Crooked Creek township					
MCD (27380) Fox township					
MCD (66803) Ste. Marie township					
MCD (78357) Wade township					
Moultrie County					
No MUAs in this county.					
Shelby County					
Shelbyville Service Area	00860	MUA	56.40	1994/05/18	
MCD (61522) Prairie township					
MCD (63615) Richland township					
MCD (69199) Shelbyville township					
MCD (82335) Windsor township					
Herrick Service Area	00861	MUA	53.50	1994/05/18	
MCD (20851) Dry Point township					
MCD (34345) Herrick township					
Ridge Service Area	00917	MUA	55.70	1994/05/18	
MCD (63836) Ridge township					

087

SARAH BUSH LINCOLN HEALTH CENTER

Inpatient Origin: April 1, 2013 - March 31, 2014

Percentage							
Community	Zip Code	Admissions	of Admissions	Cumulative %	County	In PA D-05?	In Market Area?
Mattoon	61938	2,577	33.97%	33.97%	Coles	Yes	Primary
Charleston	61920	1,588	20.93%	54.90%	Coles	Yes	Primary
Casey	62420	252	3.32%	58.23%	Clark,	Yes	Secondary
					Cumberland	Yes	Secondary
Arcola	61910	236	3.11%	61.34%	Douglas	No	Secondary
Greenup	62428	227	2.99%	64.33%	Cumberland	Yes	Secondary
Sullivan	61951	221	2.91%	67.24%	Moultrie	No	Secondary
Paris	61944	193	2.54%	69.79%	Edgar	Yes	Secondary
Effingham	62401	180	2.37%	72.16%	Effingham	No	Tertiary
Toledo	62468	174	2.29%	74.45%	Cumberland	Yes	Secondary
Neoga	62447	167	2.20%	76.65%	Cumberland	Yes	Secondary
Shelbyville	62565	136	1.79%	78.45%	Shelby	No	Secondary
Windsor	61957	117	1.54%	79.99%	Shelby	No	Secondary
Oakland	61943	104	1.37%	81.36%	Coles	Yes	Primary
Lerna	62440	99	1.31%	82.67%	Coles	Yes	Primary
Tuscola	61953	95	1.25%	83.92%	Douglas	No	Secondary
Ashmore	61912	94	1.24%	85.16%	Coles	Yes	Primary
Humboldt	61931	83	1.09%	86.25%	Coles	Yes	Primary
Arthur	61911	82	1.08%	87.33%	Douglas	No	Secondary
					Moultrie	No	Secondary
Martinsville	62442	65	0.86%	88.19%	Clark,	Yes	Secondary
Kansas	61933	53	0.70%	88.89%	Edgar	Yes	Secondary
Westfield	62474	52	0.69%	89.57%	Clark	Yes	Secondary
Gays	61928	47	0.62%	90.19%	Moultrie	No	Secondary
Trilla	62469	44	0.58%	90.77%	Coles	Yes	Primary
Hindsboro	61930	37	0.49%	91.26%	Douglas	No	Secondary
Marshall	62441	35	0.46%	91.72%	Clark	Yes	Secondary
Other Zipcodes*		628	8.28%	100.00%			
Total, All of These Zipcodes		6,958					
Total Patients		7,586					
Total These Zipcodes within PA D-05		5,807 (76.55%)					
Total, These Zipcodes within Market Area		6,958 (91.72%)					

*Other Zipcodes are Zipcodes which had fewer than 35 admissions (0.5% of total admissions during this 12-month period)

III.
Criterion 1110.230 - Alternatives

1. Sarah Bush Lincoln considered only one alternative to the proposed project other than doing nothing.

The only alternative that was considered and determined to be infeasible, other than doing nothing, was to expand the current cancer facilities that exist at Sarah Bush Lincoln Health Center in their current location within the hospital building.

This alternative would modernize Sarah Bush Lincoln's existing cancer facilities, which are located within the hospital building, and expand them from their current size of 8,400 gross square feet to approximately 17,800 gross square feet.

2. This alternative was determined to be infeasible and less desirable than the alternative that is the subject of this CON application for the following reasons.

Capital Costs: approximately \$9,555,000

- a. The expansion of the existing cancer facilities would result in facilities that could accommodate Sarah Bush Lincoln Health Center's current cancer program volumes, but there would not be space for future expansion because the modernized and expanded Cancer Center would be land-locked by Sarah Bush Lincoln Health Center's Emergency Department.

As a result, this would be a costly capital project for the Sarah Bush Lincoln Health Center since the facilities might need to be replaced soon if cancer program volumes increase in the future.

- b. The expansion of the existing cancer facilities might result in a sub-optimal configuration of the Cancer Center because the current location is land-locked due to its adjacency to the Emergency Department.
- c. The construction would create substantial noise and disrupt operations of existing hospital departments as well as create an unpleasant environment for patients.
- d. Construction phasing would require the Linear Accelerator to be shut down for more than 2 months, which would negatively impact cancer patients who require radiation therapy in a timely manner.

- e. The modernized and expanded Cancer Center would still be part of the hospital building, although the vast majority of patients undergoing cancer diagnosis and treatment are outpatients.

Access to outpatients will be improved by constructing the Cancer Center in a separate building on the hospital's campus that is not located within the hospital itself.

This alternative would provide Cancer Center patients with less convenient vehicular and pedestrian access than will be available on the freestanding site that is the subject of this CON application.

- 3. This item is not applicable to this project.

The purpose of this project is to provide cancer patients within Sarah Bush Lincoln Health Center's existing market area in East Central Illinois with a Cancer Center on the hospital campus that is appropriately sized and configured.

It should be noted that this project does not propose to establish new categories of service or a new health care facility and that the clinical services and programs that will be provided at the Sarah Bush Lincoln Cancer Center are currently provided in the hospital (i.e., Sarah Bush Lincoln Health Center).

IV.

Criterion 1110.234 - Project Scope, Utilization:
Size of Project

This project, which proposes to construct a Cancer Center in a freestanding building on Sarah Bush Lincoln Health Center's campus, includes both Clinical and Non-Clinical Service Areas.

The Sarah Bush Lincoln Cancer Center will be part of Sarah Bush Lincoln Health Center, a licensed hospital in Mattoon.

The Sarah Bush Lincoln Cancer Center will include the following Clinical Service Areas.

Radiation Therapy (Linear Accelerator, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Exam Rooms and Physician Work Areas for cancer patients and physicians

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients

The Sarah Bush Lincoln Cancer Center will also include the following Non-Clinical Service Areas.

Education/Conference Room for cancer education programs and support groups

Administrative Offices, including Tumor Registry

Information Services (Cancer Center only)

Environmental Services

Materials Management

Storage

Staff Services

Access to Utility Tunnel to hospital building

1. The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators and Simulators only).

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Support Services for Radiation Therapy

Medical Oncology (Chemotherapy)

Exam Rooms and Physician Work Areas

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients

An analysis of the proposed gross square footage of the Radiation Therapy space at the Sarah Bush Lincoln Cancer Center is found below.

This analysis is based upon the following.

- Historic utilization for Sarah Bush Lincoln Health Center during CY2013, as indicated on the corrections to Sarah Bush Lincoln's Annual Hospital Questionnaire for 2013, which were corrected in a submission to the Illinois Health and Services Review Board.
- Projected utilization for the Sarah Bush Lincoln Cancer Center for its first 2 full years of operation (FY2018, FY2019) for Linear Accelerators and Simulators, for which 1 Linear Accelerator and 1 Simulator are proposed, based upon historic and projected utilization.

The projected utilization for this equipment and the rationale supporting these projections will be found in Attachment 15.

- Total proposed key rooms and total departmental gross square footage (DGSF) for these modalities in the proposed new Cancer Center.

The following charts identify the State Guidelines for the Radiation Therapy equipment which, as stated earlier in this Attachment, are the only State Guidelines that apply to this project.

<u>Service</u>	<u>State Guideline units/room</u>	<u>CY2013 Utilization</u>	<u>FY2019 Volume (2nd full year of operation)</u>	<u>Total Equipment Justified</u>	<u>Total Proposed Rooms</u>
<u>Radiation Therapy:</u>					
Linear Accelerators	7,500 Treatments/ Accelerator	3,317 Total Treatments	3,443 Treatments	1	1
Simulators	N/A	129 Visits	120 Visits	1	1

The proposed pieces of equipment for the Radiation Therapy Service are within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) or not applicable.

The square footage proposed for the Radiation Therapy Linear Accelerator and Simulator, which apply to the only Clinical Service Area for which State Guidelines exist, is shown below.

<u>Service</u>	<u>State Guideline DGSF/room or unit</u>	<u>Total DGSF Justified per program</u>	<u>Total Proposed DGSF</u>
<u>Radiation Therapy</u>			
Linear Accelerators	2,400 DGSF/ Accelerator	2,400 DGSF for 1 Accelerator	2,061 DGSF for 1 Accelerator
Simulator	1,800 DGSF/ Simulator	1,800 DGSF for 1 Simulator	875 DGSF for 1 Simulator

The following published data and studies identify the scope of services, hospital licensing requirements, and contemporary standards of care that Sarah Bush Lincoln Health Center addressed in developing the space needed for the Clinical Service Areas that will be located in the Sarah Bush Lincoln Cancer Center.

- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406 ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Healthcare Facilities, 2010 edition. 2010: ASHE (American Society for Healthcare Engineering).

2. The chart that follows indicates that the proposed square footage for the Radiation Therapy equipment included in this project that is subject to State Guidelines is within the State Guidelines found in 77 Ill. Adm. Code 1110.
APPENDIX B.

<u>CLINICAL SERVICE AREA</u>	<u>PROPOSED DGSF</u>	<u>STATE GUIDELINE</u>	<u>DIFFERENCE</u>	<u>MET GUIDELINE?</u>
<u>Radiation Therapy</u>				
Linear Accelerators	2,061 DGSF for 1 Accelerator	2,400 DGSF for 1 Accelerator	339 DGSF under Guideline	Yes
Simulator	875 DGSF for 1 Simulator	1,800 DGSF for 1 Simulator	925 DGSF under Guideline	Yes

Appended to this Attachment is the following document that was used to determine the appropriate floor area for the Clinical Service Departments at the Sarah Bush Lincoln Cancer Center in addition to the ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

- The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Healthcare Facilities, 2010 edition. 2010: ASHE (American Society for Healthcare Engineering).

The Space Programs for the Clinical Service Areas included in this project are also appended to this Attachment, following the Guidelines.

Guidelines

FOR DESIGN AND CONSTRUCTION OF

Health Care Facilities

The Facility Guidelines Institute

2010 edition



Includes ANSI/ASHRAE/ASHE
Standard 170-2008,
Ventilation of
Health Care Facilities



With assistance from
the U.S. Department of
Health and Human Services

095

3.6 Specific Requirements for Freestanding Cancer Treatment Facilities

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

■ 3.6-1 General

3.6-1.1 Reserved

3.6-1.2 Functional Program

Equipment and space shall be provided as necessary to meet the functional program.

3.6-1.3 Site

3.6-1.3.1 Location

The location of a cancer treatment facility shall offer convenient access for outpatients. Accessibility from parking and public transportation shall be a consideration.

3.6-1.3.2 Parking

For requirements, see 3.1-1.3.2.

■ 3.6-2 Reserved

■ 3.6-3 Diagnostic and Treatment Locations

3.6-3.1 Reserved

3.6-3.2 Cancer Treatment Area

3.6-3.2.1 General

3.6-3.2.1.1 The treatment area shall be permitted to be an open area.

3.6-3.2.1.2 The treatment area shall be separate from administrative and waiting areas.

3.6-3.2.2 Space Requirements

3.6-3.2.2.1 **Area.** Individual patient treatment areas shall have a minimum clear floor area of 80 square feet (7.43 square meters) per patient cubicle.

3.6-3.2.2.2 **Clearances.** There shall be a minimum clear dimension of at least 5 feet (1.52 meters) between beds and/or lounge chairs.

3.6-3.2.3 Privacy

The open treatment area shall be designed to provide privacy for each patient.

3.6-3.2.4 Nurse Station(s)

Nurse station(s) shall be located within the treatment area and designed to provide visual observation of all patient stations. Nurse station(s) shall be located out of the direct line of traffic.

3.6-3.2.5 Hand-Washing Stations

3.6-3.2.5.1 Hand-washing stations shall be located so they are convenient to nurse stations and patient treatment areas.

3.6-3.2.5.2 At least one hand-washing station shall be provided for every four patient stations.

3.6-3.2.5.3 The hand-washing stations shall be uniformly distributed to provide equal access from each patient station.

3.6-3.2.6 Patient Toilet

At least one patient toilet with hand-washing station shall be provided in the treatment area. The need for additional patient toilets shall be determined by the functional program.

3.6-3.3 Reserved

3.6-3.4 Special Patient Treatment Rooms

3.6-3.4.1 Airborne Infection Isolation (AII) Room

3.6-3.4.1.1 The need for and number of required AII rooms shall be determined by an infection control risk assessment (ICRA).

3.6 SPECIFIC REQUIREMENTS FOR FREESTANDING CANCER TREATMENT FACILITIES

3.6-3.4.1.2 When required, All room(s) shall comply with the requirements of 3.1-3.4.2.

3.6-3.5 Reserved

3.6-3.6 Support Areas for the Cancer Treatment Facility

3.6-3.6.1 through 3.6-3.6.5 Reserved

3.6-3.6.6 Medicine Room

A medicine room with the following shall be provided:

3.6-3.6.6.1 Work counter

3.6-3.6.6.2 Hand-washing station

3.6-3.6.6.3 Provisions for controlled storage, preparation, distribution, and refrigeration of medications

3.6-3.6.7 Nourishment Station

3.6-3.6.7.1 For general requirements, see 3.1-2.6.7 (Nourishment Area or Room).

3.6-3.6.7.2 A drinking water-dispensing unit for patient use shall be provided separate from the hand-washing station.

3.6-3.6.7.3 A sink is not required in addition to the hand-washing station.

3.6-3.6.8 Reserved

3.6-3.6.9 Clean Workroom or Clean Supply Room

A clean workroom or clean supply room shall be provided. Soiled and clean workrooms or holding rooms shall be separated and have no direct connection.

3.6-3.6.9.1 Clean workroom. A clean workroom shall contain the following:

- (1) Work counter
- (2) Hand-washing station
- (3) Storage facilities for clean and sterile supplies

3.6-3.6.9.2 Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

3.6-3.6.10 Soiled Workroom

A soiled workroom shall be provided and shall include the following:

3.6-3.6.10.1 A flushing-rim clinical sink with a bed-pan-rinsing device and a hot-and-cold mixing faucet

3.6-3.6.10.2 Hand-washing station

3.6-3.6.10.3 Work counter

3.6-3.6.10.4 Storage cabinets

3.6-3.6.10.5 Waste receptacles

3.6-3.6.11 Equipment Storage

3.6-3.6.11.1 Stretcher/wheelchair storage. Space for storage of stretchers and wheelchairs shall be provided out of the direct line of traffic.

3.6-3.6.12 Environmental Services Room

An environmental services room shall be provided and shall contain a service sink or floor basin and storage for housekeeping supplies and equipment

3.6-3.7 Support Areas for Staff

3.6-3.7.1 Staff Lounge

A staff lounge shall be available and shall contain lockers, toilet, and hand-washing stations.

3.6-3.7.2 Staff Toilet

A staff toilet with hand-washing station shall be provided convenient to the nurse station.

3.6-3.8 Support Areas for Patients

3.6-3.8.1 Waiting Room

A waiting room shall be available to the treatment area and shall include the following: seating accommodations for waiting periods, a toilet room with hand-

washing station, local telephone access, and drinking fountain.

3.6-3.8.2 Patient Storage

Storage for patient belongings shall be provided.

- (2) If pre-prepared materials are used, storage and calculation area may be considerably smaller than that for on-site preparation.
- (3) Space shall provide adequately for dose calibration, quality assurance, and record-keeping.

2.2-3.6.2.2 Radiation protection requirements. The area may still require shielding from other portions of the facilities.

2.2-3.6.2.3 Architectural details. Floors and walls shall be constructed of easily decontaminated materials.

2.2-3.6.2.4 HVAC system. Hoods for pharmaceutical preparation shall meet applicable standards.

2.2-3.6.3 Positron Emission Tomography (PET)

2.2-3.6.3.1 Space requirements. PET scanning is now widely used in a number of clinical settings and requires space for a scanner and a cyclotron when the service is provided. Space shall be provided as necessary to accommodate the functional program.

2.2-3.6.3.2 PET facilities

(1) Scanner room

- (a) The scanner room shall be of a size recommended by the scan vendor.
- (b) A scanner room that accommodates both PET and CT scanning (PET-CT scanner room) shall be permitted. No additional space requirements are necessary when PET is combined with CT.

(2) Cyclotron room. Where radiopharmaceuticals are prepared on site, a cyclotron shall be provided. A cyclotron is not needed when radiopharmaceuticals are provided by commercial sources.

- (a) If the PET cyclotron is self-shielded, a separate lead vault is not necessary. However, a self-shielded unit shall be sited away from patient waiting areas or other areas of high occupancy by personnel not working with the cyclotron.
- (b) An unshielded cyclotron requires a concrete vault that is 6 feet (1.83 meters) thick with an internal maze for reduction of neutron exposure. The cyclotron manufacturer shall be included in the team designing the vault.

2.2-3.6.3.3 Laboratory facilities

(1) Hot lab

- (a) The hot lab shall be shielded according to the manufacturer's specifications.
- (b) A source storage area, a dose storage area, and a storage area for syringe shields shall be provided.

2.2-3.6.3.4 Patient holding and recovery area. A dedicated patient holding and recovery area shall be provided to accommodate at least two stretchers. This area shall comply with 2.2-3.5.6.2 (Patient preparation, holding, and recovery area or room).

2.2-3.6.3.5 Patient uptake room. A shielded room with a toilet to accommodate radioactive waste and a hand-washing station shall be provided.

2.2-3.6.4 Radiotherapy Suite

2.2-3.6.4.1 General. Rooms and spaces shall be provided as necessary to accommodate the functional program.

*2.2-3.6.4.2 Space requirements

- * (1) Simulator, accelerator, and cobalt rooms shall be sized to accommodate the equipment and patient

APPENDIX

A2.2-3.6.4.2 Equipment manufacturers' recommendations should be sought and followed, since space requirements may vary from one machine to another and one manufacturer to another.

- a. The radiotherapy suite may contain electron beam therapy or radiation therapy or both.
- b. Although not recommended, a simulation room may be omitted in

small linear accelerator facilities where other positioning geometry is provided.

A2.2-3.6.4.2 (1) Minimum size should be 260 square feet (24.15 square meters) for the simulator room; 680 square feet (63.17 square meters), including the maze, for accelerator rooms; and 450 square feet (41.81 square meters) for cobalt rooms.

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

access on a stretcher, medical staff access to the equipment and patient, and service access.

- (2) Radiotherapy rooms shall be sized in compliance with the manufacturers' recommendations.
 - (a) Where a table is used, the room shall be sized to provide a minimum clear dimension of 4 feet (1.22 meters) to facilitate bed transfer and to provide access to the patient on three sides of the table.
 - (b) The door swing shall not encroach on the equipment or on patient circulation or transfer space.

2.2-3.6.4.3 Support areas for the radiotherapy suite. The following areas shall be provided. Sharing of these areas between the radiotherapy suite and other areas shall be permitted if required by the functional program:

- (1) Business office and/or reception/control area
- (2) Examination room for each radiotherapy treatment room. These shall be as specified by the functional program.
 - (a) Each exam room shall be a minimum of 100 square feet (9.29 square meters).
 - (b) Each exam room shall be equipped with a hand-washing station.
- (3) A stretcher hold area
 - (a) This shall be located adjacent to the treatment rooms, screened for privacy, and combined with a seating area for outpatients.
 - (b) The size of the area will be dependent on the program for outpatients and inpatients.
- (4) Patient gowning area
 - (a) Safe storage for valuables and clothing shall be provided.
 - (b) At least one space should be large enough for staff-assisted dressing.
- (5) Darkroom. This shall be convenient to the treatment room(s) and the quality control area.
 - (a) Where daylight processing is used, the darkroom may be minimal for emergency use.
 - (b) If automatic film processors are used, a receptacle of adequate size with hot and cold

water for cleaning the processor racks shall be provided either in the darkroom or nearby.

- (6) Film file area
- (7) Film storage area for unprocessed film
- (8) Environmental services room. This shall be equipped with service sink or floor receptor and large enough for equipment or supplies storage.

2.2-3.6.4.4 Optional support areas for the radiotherapy suite. The following areas may be required by the functional program:

- (1) Offices
 - (a) Oncologist's office (may be combined with consultation room)
 - (b) Physicist's office (may be combined with treatment planning)
- (2) Treatment planning and record room
- (3) Consultation room
- (4) Quality control area. This shall have view boxes illuminated to provide light of consistent color value and intensity.
- (5) Computer control area. This is normally located just outside the entry to the treatment room(s).
- (6) Dosimetry equipment area
- (7) Hypothermia room (may be combined with an exam room)
- (8) Workstation/nutrition station

2.2-3.6.4.5 Additional support areas for the linear accelerator

- (1) Mold room with exhaust hood and hand-washing station
- (2) Block room with storage. The block room may be combined with the mold room.

2.2-3.6.4.6 Additional support areas for the cobalt room

- (1) Hot lab

2.2-3.6.4.7 Special design elements for the radiotherapy suite

(1) Architectural details

- (a) Flooring shall be adequate to meet load requirements for equipment, patients, and personnel.
- (b) Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling.
- * (c) When entry into the radiation vault is via direct-shielded door, both a motor-driven automatic opening system and an emergency manual opening system shall be provided.
- (d) The height and width of doorways, elevators, and mazes shall be adequate to allow delivery of equipment and replacement sources into treatment rooms.

- (2) Building systems. Provision for wiring raceways, ducts, or conduit shall be made in floors and ceilings.

***2.2-3.6.4.8 Radiation protection requirements.**

Cobalt, linear accelerators, and simulation rooms require radiation protection. Both photons and neutrons shall be taken into account in the shielding for electron accelerators of higher energy.

- (1) Layouts shall be designed to prevent the escape of radioactive particles.
- * (2) Openings into the room, including doors, ductwork, vents, and electrical raceways and conduits, shall be baffled to prevent direct exposure to other areas of the facility.

- (3) A certified physicist representing the owner or appropriate state agency shall specify the type, location, and amount of protection to be installed in accordance with final approved department layout and equipment selection. The architect shall incorporate these specifications into the hospital building plans.

2.2-3.6.5 Support Areas for Patient Care—General

For requirements, see 2.1-2.5.

2.2-3.6.6 Support Areas for Nuclear Medicine Services

The nuclear medicine area, when operated separately from the imaging department, shall include the following:

2.2-3.6.6.1 Control desk and reception area**2.2-3.6.6.2 Reserved**

2.2-3.6.6.3 Medical staff offices. Offices for physicians and assistants shall be provided and equipped for individual consultation, viewing, and charting of film.

2.2-3.6.6.4 Consultation area. A consultation area with view boxes illuminated to provide light of the same color value and intensity for appropriate comparison of several adjacent films shall be provided. Space shall be provided for computer access and display terminals if such are included in the program.

2.2-3.6.6.5 Hand-washing stations. These shall be provided within each procedure room.

APPENDIX

A2.2-3.6.4.7 (1)(c) Use of a maze can greatly decrease the shielding requirement for the door. For higher energy rooms, an extra door constructed of thermal neutron absorbing material at the inside of the maze may reduce the required length for the maze or the shielding requirement for the outside door.

A2.2-3.6.4.8 Detailed discussion of shielding material options can be found in National Council on Radiation Protection & Measurements (NCRP) Report #151: *Structural Shielding Design and Evaluation for Megavoltage X and Gamma-Ray Radiotherapy Facilities* (2005).

A2.2-3.6.4.8 (2) Ducts should be oriented to minimize direct radiation passing through the aperture and to allow the least possible amount of concrete displacement in the direction of the radiation beam. For rooms that have mazes, the ideal location for duct penetrations is directly through the shielding above the door since that location has the lowest neutron and photon flux. For rooms without mazes, the walls parallel to the gantry (which have lower shielding requirements than those in the gantry rotation plane) should be used for duct penetrations. Detailed discussion of this topic can be found in NCRP Report #151, referenced in Section 1.1-5.5.2 and in A2.2-3.6.4.8.

2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

***2.2-3.6.6.6 Dose administration area.** A dose administration area as specified by the functional program shall be provided, located near the preparation area. Because as much as several hours may elapse before a dose takes effect, the area shall provide for visual privacy from other areas.

2.2-3.6.6.7 Patient holding area

- (1) A holding area for patients on stretchers or beds shall be provided out of traffic and under control of staff.
- (2) Combination of this area with the dose administration area shall be permitted provided there is visual privacy between the areas.

2.2-3.6.6.8 Clerical offices and spaces. These shall be provided as necessary for the program to function.

2.2-3.6.6.9 Reserved

2.2-3.6.6.10 A soiled workroom or holding room

- (1) Soiled workroom. It shall contain a hand-washing station and a clinical sink (or equivalent flushing-rim fixtures).
- (2) Soiled holding room. If the room is used for temporary holding of soiled materials, omission of the clinical sink shall be permitted.

2.2-3.6.6.11 Equipment and supply storage

- (1) Film storage. Inactive image storage under departmental administrative control and properly secured to protect images from loss or damage shall be provided and can be off site.
- (2) Clean linen storage. A storage area for clean linen with a hand-washing station.

2.2-3.6.6.12 Environmental services rooms. An environmental services room shall be provided within the suite in accordance with Section 2.1-2.6.12.

***2.2-3.6.6.13 Darkroom.** If film processing is used, an on-site darkroom shall be provided for film processing.

2.2-3.6.6.14 Computer room. When the functional program requires a centralized computer area, it shall be a separate room with access terminals available within the imaging rooms.

2.2-3.6.7 Support Areas for Staff

2.2-3.6.7.1 Staff toilet(s). These shall be provided convenient to the nuclear medicine laboratory.

2.2-3.6.8 Support Areas for Patients

2.2-3.6.8.1 Patient waiting areas. Waiting areas shall be provided out of traffic, under staff control, and with seating capacity in accordance with the functional program. If the department is routinely used for outpatients and inpatients at the same time, separate waiting areas shall be provided with screening or visual privacy between the waiting areas.

2.2-3.6.8.2 Patient dressing rooms

- (1) These shall be convenient to the waiting area and procedure rooms.
- (2) Each dressing room shall include a seat or bench, a mirror, and provisions for hanging patients' clothing and securing valuables.

2.2-3.6.8.3 Patient toilet rooms. Toilet rooms reserved for nuclear medicine patients shall be provided convenient to waiting and procedure rooms.

2.2-3.6.9 Special Design Elements for Nuclear Medicine Areas

2.2-3.6.9.1 Architectural details. Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling.

2.2-3.6.9.2 Radiation protection requirements. A certified physicist or other qualified expert represent-

APPENDIX

A2.2-3.6.6.6 Because patients in this area may be held for long periods of time, the design of the area should incorporate such features as comfortable seating, varied lighting, an entertainment center, music headphones, and availability of reading materials.

A2.2-3.6.6.13 The darkroom should contain protective storage facilities for unexposed film that guard the film against exposure or damage.

ing the owner or state agency shall specify the type, location, and amount of radiation protection to be installed in accordance with final approved department layout and equipment selection. These specifications shall be incorporated into the plans.

2.2-3.6.9.3 Building systems. Provision for wiring raceways, ducts, or conduits shall be made in floors, walls, and ceilings.

2.2-3.7 Rehabilitation Therapy Service

Rehabilitation therapy is primarily for restoration of body functions and may contain one or several categories of services.

2.2-3.7.1 General

2.2-3.7.1.1 When a formal rehabilitation therapy service is included in a project, the facilities and equipment needed to accommodate the functional program shall be provided.

2.2-3.7.1.2 Where two or more rehabilitation services are included, facilities and equipment may be shared as appropriate.

2.2-3.7.2 Physical Therapy Areas

2.2-3.7.2.1 General. If physical therapy is part of the service, at least the following shall be provided:

2.2-3.7.2.2 Individual treatment areas

- (1) Space requirements. Each individual treatment space shall have a minimum clear floor area of 70 square feet (6.51 square meters).
- (2) Patient privacy. Each individual treatment space shall have privacy screens or curtains.
- (3) Hand-washing stations
 - (a) Hand-washing stations for staff shall be located either within or at each treatment space.
 - (b) Each treatment room shall have at least one hand-washing station.

2.2-3.7.2.3 Exercise area and facilities

2.2-3.7.2.4 Provisions for additional therapies.

If required by the functional program, provisions for thermotherapy, diathermy, ultrasonics, and hydrotherapy shall be made.

2.2-3.7.2.5 Reserved

2.2-3.7.2.6 Support areas for physical therapy

- (1) Soiled material storage. Separate storage for soiled linen, towels, and supplies shall be provided.
- (2) Equipment and supply storage
 - (a) Clean linen and towel storage
 - (b) Storage for equipment and supplies

2.2-3.7.2.7 Reserved

2.2-3.7.2.8 Support areas for patients

- (1) If required by the functional program, patient dressing areas, showers, and lockers shall be provided.
- (2) These support areas shall be accessible and usable by the disabled.

2.2-3.7.3 Occupational Therapy Areas

2.2-3.7.3.1 Application. If occupational therapy is part of the service, at least the following shall be provided:

2.2-3.7.3.2 Work areas and counters. These shall be suitable for wheelchair access.

***2.2-3.7.3.3 Teaching area.** An area for teaching daily living activities with the following shall be provided:

- (1) Area for a bed
- (2) Kitchen counter with appliances and sink
- (3) Bathroom
- (4) Table and chair

APPENDIX

A2.2-3.7.3.3 The facilities should be similar to a residential environment.

3.1 Common Elements for Outpatient Facilities

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

■ 3.1-1 General

The outpatient facilities described in Part 3 of the Guidelines are used primarily by patients who are able to travel or be transported to the facility for treatment, including those confined to wheelchairs. These facilities may be an outpatient unit in a hospital, a freestanding facility, or an outpatient facility in a multiple-use building containing an ambulatory health care facility as defined in the NFPA 101: *Life Safety Code* occupancy chapters.

3.1-1.1 Application

3.1-1.1.1 This chapter contains elements that are common to most types of outpatient facilities. The elements are required only when referenced in a specific outpatient facility chapter. Consideration shall be given to the special needs of anticipated patient groups/ demographics as determined by the functional program.

3.1-1.1.2 Additional specific requirements are located in the facility chapters of Part 3 (facility chapters are listed below). Consult the facility chapters to determine if elements in this chapter are required.

- Primary care outpatient facilities (Chapter 3.2)
- Small primary care (neighborhood) outpatient facilities (Chapter 3.3)
- Freestanding outpatient diagnostic and treatment facilities (Chapter 3.4)
- Freestanding urgent care facilities (Chapter 3.5)
- Cancer treatment facilities (Chapter 3.6)
- Outpatient surgical facilities (Chapter 3.7)
- Office surgical facilities (Chapter 3.8)
- Gastrointestinal endoscopy facilities (Chapter 3.9)

- Renal dialysis centers (Chapter 3.10)
- Psychiatric outpatient facilities (Chapter 3.11)
- Outpatient rehabilitation facilities (Chapter 3.12)

3.1-1.1.3 Language from other chapters in these Guidelines is included in the criteria given in this Part when reference is made to a specific section. Such references include the section as identified by number and heading and all its subsections, unless otherwise noted.

3.1-1.2 Functional Program

3.1-1.2.1 General

3.1-1.2.1.1 Each project sponsor shall provide a functional program for the facility. For requirements, see 1.2-2.

3.1-1.2.1.2 Specialty outpatient facilities not included in Part 3 may have needs that are not addressed in this chapter. Development of such specialty facilities shall rely on a detailed and specific functional program to establish physical environment requirements beyond the general requirements identified in this chapter.

3.1-1.2.2 Patient Privacy

Each facility design shall ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process, consistent with needs established in the functional program. (For more information, see 1.1-4.4, National Standards for the Protection of Patient Health Information.)

3.1-1.2.3 Shared/Purchased Services

***3.1-1.2.3.1 Shared services.** If space and/or services are to be shared, details of such shared space and/

APPENDIX

A3.1-1.2.3.1 Shared space and/or services may include, but are not limited to, space and/or services for storage, laundry, public areas, housekeeping facilities, and waste management.

When space and/or services are shared, ancillary service agreements/ contracts are encouraged.

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

or services shall be incorporated into the functional program to ensure design considerations are addressed.

*3.1-1.2.3.2 Purchased services

- (1) Use of purchased space and/or services shall be permitted only when practical.
- (2) Purchase of services other than accommodations for storage, laundry, public areas, housekeeping facilities, and waste management shall be cleared with the authority having jurisdiction.
- (3) Details of these services shall be incorporated into the functional program to ensure design considerations are addressed.

3.1-1.3 Site

*3.1-1.3.1 Location

Refer to Chapter 1.3, Site, for general requirements.

3.1-1.3.2 Parking

3.1-1.3.2.1 Parking provided shall comply with the general requirements in 1.3-3.3 and the specific requirements in each facility chapter in Part 3.

3.1-1.3.2.2 Separate and additional space shall be provided for service delivery vehicles and vehicles used for patient transfer.

3.1-1.3.3 Facility Access

3.1-1.3.3.1 Building entrances used to reach outpatient services shall be at grade level, clearly marked, and located so patients need not go through other activity areas. (Shared lobbies shall be permitted in multi-occupancy buildings.)

3.1-1.3.3.2 Design shall preclude unrelated traffic within the unit.

■ 3.1-2 Reserved

■ 3.1-3 Diagnostic and Treatment Locations

3.1-3.1 General

When required by the functional program, the following clinical and support areas shall be provided.

*3.1-3.2 Examination and Treatment Rooms

3.1-3.2.1 General

3.1-3.2.1.1 Provision shall be made to preserve patient privacy from observation from outside an examination/treatment room through an open door.

3.1-3.2.1.2 If an examination or a treatment room is used as an observation room, it shall be located convenient to the nurse or control station and a toilet room shall be immediately accessible.

*3.1-3.2.2 General Purpose Examination/Observation Room

3.1-3.2.2.1 Reserved

3.1-3.2.2.2 Space requirements

- (1) Area. Each examination/observation room shall have a minimum clear floor area of 80 square feet (7.43 square meters).
- (2) Clearances. Room arrangement shall permit a minimum clear dimension of 2 feet 8 inches (81.28 centimeters) at each side and at the foot of the examination table, recliner, or chair.

3.1-3.2.2.3 Hand-washing station. A hand-washing station shall be provided.

3.1-3.2.2.4 Documentation space. A counter or shelf

APPENDIX

A3.1-1.2.3.2 Service agreements/contracts should be required for purchased services.

A3.1-1.3.1 Community outpatient units should ideally be conveniently accessible to patients via available public transportation.

A3.1-3.2 Door swings should be oriented to provide patient privacy.

A3.1-3.2.2 There is no distinction in size or standards for different types of general purpose examination/observation rooms.

space for writing or electronic documentation shall be provided.

*3.1-3.2.3 Special Purpose Examination Room

3.1-3.2.3.1 Reserved

3.1-3.2.3.2 Space requirements

- (1) Area. Rooms for special clinics—including but not limited to eye, ear, nose, and throat examinations—shall have a minimum clear floor area of 100 net square feet (9.29 square meters).
- (2) Clearances. Room arrangement shall permit a minimum clear dimension of 2 feet 8 inches (81.28 centimeters) on both sides and at one end of the examination table, bed, or chair.

3.1-3.2.3.3 Hand-washing station. A hand-washing station shall be provided.

3.1-3.2.3.4 Documentation space. A counter or shelf space for writing shall be provided.

*3.1-3.2.4 Treatment Room

3.1-3.2.4.1 Reserved

3.1-3.2.4.2 Space requirements

- (1) Area. Each treatment room shall have a minimum clear floor area of 120 square feet (11.15 square meters). The minimum room dimension shall be 10 feet (3.05 meters).
- (2) Clearance. Room arrangement shall permit a minimum clear dimension of 3 feet (91.44 centimeters) at each side and at the foot of the bed.

3.1-3.2.4.3 Hand-washing station. A hand-washing station shall be provided.

3.1-3.2.4.4 Documentation space. A counter or shelf for writing or electronic documentation shall be provided.

3.1-3.3 Reserved

3.1-3.4 Special Patient Care Rooms

3.1-3.4.1 General

In facilities with a functional program that includes treatment of patients with known infectious disease and/or populations with known compromised or suppressed immune systems, the need for and number of airborne infection isolation rooms and protective environment rooms shall be determined by an infection control risk assessment (ICRA).

*3.1-3.4.2 Airborne Infection Isolation (AII) Room

3.1-3.4.2.1 General

- (1) The AII room requirements contained in these Guidelines for particular areas throughout a facility shall be:
 - (a) Predicated on an ICRA and designated by the functional program.
 - (b) Based on the needs of specific community and patient populations served by an individual health care organization (see Glossary and 1.2–3.4 [Infection Control Risk Mitigation]).
 - (c) Applied to patients who require an AII room but do not need a protective environment (PE) room.
- (2) Number. For specific requirements, see facility chapters.

3.1-3.4.2.2 AII room requirements

- (1) Capacity. Each patient room shall contain only one bed.

APPENDIX

A3.1-3.2.3 There is no distinction in size or standards for different types of special purpose examination rooms.

A3.1-3.2.4 There is no distinction in size or standards for different types of treatment rooms.

A3.1-3.4.2 For additional information, refer to the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings," December 2005, and "Guidelines for Environmental Infection Control in Health-Care Facilities," December 2003, both published in *MMWR* and available on the CDC Web site.

3.1-3.4.3.5 Special design elements

- (1) Architectural details
 - (a) The ceiling shall be monolithic.
 - (b) The floor shall be smooth, with sealed seams.
- (2) Surfaces and furnishings. All surfaces (e.g., floors, walls, ceilings, doors, and windows) shall be cleanable.
- (3) Building systems
 - (a) HVAC systems. See 3.1-8.2.2.2 for HVAC requirements for PE rooms.
 - (b) Electrical systems. Lighting fixtures shall have lenses and shall be sealed.

**3.1-3.5 Support Areas for Patient Care—
General**

Identifiable spaces shall be provided for each function indicated in all sections with requirements for support areas. Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended. Otherwise, the described area shall be permitted to be a specific space in another room or common area.

**3.1-3.6 Support Areas for Examination and
Treatment Rooms****3.1-3.6.1 Nurse Station(s)**

The nurse station shall include the following:

3.1-3.6.1.1 Work counter**3.1-3.6.1.2 Communication system****3.1-3.6.1.3 Space for supplies****3.1-3.6.1.4 Provisions for charting****3.1-3.6.2 Documentation Area**

A counter, area for a desk, or storage for a movable table shall be provided as designated documentation space.

3.1-3.6.3 Reserved**3.1-3.6.4 Reserved****3.1-3.6.5 Hand-Washing Stations**

3.1-3.6.5.1 Location. Hand-washing stations shall be provided in each room where hands-on patient care is provided. For further requirements, see facility chapters.

3.1-3.6.5.2 Design requirements

- (1) For hand-washing station design details, see 3.1-7.2.2.8 (Hand-washing stations).
- (2) For sinks, see 3.1-8.4.3.2 (Hand-washing stations).

3.1-3.6.6 Medication Distribution Station

This may be a part of the nurse station and shall include the following:

3.1-3.6.6.1 Work counter**3.1-3.6.6.2 Sink****3.1-3.6.6.3 Refrigerator****3.1-3.6.6.4 Locked storage for biologicals and drugs****3.1-3.6.7 Nourishment Area or Room**

3.1-3.6.7.1 The nourishment area or room shall have the following:

- (1) Sink
- (2) Work counter
- (3) Refrigerator
- (4) Storage cabinets
- (5) Equipment for serving nourishment as required by the functional program

3.1-3.6.7.2 A hand-washing station shall be located in the nourishment room or adjacent to the nourishment area.

3.1-3.6.8 Reserved**3.1-3.6.9 Clean Storage**

A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that of cabinets and shelves.

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

3.1-3.6.10 Soiled Holding

Provisions shall be made for separate collection, storage, and disposal of soiled materials.

3.1-3.6.11 Equipment and Supply Storage

3.1-3.6.11.1 through 3.1-3.6.11.4 Reserved

3.1-3.6.11.5 Wheelchair storage space

(1) Storage. If required by the functional program, a designated area located out of the required access width shall be provided for at least one facility-owned wheelchair.

* (2) Parking. If the facility provides services that require patients to transfer to a facility chair, wheelchair, recliner, examination table, or stretcher, provision for the secure handling of patient wheelchairs shall be required. A designated area shall be provided for parking at least one patient wheelchair in a non-public area located out of the required access width.

3.1-3.6.12 Reserved

3.1-3.6.13 Reserved

3.1-3.6.14 Sterilization Facilities

If required by the functional program, sterilizing facilities shall be provided. For requirements, see 3.7-3.6.14 in the chapter on outpatient surgical facilities.

3.1-3.7 Reserved

3.1-3.8 Support Areas for Patients

3.1-3.8.1 Toilet(s) for patient use. These shall be provided separate from public use toilet(s) and located to

permit access from patient care areas without passing through publicly accessible areas.

3.1-3.9 Diagnostic Imaging Services

*3.1-3.9.1 General

Basic diagnostic procedures (these may be part of the outpatient service, off-site, shared, by contract, or by referral) shall be provided as determined by the functional program.

3.1-3.9.2 Diagnostic Imaging Facilities

See 2.2-3.4 for requirements for diagnostic imaging services required by the functional program.

3.1-3.9.3 Support Areas for Diagnostic Imaging Facilities

3.1-3.9.3.1 Viewing and administrative areas(s)

3.1-3.9.3.2 Film and media processing facilities.

These shall be provided as indicated in the functional program and as technology requires.

3.1-3.9.3.3 Storage facilities for exposed film.

These shall be provided as indicated in the functional program and as technology requires.

3.1-3.9.4 Support Areas for Patients

3.1-3.9.4.1 Dressing rooms or booths. These shall be provided as required by the functional program, with convenient toilet access.

3.1-3.9.4.2 Toilet rooms. Toilet rooms with hand-washing stations shall be provided adjacent to procedure room(s) if procedures provided require patient toilet facilities.

APPENDIX

A3.1-3.6.11.5 (2) Wheelchair parking. Facilities that provide a significant quantity of services to aging and disabled populations that use wheelchairs (e.g., dialysis patients) should provide more than one wheelchair parking space.

Other facilities may be able to address the issue with scheduling and transportation procedures. Check with the authority having jurisdiction to determine if this is an acceptable alternative.

A3.1-3.9.1 Diagnostic Imaging Services

- Access. Stretchers should have ready access to and from other areas of the facility. The emergency, surgery, cystoscopy, and outpatient clinics should be accessible to the imaging suite.
- Layout. Particular attention should be paid to the management of outpatients for preparation, holding, and observation.
- Location. Imaging should be located with consideration of ceiling height requirements, proximity to electrical services, and future expansion considerations.

■ 3.1-4 Patient Support Services

3.1-4.1 Laboratory Services

3.1-4.1.1 General

Facilities for laboratory services identified by the functional program shall be provided within the outpatient department or through an effective contract arrangement with a nearby hospital or laboratory service. The following laboratory facilities shall be provided in (or be immediately accessible to) the outpatient facility:

3.1-4.1.2 Laboratory Testing/Work Area

3.1-4.1.2.1 When lab tests are performed on site, a separate, dedicated room shall be provided.

3.1-4.1.2.2 Work counters

- (1) Work counters and equipment space shall be provided to accommodate all on-site tests identified in the functional program.
- (2) Work counters shall be sufficient to meet equipment specifications and lab technician needs and have the following:

- (a) Sinks
- (b) Access to vacuum
- (c) Communications service
- (d) Electrical service

3.1-4.1.2.3 Hand-washing station(s). Hand-washing stations or counter sink(s) equipped for hand washing shall be provided.

3.1-4.1.3 Support Areas for the Laboratory

3.1-4.1.3.1 Storage cabinet(s) or closet(s)

3.1-4.1.3.2 Specimen collection facilities

- (1) These shall have a water closet and lavatory.
- (2) Blood collection facilities shall have seating space, a work counter, a hand-washing station, and a reclining chair or gurney for patients who become unsteady.

■ 3.1-5 General Support Services and Facilities

3.1-5.1 Reserved

3.1-5.2 Linen Services

3.1-5.2.1 Reserved

3.1-5.2.2 On-Site Processing Area

If the functional program requires linen to be processed on site, the following shall be provided:

3.1-5.2.2.1 A separate distinct and dedicated linen processing area

- (1) The area shall be large enough to accommodate a washer, a dryer, and any plumbing equipment needed to meet the temperature requirements of Table 2.1-5 (Hot Water Use—General Hospital).
- (2) The area shall be divided into distinct soiled (sort and washer) and clean (drying and folding) areas.

3.1-5.2.2.2 Storage for laundry supplies

3.1-5.2.2.3 Clean linen storage

3.1-5.2.2.4 Hand-washing station

3.1-5.2.3 Reserved

3.1-5.2.4 Areas for Off-Site Laundry Services

If the functional program requires linen to be processed off site, the following shall be provided:

3.1-5.2.4.1 Soiled linen holding area or designated and dedicated area for soiled laundry cart

3.1-5.2.4.2 Clean linen storage area that protects linen from soil or damage

3.1-5.3 Materials Management Facilities

3.1-5.3.1 Shared/Purchased Services

Use of shared or purchased materials management services shall be permitted as long as on-site handling and storage areas commensurate with the facility's needs are provided as defined by the functional program.

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

3.1-5.3.2 Receiving Facilities

The route for supply delivery shall be identified and an unpacking or box breakdown area shall be provided if required by the functional program. This area shall be accessible from the designated delivery door. Movement of supplies from this area to storage shall be direct, with minimal impact on clinical and public areas.

3.1-5.3.3 Clean Clinical Storage

3.1-5.3.3.1 This storage area shall not include space for storage of office supplies or environmental paper products.

3.1-5.3.3.2 Sterile items that are stored in manufacturers' packaging that is safe for handling shall be considered "clean" and appropriately stored with clean supplies.

3.1-5.3.3.3 Items that are sterile shall be stored as established by criteria in 3.7-3.6.14 (Sterilization Facilities).

3.1-5.4 Waste Management Facilities

3.1-5.4.1 Waste Collection and Storage

3.1-5.4.1.1 General. These facilities shall use techniques acceptable to the appropriate health and environmental authorities.

(1) Location

- (a) Necessary waste collection and storage locations shall be determined by the facility as a component of the functional program.
- (b) The location of compactors, balers, sharps containers, and recycling container staging at docks or other waste removal areas shall be stipulated by the functional program.

***(c)** Red bag waste shall be staged in enclosed and secured areas. Biohazardous and environmen-

tally hazardous materials, including mercury, nuclear reagent waste, and other regulated waste types, shall be segregated and secured.

3.1-5.4.1.2 Space requirements

- (1) The functional program shall stipulate the categories and volumes of waste for disposal and the methods of handling and disposing of waste.
- (2) The functional program shall outline the space requirements, including centralized waste collection and storage spaces. The size of spaces shall be based upon the volume of projected waste and length of anticipated storage.

3.1-5.4.1.3 Regulated waste storage spaces

- (1) If provided, regulated medical waste or infectious waste storage spaces shall have a floor drain, cleanable floor and wall surfaces, lighting, and exhaust ventilation.
- (2) Such spaces shall be safe from weather, animals, and unauthorized entry.
- (3) Refrigeration requirements for such storage facilities shall comply with state and/or local regulations.

3.1-5.4.1.4 Refuse chutes. The design and construction of trash chutes, if provided, shall comply with NFPA 82.

3.1-5.4.2 Waste Treatment and Disposal

***3.1-5.4.2.1 Incineration.** On-site hospital incinerators shall comply with federal, state, and local regulatory and environmental requirements. The design and construction of incinerators shall comply with NFPA 82: *Standard on Incinerators and Waste and Linen Handling Systems and Equipment.*

3.1-5.4.2.2 Other waste treatment technologies.

Types of non-incineration technology used by the facility shall be determined by facility management in

APPENDIX

A3.1-5.4.1.1 (1)(c) An analysis should be made of the anticipated volume of biohazardous waste. The types of procedures to be conducted by the facility, the anticipated volume of patients, the extent of the biohazardous waste produced, and the frequency of biohazardous waste pickup or incineration should be considered.

A3.1-5.4.2.1 When incinerators are used, consideration should be given to the recovery of waste heat from on-site incinerators used to dispose of large amounts of waste materials.

conjunction with environmental, economic, and regulatory considerations. The functional program shall describe waste treatment technology components.

(1) Location

- (a) Safe transfer routes, distances from waste sources, temporary storage requirements, and space requirements for treatment equipment shall be considered in determining where to locate a non-incineration technology.
- (b) The location of the technology shall not cause traffic problems as waste is brought in and out.
- (c) Odor, noise, and the visual impact of medical waste operations on patients, visitors, public access, and security shall be considered.

(2) Space requirements shall be determined by equipment requirements, including associated area(s) needed for opening waste entry doors; access to control panels; and space for hydraulic lifts, conveyors, and operational clearances.

(3) Areas for holding waste to be disposed of or treated off site shall be sized according to the anticipated volume of materials and frequency of removal. Holding areas shall be secured from public access.

(4) Use of mobile or portable units, trailer-mounted units, underground installations, or all-weather enclosed shelters at an outdoor site shall be permitted, subject to local regulatory approvals.

(5) Ventilation

- (a) Exhaust vents from the treatment technology, if any, shall be located a minimum of 25 feet (7.62 meters) from inlets to HVAC systems.
- (b) If the technology involves heat dissipation, cooling and ventilation sufficient to prevent overheating of the space and equipment therein shall be provided.

3.1-5.4.3 Nuclear Waste Disposal

For information about handling and disposal of nuclear materials in health care facilities, see *Code of Federal Regulations*, Title X, Parts 20 and 35.

3.1-5.5 Environmental Services

3.1-5.5.1 Environmental Services Room(s)

*3.1-5.5.1.1 Number

- (1) The number of environmental services rooms provided shall be as required by the functional program.
- (2) A minimum of one environmental services room per floor shall be provided.
- (3) Sanitation needs may be met using separate environmental services rooms or room(s) large enough to hold multiple housekeeping carts.

*3.1-5.5.1.2 Facility requirements

- (1) Facility-based services
 - (a) At least one environmental services room shall be provided to maintain a clean and therapeutic environment.
 - (b) Each environmental services room shall contain the following:
 - (i) A service sink or floor basin
 - (ii) Storage for housekeeping supplies and equipment
- (2) Non-facility based services. Area requirements shall be based on the service agreement and outlined in the functional program.

APPENDIX

A3.1-5.5.1.1 When determining the number of environmental services areas needed for outpatient settings, areas should be grouped by similar sanitation needs. Following are a few examples:

- a. Sterile areas: Operating rooms, substerile corridors, sterile labs, and sterile storage
- b. Clinical areas: Pre-procedure areas, examination rooms, blood-draw areas, PACUs, dialysis treatment areas, infusion areas, or other areas likely to come into contact with blood or body fluids

- c. Processing rooms: Endoscopy room, uroscopy room, and instrument processing room (If these areas are within a sterile area, the sanitation needs of these areas can be addressed procedurally, for example, by cleaning them last.)
- d. Public and administrative areas: Waiting areas, offices, and hallways

A3.1-5.5.1.2 Storage areas for housekeeping supplies should be identified.

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

3.1-5.6 Engineering and Maintenance Services

3.1-5.6.1 General

Shared engineering services and maintenance facilities shall be permitted provided capacity is appropriate for use:

3.1-5.6.2 Equipment Locations

Equipment room(s) for boilers, mechanical equipment, telecommunications equipment, and electrical equipment shall be provided.

3.1-5.6.3 Equipment and Supply Storage

Storage room(s) for building maintenance supplies and equipment shall be provided.

■ 3.1-6 Public and Administrative Areas

3.1-6.1 Public Areas

The following shall be provided:

3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance

This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

3.1-6.1.2 Reception

A reception and information counter or desk shall be provided.

*3.1-6.1.3 Waiting Space(s)

3.1-6.1.4 Public Toilets

Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas or suites.

3.1-6.1.5 Local Telephone Access

Access to make local phone calls shall be provided.

3.1-6.1.6 Provisions for Drinking Water

Conveniently accessible provisions for drinking water shall be provided.

3.1-6.1.7 Wheelchair Storage

Conveniently accessible wheelchair storage shall be provided.

*3.1-6.2 Administrative Areas

3.1-6.2.1 Reserved

3.1-6.2.2 Interview Space

Space(s) shall be provided for private interviews related to social services, credit, etc.

*3.1-6.2.3 General or Individual Offices

Space providing adequate work area for business transactions, records storage, and administrative and professional staffs shall be provided. This shall include space designated for computers, printers, fax machines, and copiers if required by the functional program.

3.1-6.2.4 Reserved

3.1-6.2.5 Medical Records

Provisions shall be made for securing medical records of all media types.

APPENDIX

A3.1-6.1.3 Consideration should be given to special needs of specific patient groups in a shared/general waiting area, such as separation of adolescent and geriatric patients.

A3.1-6.2 Multipurpose room(s) should be provided for private interviews, conferences, meetings, and health education purposes. Where health education is accommodated, the room(s) should be equipped for audiovisual aids.

A3.1-6.2.3 The following types of employees/services are among those to be considered when determining the amount of office space

required by the functional program:

- a. Owner/director
- b. Other levels of supervisors
- c. Business office personnel
- d. Each type of health care professional employed by the facility
- e. Physicians (unique confidentiality duties may make private office space critical)
- f. Social work
- g. Maintenance
- h. Dietary

3.1-6.2.5.1 Space required shall be defined by the functional program.

3.1-6.2.5.2 The identified area shall be located to maintain confidentiality of records and shall be either restricted to staff movement or remote from treatment and public areas.

3.1-6.2.5.3 Records shall be protected from loss or damage.

3.1-6.2.5.4 Storage area(s) shall be provided for forms or documents used to create medical records.

***3.1-6.2.6 Equipment and Supply Storage**

General storage facilities for supplies and equipment shall be provided as identified in the functional program.

3.1-6.3 Support Areas for Staff

3.1-6.3.1 Storage for Employees

3.1-6.3.1.1 Special storage for staff personal effects with locking drawers or cabinets (may be individual desks or cabinets) shall be provided.

3.1-6.3.1.2 Such storage shall be convenient to individual workstations and shall be staff controlled.

■ 3.1-7 Design and Construction Requirements

3.1-7.1 Building Codes and Standards

3.1-7.1.1 Building Codes

3.1-7.1.1.1 NFPA 101

(1) The outpatient facilities described in Part 3 of the Guidelines may be an outpatient unit in a

hospital, a freestanding facility, or an outpatient facility in a multiple-use building containing an ambulatory health care facility as defined in the NFPA 101 occupancy chapters. Occasional facility use by patients on stretchers shall not be used as a basis for more restrictive institutional occupancy classifications.

(2) Exits. Details relating to exits and fire safety shall comply with NFPA 101 or equivalent building, fire, and safety codes where adopted and enforced by the authority having jurisdiction, and the standards outlined herein.

3.1-7.1.1.2 Construction and structural elements of freestanding outpatient facilities shall comply with recognized building code requirements for offices (business occupancies) and the standards contained herein.

3.1-7.1.1.3 Outpatient facilities that are an integral part of a hospital or that share common areas and functions with a hospital shall comply with the construction standards for general hospitals. For requirements, see applicable sections of Chapters 2.1 and 2.2 in Part 2 of these Guidelines.

3.1-7.1.2 Reserved

3.1-7.1.3 Provision for Disasters

For further requirements, see 1.2-6.5.

3.1-7.1.3.1 Earthquakes. Seismic force resistance of new construction for outpatient facilities shall comply with Section 1.2-6.5 (Provisions for Disasters) and shall be given an importance factor of one. Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.

***3.1-7.1.3.2 Other natural disasters**

APPENDIX

A3.1-6.2.6 Storage areas for the following should be identified:

- a. Non-clinical records, documents, and reports
- b. Office supplies
- c. Decorations and furnishings

A3.1-7.1.3.2 Special design provisions should be made for buildings in regions that have sustained loss of life or damage to buildings from hurricanes, tornadoes, floods, or other natural disasters.

3.1-7.2 Architectural Details, Surfaces, and Furnishings

2.1-7.2.1 General

Details, surfaces, and furnishings shall comply with the requirements in 3.1-7.2.2, 3.1-7.2.3, and 3.1-7.2.4.

3.1-7.2.2 Architectural Details

3.1-7.2.2.1 Corridor width

- (1) Public corridors shall have a minimum width of 5 feet (1.52 meters). Staff-only corridors shall be permitted to be 3 feet 8 inches (1.12 meters) wide unless greater width is required by NFPA 101 (occupant load calculations).
- (2) Items such as provisions for drinking water, telephone booths, vending machines, etc., shall not restrict corridor traffic or reduce the corridor width below the required minimum.
- (3) In-corridor storage or parking space for portable equipment shall not overlap required corridor widths.

3.1-7.2.2.2 Ceiling height. The minimum ceiling height shall be 7 feet 10 inches (2.39 meters), with the following exceptions:

- (1) Corridors, storage rooms, toilet rooms, etc. Ceiling height in corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than 7 feet 8 inches (2.34 meters).
- (2) Rooms with ceiling-mounted equipment/light fixtures. Radiographic and other rooms containing ceiling-mounted equipment shall have ceilings of sufficient height to accommodate the equipment and/or fixtures.
- (3) Boiler rooms. Boiler rooms shall have ceiling clearances not less than 2 feet 6 inches (76.20 centimeters) above the main boiler header and connecting piping.

- (4) Clearances. Tracks, rails, and pipes suspended along the path of normal traffic shall be not less than 6 feet 8 inches (2.03 meters) above the floor.

3.1-7.2.2.3 Doors and door hardware

- (1) Door openings
 - (a) The minimum door opening width for patient use shall be 2 feet 10 inches (86.36 centimeters).
 - (b) If the outpatient facility serves patients confined to stretchers or wheelchairs, the minimum width of door openings to rooms shall be 3 feet 8 inches (1.12 meters).

3.1-7.2.2.4 through 3.1-7.2.2.6 Reserved

3.1-7.2.2.7 Glazing materials

- (1) Doors, sidelights, borrowed lights, and windows glazed to within 18 inches (45.72 centimeters) of the floor shall be constructed of safety glass, wired glass, or plastic glazing material that resists breakage and creates no dangerous cutting edges when broken.
- (2) Similar materials shall be used in wall openings of playrooms and exercise rooms unless otherwise required for fire safety.
- (3) Glazing materials used for shower doors and bath enclosures shall be safety glass or plastic.

***3.1-7.2.2.8 Hand-washing stations**

- (1) General
 - (a) Hand sanitation dispensers shall be provided in addition to hand-washing stations.
 - (b) The number and location of both hand-washing stations and hand sanitation dispensers shall be determined by the ICRA. For more information about the number and placement of hand-washing stations and hand sanitation dispensers, see 1.2-3.2.1.2 (ICRA Considerations—Design elements).
- (2) Sinks. For these requirements, see 3.1-8.4.3.2 (Hand-washing stations).
- (3) Reserved

APPENDIX

A3.1-7.2.2.8 Consideration should be given to electrical devices (space needed for work flow and placement away from the sink).

(4) Fittings

- (a) General hand-washing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands.
 - (i) Single-lever or wrist blade devices shall be permitted.
 - (ii) Blade handles used for this purpose shall be at least 4 inches (10.2 centimeters) in length.
 - (iii) Care shall be taken to provide the required clearance for operation of blade-type handles.
- (b) Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows. Electronic faucets shall be capable of functioning during loss of normal power.
- (c) Sensor-regulated faucets with manual temperature control shall be permitted.

(5) Provisions for drying hands. Provisions for hand drying shall be required at all hand-washing stations except scrub sinks.

- (a) Hand-washing stations shall include a hand-drying device that does not require hands to contact the dispenser.
- (b) If provided, hand towels shall be directly accessible to sinks.

(6) Cleansing agents. Hand-washing stations shall include liquid or foam soap dispensers.

3.1-7.2.2.9 Grab bars**3.1-7.2.2.10 Handrails**

3.1-7.2.2.11 Radiation protection. Radiation protection for x-ray and gamma ray installations shall comply with requirements in 2.1-7.2.2.11.

3.1-7.2.2.12 Reserved

3.1-7.2.2.13 Protection from heat-producing equipment. Rooms containing heat-producing equipment (such as boiler or heater rooms) shall be insulated and ventilated to prevent occupied adjacent floor or wall surfaces from exceeding a temperature 10°F above the ambient room temperature.

3.1-7.2.2.14 Decorative water features. Decorative water features installed in outpatient spaces shall be designed for easy maintenance and capped or covered.

3.1-7.2.3 Surfaces

3.1-7.2.3.1 Surface selection characteristics and criteria. See A1.2-3.2.1.5 for information on recommendations and code requirements for surface selection.

3.1-7.2.3.2 Flooring

- *(1) Selected flooring surfaces shall be easy to maintain, readily cleanable, and appropriately wear-resistant for the location.
- *(2) Flooring surfaces shall allow for ease of ambulation and self-propulsion.
- *(3) Flooring surfaces shall provide smooth transitions between different flooring materials.
- *(4) Flooring surfaces, including those on stairways, shall have slip-resistant surfaces according to ASTM C1028, Standard Test Method for Determining the Static Coefficient of Friction

APPENDIX

A3.1-7.2.3.2 (1) Portable lifting equipment without powered wheels may require more exertion by staff than ceiling-mounted equipment to move an elevated resident around and through a space. The exertion required by staff may increase with the use of carpet; however, different types and brands of carpet may have significantly different levels of resistance to wheeled devices. Installation of a mock-up to test flooring materials in relationship to wheeled equipment and devices used in a facility is recommended. Carpet should not be automatically discounted as inappropriate due to this challenge as it has major advan-

tages over hard-surface flooring in terms of noise reduction, acoustics, and residential appearance, all of which are important in creating a comfortable, attractive living environment for patients.

A3.1-7.2.3.2 (2) Color contrast between walls and floors and minimized transitions to different types of flooring may reduce falling risk.

A3.1-7.2.3.2 (3) Flush thresholds should be used to reduce tripping.

A3.1-7.2.3.2 (4) Soft flooring (carpet, cushioned flooring, etc.) can be used to reduce the risk of falls and the impact of associated injuries.

3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

of Ceramic Tile and Other Like Surfaces by the Horizontal Dynamometer Pull-Meter Method.

- (5) Slip-resistant flooring products shall be considered for flooring surfaces in wet areas (e.g., kitchens, shower and bath areas), ramps, entries from exterior to interior space, and areas that include water for patient services.
- (6) All floor surfaces shall allow easy movement of all wheeled equipment required by the functional program.
- (7) In all areas subject to frequent wet cleaning methods, flooring materials shall not be physically affected by germicidal or other types of cleaning solutions.
- * (8) Highly polished flooring or flooring finishes that create glare shall be avoided.
- (9) Carpet and carpet with padding in patient areas shall be glued down or stretched taut and free of loose edges or wrinkles that might create hazards or interfere with the operation of lifts, wheelchairs, walkers, wheeled carts, or residents utilizing orthotic devices.
- (10) Joints for floor openings for pipes, ducts, and conduits shall be tightly sealed to minimize entry of pests. Joints of structural elements shall be similarly sealed.

3.1-7.2.3.3 Walls, wall bases, and wall protection

- (1) Wall finishes
 - (a) Wall finishes shall be washable. In the vicinity of plumbing fixtures, wall finishes shall be smooth, scrubbable, and moisture-resistant.
 - (b) Wall finish treatments shall not create ledges or crevices that can harbor dust and dirt.
- (2) Wall surfaces in wet areas (e.g., kitchens, environmental services rooms) shall be monolithic and all seams shall be covered and/or sealed.

- (3) Wall bases in areas routinely subjected to wet cleaning shall be monolithic and covered with the floor, tightly sealed to the wall, and constructed without voids.
- (4) Wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.
- (5) Highly polished walls or wall finishes that create glare shall be avoided.
- (6) Sharp, protruding corners shall be avoided.
- (7) Wall protection devices and corner guards shall be durable and scrubbable.

3.1-7.2.3.4 Ceilings

3.1-7.2.4 Furnishings

3.1-7.2.4.1 Casework, millwork, and built-ins

3.1-7.2.4.2 Furniture

3.1-7.2.4.3 Window treatments

3.1-7.2.4.4 Signage and wayfinding

■ 3.1-8 Building Systems

3.1-8.1 Reserved

3.1-8.2 Heating, Ventilation, and Air-Conditioning (HVAC) Systems

*3.1-8.2.1 General

Basic HVAC system requirements are defined in Part 6, ANSI/ASHRAE/ASHE Standard 170-2008: *Ventilation of Health Care Facilities*. This section of the Guidelines includes additional requirements.

APPENDIX

A3.1-7.2.3.2 (8) The selection of non-wax flooring eliminates finish glare. Where a finish coat is required, smooth flooring surfaces should be sealed with a matte finish to reduce surface glare.

A3.1-8.2.1 Remodeling and work in existing facilities may present special problems. As practicality and funding permit, existing insulation,

weather stripping, etc., should be brought up to standard for maximum economy and efficiency. Consideration should be given to additional work that may be needed to achieve this.

A3.1-8.2.1.1 (1) Insofar as practical, the facility should include provisions for recovery of waste cooling and heating energy.

3.4 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities

■ 3.4-1 General

This section applies to the outpatient diagnostic and treatment facility that is separate from the acute care hospital. This facility is a form of outpatient center that is capable of accommodating a wide array of outpatient diagnostic services and minimally invasive procedures. The range of services provided in these facilities is dynamic and growing, including diagnostic cardiac catheterization, general radiography, fluoroscopy, mammography, CT scanning, magnetic resonance imaging (MRI), ultrasound, radiation therapy, and IV therapies. Facilities may specialize in only one of these areas or may provide a mix of services.

3.4-1.1 Application

The general requirements for outpatient facilities set forth in 3.1-1 (General), 3.1-3 (Diagnostic and Treatment Locations), 3.1-4 Patient Support Services), 3.1-5 (General Support Services and Areas), 3.1-6

(Public and Administrative Areas), and 3.1-7 (Design and Construction Requirements) shall apply to the freestanding outpatient diagnostic and treatment facility, with two modifications:

3.4-1.1.1 For those facilities performing diagnostic imaging and minimally invasive interventional procedures, all provisions of 2.2-3.4 (Diagnostic Imaging Services) and 2.2-3.5 (Interventional Imaging Services) shall also apply, except that adjacencies to emergency, surgery, cystoscopy, and outpatient clinics shall not be required.

3.4-1.1.2 For those facilities performing nuclear medicine procedures, all requirements in 2.2-3.6 (Nuclear Medicine Services) shall also apply, except that support services such as radiology, pathology, emergency department, and outpatient clinics shall not be required.

SPACE PROGRAM

RADIATION THERAPY: LINEAR ACCELERATOR

- 1 Linear Accelerator Vault with Linear Accelerator
- 1 Control Room
- 1 Equipment Room
- 1 Radiation Storage Room
- 1 Block Cutting Room

SPACE PROGRAM

RADIATION THERAPY: SIMULATOR

- 1 Simulation Room with Simulator (PET/CT Scanner)
- 1 Simulator Control Room
- 1 Hot Lab

SPACE PROGRAM

RADIATION THERAPY: SUPPORT SERVICES

- 4 Dressing/Holding Rooms, 2 each for Linear Accelerator and Simulator
- 2 Patient Toilets
- 1 Linen Storage Room
- 1 Soiled Holding Room
- 1 Dosimetry Workroom
- 1 Physicist's Office

SPACE PROGRAM

MEDICAL ONCOLOGY INFUSION CENTER (CHEMOTHERAPY)

- 2 Family Waiting Areas
- 1 Assessment Area
- 16 Infusion Bays in an open Infusion Center
- 1 Isolation Infusion Bay
- 2 Patient Toilet Rooms
- 1 Nurse Work Areas
- 1 Nourishment/Nutrition Station
- 1 Medication Supply Room
- 1 Clean Supply Room
- 1 Soiled Holding Room

SPACE PROGRAM

EXAM ROOMS AND PHYSICIANS WORK AREAS

9 Exam Rooms

1 Consultation Room

1 Nurse Workroom

3 Physicians' Offices

1 Shared Therapists' Office

1 Physicians' Workroom

SPACE PROGRAM

PHARMACY

Pharmacy Ante-Room

Pharmacy I.V. Prep Area

Pharmacy Work Area

SPACE PROGRAM

CLINICAL LABORATORY SERVICES

Lab Work Area to prepare specimens for transport to hospital Laboratory for analysis

SPACE PROGRAM

SHARED PATIENT SUPPORT FOR CANCER CENTER PATIENTS

Reception Area

Waiting Room

Vending Machine Area

2 Toilet Rooms

IV.

Criterion 1110.234 - Project Scope, Utilization:
Project Services Utilization

This project, which proposes to construct a Cancer Center in a freestanding building on Sarah Bush Lincoln Health Center's campus, includes both Clinical and Non-Clinical Service Areas.

The Sarah Bush Lincoln Cancer Center, which will be part of Sarah Bush Lincoln Health Center, a licensed hospital in Mattoon, will include the following Clinical Service Areas.

Radiation Therapy (Linear Accelerator, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Exam Rooms and Physician Work Areas for cancer patients and physicians

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients

This project does not include any Clinical Service Areas that are Categories of Service.

The Illinois Health Facilities and Services Review Board (HFSRB) has not established utilization standards or occupancy standards for any of these Clinical Service Areas in 77 Ill. Adm. Code 1100.

The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines for utilization (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators only; there is no State Guideline for utilization of Simulators).

The projected utilization for Linear Accelerator treatments will be presented in this Attachment as well as in Attachment 34.

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project, which are listed below.

Support Services for Radiation Therapy

Medical Oncology Infusion Center (Chemotherapy)

Exam Rooms and Physician Work Areas for cancer patients and physicians

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients (Reception, Waiting Area, Vending Machine Area, Toilet Rooms)

The chart that is found below identifies the State Guideline for the Linear Accelerators and indicates that there is no State Guideline for Simulators.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE</u>
Radiation Therapy	
Linear Accelerators	7,500 Treatments per Accelerator
Simulator	N/A

Projected utilization for the first 2 years of operation for the Linear Accelerator, the only modality in the sole Clinical Service Area for which there is a State Guideline, is found below.

<u>CLINICAL SERVICE AREA</u>	<u>HISTORIC UTILIZATION</u>	<u>PROJECTED UTILIZATION</u>		<u>STATE STANDARD</u>	<u>MET STANDARD IN YEAR 2?</u>
	<u>CY2013</u>	<u>YEAR 1 FY2018</u>	<u>YEAR 2 FY2019</u>		
Radiation Therapy					
Linear Accelerator (total treatments)	3,317 Treatments	3,279 Treatments	3,443 Treatments	7,500 Treatments/Accelerator	Yes

The number of key rooms proposed for Linear Accelerators, the only modality in the sole Clinical Service Area for which there is a State Guideline, is presented below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE (UNITS/PIECES OF EQUIPMENT)</u>	<u>PROJECTED YEAR 2 (FY2019 VOLUME)</u>	<u>TOTAL PIECES OF EQUIPMENT</u>
Radiation Therapy			
Linear Accelerator	7,500 Treatments/Accelerator	3,443 Treatments	1

The assumptions underlying the projected utilization for the Linear Accelerator, the only modality in the sole Clinical Service Area for which a State Guideline regarding utilization exists, are presented below and in Attachment 34.

Linear Accelerator

The projected number of Radiation Therapy treatments on the Linear Accelerator will increase from the 3,317 treatments performed in CY2013 at Sarah Bush Lincoln Health Center's Radiation Therapy Department to 3,443 treatments in FY2019, all of which will be performed at the new Sarah Bush Lincoln Cancer Center.

The projected number of treatments performed on the Linear Accelerator at the Sarah Bush Lincoln Cancer Center was determined based upon the following assumptions.

1. Sarah Bush Lincoln Health Center's Radiation Therapy treatments during CY2012 and CY2013 increased significantly from previous years because Crossroads Cancer Center in Effingham referred its cancer cases to Sarah Bush Lincoln Health Center for radiation therapy treatment while they were upgrading their linear accelerator, during which time they (Crossroads Cancer Center) were unable to provide radiation therapy services at their own facility.

Sarah Bush Lincoln Health Center's Radiation Therapy treatments returned to prior years' levels and increases as of FY2014, and they are projected to increase from that level in future years.

2. The volume of Radiation Therapy treatments currently performed at Sarah Bush Lincoln Health Center will all transfer to the Sarah Bush Lincoln Cancer Center because the hospital's Radiation Therapy Department will close when the new Cancer Center, which will be located on the hospital campus, becomes operational.
3. The number of newly diagnosed cancer cases in Sarah Bush Lincoln's market area will increase in future years because of the aging of the market area population.

Within the next 3 years, 19% of the population in Sarah Bush Lincoln Health Center's 10-county market area is projected to be aged 65 and older. The incidence of cancer in persons aged 65 and older is nine times higher than the incidence in a younger population.

4. ESRI On-Line Data Services and SEER Cancer Incidence Statistics have estimated that Radiation Therapy treatments within the 10-county market area will continue to increase during the 5 year period of 2013 through 2017. (Source: Oncology Solutions, LLC, September 18, 2013)

5. Sarah Bush Lincoln is projecting conservative growth in all modalities of cancer treatment once the Cancer Center becomes operational.

A signed and notarized attestation that the Sarah Bush Lincoln Cancer Center will meet or exceed the utilization standards specified in 77 Ill. Adm. Code 1110. Appendix B for the clinical service areas included in this project will be found on the next page.

As noted at the beginning of this Attachment, the only clinical service area included in this project for which a utilization standard is specified in 77 Ill. Adm. Code 1110. Appendix B is Radiation Therapy: Linear Accelerators.



Sarah Bush Lincoln

Trusted Compassionate Care

November 26, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

I am an applicant representative of Sarah Bush Lincoln Health Center who has signed the CON application for the construction of the Sarah Bush Lincoln Cancer Center, which will include the following Clinical Service Areas that are not Categories of Service:

Radiation Therapy: Linear Accelerator;
Radiation Therapy: Simulator;
Radiation Therapy: Support Services;
Medical Oncology Infusion Center (Chemotherapy);
Exam Rooms and Physicians' Work Areas;
Pharmacy (Cancer Center related);
Clinical Laboratory Services (for preparing and transferring specimens from
the Cancer Center to the hospital Lab);
Shared Patient Support for Cancer Center Patients.

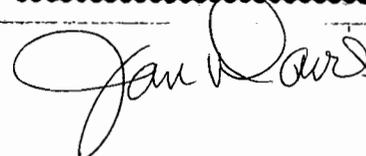
The co-applicants for this project are Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System.

In accordance with 77 Ill. Adm. Code 1110.234(e)(1), I hereby attest to the understanding of the co-applicants for this project that, by the end of the second year of operation after project completion, Sarah Bush Lincoln Cancer Center will meet or exceed the utilization standards specified in 77 Ill. Adm. Code 1110.Appendix B for the clinical service areas included in this project.

Sincerely,



Timothy A. Ols, FACHE
President and Chief Executive Officer



130

VII.R.3.(b)

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service:
Cancer Center

This project, which proposes to construct a Cancer Center in a freestanding building on Sarah Bush Lincoln Health Center's campus, includes both Clinical and Non-Clinical Service Areas.

The Sarah Bush Lincoln Cancer Center, which will be part of Sarah Bush Lincoln Health Center, a licensed hospital in Mattoon, will include the following Clinical Service Areas that are not Categories of Service.

Radiation Therapy (Linear Accelerator, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Exam Rooms and Physicians' Work Areas for cancer patients and physicians

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients

This project does not include any Clinical Service Areas that are Categories of Service.

The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators and Simulators only).

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Support Services for Radiation Therapy

Medical Oncology Infusion Center (Chemotherapy)

Exam Rooms and Physicians' Work Areas for cancer patients and physicians

Pharmacy (for compounding chemotherapy infusions)

Clinical Laboratory Services (for preparing and transferring cancer patients' specimens to the hospital Clinical Laboratory for analysis)

Shared Patient Support for Cancer Center Patients

All of these Clinical Service Areas are necessary to provide care to patients currently undergoing diagnostic and therapeutic oncology services at Sarah Bush Lincoln Health Center, its outpatient facilities, and the offices of physicians on its medical staff as well as additional patients who will be served at the Sarah Bush Lincoln Cancer Center once it becomes operational.

1. Criterion 1110.3030.(b)(1) - Service to the Planning Area Residents

The purpose of this project is to construct a Cancer Center that will serve residents of the Sarah Bush Lincoln Health Center's market area, which includes all of the state-designated Planning Area D-05, the planning area in which Sarah Bush Lincoln Health Center is located, as well as parts of Planning Areas D-01, D-04, F-02, and F-03.

The market area for this project consists of the following counties in East Central Illinois.

- Coles County
- Clark County
- Crawford County
- Cumberland County
- Douglas County
- Edgar County
- Effingham County
- Jasper County
- Moultrie County
- Shelby County

The Sarah Bush Lincoln Cancer Center will replace existing cancer facilities at Sarah Bush Lincoln Health Center, including its Radiation Therapy Department and Medical Oncology (chemotherapy) services.

The Radiation Therapy Department at Sarah Bush Lincoln Health Center is the only hospital facility in the hospital's primary and secondary market areas (Planning Areas D-05, D-01, and D-04) that offers Radiation Therapy Services.

Patient origin data for Sarah Bush Lincoln Health Center's inpatients during the recent 12-month period of April 1, 2013, through March 31, 2014, are found on Page 24 of Attachment 12.

During this recent 12-month period, nearly 92% of Sarah Bush Lincoln Health Center's inpatients resided within its market area, and nearly 77% of its inpatients resided in Planning Area D05, the planning area in which the hospital is located.

This project is needed to serve residents of the market area, which is comprised of 10 counties in East Central Illinois, as discussed in this Attachment and in Attachment 12.

- a. This project is needed to provide state-of-the-art diagnostic and treatment services for cancer patients currently receiving care at Sarah Bush Lincoln Health Center.

Sarah Bush Lincoln Health Center diagnoses nearly 270 new cancer cases annually and operates an active cancer center that provides Radiation Therapy, Medical Oncology, Blood Transfusions, office visits, and physician examinations.

The number of Radiation Therapy treatments increased by more than 11% from CY2010 to CY2013, the number of visits to Medical Oncology for procedures performed in the infusion stations (e.g., chemical infusions, blood transfusions, pumps, injections), increased by 53% from CY2010 to CY2013, and the number of visits in Exam Rooms, either for provider office visits or for procedures (e.g., bone marrows, port flushes, phlebotomy/labs) increased by 50% from CY2010 to CY2013.

- b. This project is needed to replace existing diagnostic and treatment services with consolidated state-of-the-art facilities and equipment to benefit cancer patients residing within the 10-county market area in East Central Illinois.
 - 1) The Clinical Service Areas included in this project are undersized and need to be replaced.
 - a) There are too few infusion stations.
 - b) The existing infusion stations are undersized and do not have space to permit families to stay with patients undergoing infusion.
 - c) There are too few exam rooms.
 - d) The existing exam rooms are undersized.
 - e) There is inadequate waiting space for both patients and their families.

f) There are an inadequate number of physicians' offices.

- 2) The existing Linear Accelerator at Sarah Bush Lincoln Health Center will need replacement due to obsolescence and outliving its useful life by 2017, at the time that the Cancer Center will become operational.

This Linear Accelerator was purchased in 2007.

- 3) Space is needed to permit physicians working in the Cancer Center to provide care to their cancer patients and to have offices in which to perform their work.

- c. This project is needed to provide state-of-the-art diagnostic and treatment services to the projected increase in cancer patients residing within the 10-county market area in East Central Illinois.

ESRI On-Line Data Services and SEER Cancer Incidence Statistics have estimated that there will be increases in new cancer diagnoses, new oncology patients, and radiation therapy treatments within the 10-county market area during the 5 year period of 2013 through 2017. (Source: Oncology Solutions, LLC, September 18, 2013)

- d. This project is needed to enable the construction of a Cancer Center in East Central Illinois that will provide the patients of the region with a wide range of cancer services.

The construction of this Cancer Center enable patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

The construction of the Sarah Bush Lincoln Cancer Center will provide services that improve the health care of the market area for the following reasons.

- Sarah Bush Lincoln Health Center needs to expand its cancer programs in order to meet the needs of its market area population, which is older than a normative population and is continuing to age.

The incidence of cancer is nine times higher for persons 65 years and older than it is for those younger than 65.

- Many of the patients that will receive care at the Sarah Bush Lincoln Cancer Center are low-income and otherwise vulnerable, as documented

by their residing in Health Professional Shortage Areas for Primary Medical Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for this project, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers ([http://bhpr.hrsa.gov/shortage/Health Resources and Services Administration, U.S. Department of Health and Human Services](http://bhpr.hrsa.gov/shortage/HealthResourcesandServicesAdministration,U.S.DepartmentofHealthandHumanServices)).

- As of May 23, 2014, the federal government had designated the following portions of the market area as being Health Professional Shortage Areas (HPSAs). As this list indicates, at least a portion of every county in Sarah Bush Lincoln's market area for cancer care is designated as a Health Professional Shortage Area.

Coles County: Low Income Population Group
Clark County: Low Income Population Group
Cumberland County: Low Income Population Group
Douglas County: Entire County
Edgar County: Low Income Population Group
Moultrie County: Entire County
Shelby County: Entire County
Crawford County: Low Income Population Group
Effingham County: Medicaid Eligible Population Group
Jasper County: Low Income Population Group

Documentation of these Health Professional Shortage Areas is found in Attachment 12.

- Many of the patients that will receive care at the Sarah Bush Lincoln Cancer Center are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in the market area for this project, as identified below.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care

physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides.

- As of May 23, 2014, the federal government had designated the following Medically Underserved Areas (MUAs) in the market area for this project.

Clark County: Low Income Population Group
Cumberland County: Greenup/Sumpter Service Area
Edgar County
Shelby County: townships in the Shelbyville, Herrick, and Ridge Service Areas
Effingham County: 3 census tracts in Effingham
Jasper County: townships in the Ste. Marie Service Area

Documentation of these Medically Underserved Areas is found in Attachment 12.

- The federal government has designated the following Medically Underserved Population (MUP) in the market area for this project.

Coles County: Low Income Population Group in East Oakland Township
Edgar County: Low Income Population Group in Kansas Township

Documentation of this Medically Underserved Population is found in Attachment 12.

- This project will have a positive impact on essential safety net services in Planning Area D-05 and in the market area for the Sarah Bush Lincoln Cancer Center, which includes this Planning Area as well as portions of Planning Areas D-01, D-04, F-02, and F-03, because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive diagnostic and treatment services for cancer in new facilities with state-of-the-art equipment, all of which has been designed and selected to meet their needs.

The Sarah Bush Lincoln Cancer Center will provide services that improve the health care of the market area for the following reasons.

- The Sarah Bush Lincoln Cancer Center will provide care to the same patients currently receiving cancer care at Sarah Bush Lincoln Health Center as well as those currently receiving chemotherapy services and examinations in their physicians' offices.
- The Sarah Bush Lincoln Cancer Center will be sized to accommodate its projected utilization in all services during its second full fiscal year of operation.

This Attachment includes projected utilization for Fiscal Year 2019 for all Clinical Service Areas in the Sarah Bush Lincoln Cancer Center since none of the Clinical Service Areas are Categories of Service. Fiscal Year 2019 is the second complete fiscal year of operation of the Sarah Bush Lincoln Cancer Center.

Utilization of the sole Linear Accelerator, which is the only modality of the only Clinical Service Area in the Sarah Bush Lincoln Cancer Center for which State Guidelines exist (77 Ill. Adm. Code 1110.APPENDIX B), is projected to meet the State Guidelines for utilization during the first complete fiscal year of operation and thereafter, based upon historic utilization.

2.A. Criterion 1110.3030.(b)(2)(A) Service Demand - Referrals from Inpatient Base

Although the Rule states that this justification of Service Demand is for the justification of Clinical Service Areas "that will serve as a support or adjunct service to existing inpatient services," this review criterion is applicable to this project. That is because, as stated above, the purpose of this project is to

provide replacement facilities for patients who are currently receiving cancer care at Sarah Bush Lincoln Health Center's existing facilities serving cancer patients.

The following factors were considered in determining the demand for the Clinical Services included in this project.

- a. The Sarah Bush Lincoln Cancer Center will be a line department of Sarah Bush Lincoln Health Center. Therefore, historic utilization of the Radiation Therapy Service as well as other clinical service areas included in this project have been used as the basis of projecting future utilization of this service.
- b. The number of new cancer patients diagnosed each year at Sarah Bush Lincoln Health Center and the projected increase in new cancer diagnoses were considered as a source of referrals for the clinical services and modalities that will be included in the Cancer Center.

The CY2013 volume, where applicable, as well as the projected volume for the Clinical Service Areas that are not Categories of Service that are identified in 77 Ill. Adm. Code 1110.3030(a)(1), is presented on the following page.

- c. The volume of Radiation Therapy treatments currently performed at Sarah Bush Lincoln Health Center will all transfer to the Sarah Bush Lincoln Cancer Center because the hospital's Radiation Therapy Department will close when the new Cancer Center, which will be located on the hospital campus, becomes operational.
- d. The number of newly diagnosed cancer cases in Sarah Bush Lincoln's market area will increase in future years because of the aging of the market area population.

Within the next 3 years, 19% of the population in Sarah Bush Lincoln Health Center's 10-county market area is projected to be aged 65 and older. The incidence of cancer in persons aged 65 and older is nine times higher than the incidence in a younger population.

- e. ESRI On-Line Data Services and SEER Cancer Incidence Statistics have estimated that Radiation Therapy treatments within the 10-county market area will continue to increase during the 5 year period of 2013 through 2017. (Source: Oncology Solutions, LLC, September 18, 2013)
- f. Sarah Bush Lincoln is projecting conservative growth in all modalities of cancer treatment once the Cancer Center becomes operational.

<u>Service</u>	<u>State Guideline Units/Rooms</u>	<u>FY2019 Volume (2nd full year of operation)</u>	<u>Total Units/Rooms Justified</u>	<u>Total Proposed Units/Rooms</u>
Radiation Therapy:				
Linear Accelerator	7,500 Treatments/ Accelerator	3,443 Treatments	1	1
Simulator	N/A	120 Visits	1	1
Support Services	N/A	N/A	N/A	N/A
Medical Oncology Infusion Center (Chemotherapy)	N/A	5,385 Visits	N/A	17 Bays
Exam Rooms and Physicians' Work Areas	N/A	11,647 Visits	N/A	9 Exam Rooms
Pharmacy	N/A	N/A	N/A	N/A
Clinical Laboratory Services (transport specimens to hospital)	N/A	17,328 Tests	N/A	N/A

*N/A refers to there being no State Guideline for number of units or rooms

The assumptions underlying the utilization for the Linear Accelerators, the only modality of the only Clinical Service Area for which State Guidelines regarding utilization exist, are presented below and in Attachment 15.

Linear Accelerators

The projected number of Radiation Therapy treatments on the Linear Accelerator will increase from the 3,317 treatments performed in CY2013 at Sarah Bush Lincoln Health Center's Radiation Therapy Department to 3,443 treatments in FY2019, all of which will be performed at the new Sarah Bush Lincoln Cancer Center.

The projected number of treatments performed on the Linear Accelerator at the Sarah Bush Lincoln Cancer Center was determined based upon the following assumptions.

- Sarah Bush Lincoln Health Center's Radiation Therapy treatments during CY2012 and CY2013 increased significantly from previous years because Crossroads Cancer Center in Effingham referred its cancer cases to Sarah Bush Lincoln Health Center for radiation therapy treatment while they were upgrading their linear accelerator, during which time they (Crossroads Cancer Center) were unable to provide radiation therapy services at their own facility.

Sarah Bush Lincoln Health Center's Radiation Therapy treatments returned to prior years' levels and increases as of FY2014, and they are projected to increase from that level in future years.

- The volume of Radiation Therapy treatments currently performed at Sarah Bush Lincoln Health Center will all transfer to the Sarah Bush Lincoln Cancer Center because the hospital's Radiation Therapy Department will close when the new Cancer Center, which will be located on the hospital campus, becomes operational.
- The number of newly diagnosed cancer cases in Sarah Bush Lincoln's market area will increase in future years because of the aging of the market area population.

Within the next 3 years, 19% of the population in Sarah Bush Lincoln Health Center's 10-county market area is projected to be aged 65 and older. The incidence of cancer in persons aged 65 and older is nine times higher than the incidence in a younger population.

- ESRI On-Line Data Services and SEER Cancer Incidence Statistics have estimated that Radiation Therapy treatments within the 10-county market area will continue to increase during the 5 year period of 2013 through 2017. (Source: Oncology Solutions, LLC, September 18, 2013)
- Sarah Bush Lincoln is projecting conservative growth in all modalities of cancer treatment once the Cancer Center becomes operational.

3. Criterion 1110.3030.(b)(3) - Impact of the Proposed Project on Other Area Providers

This project will not have any impact on other area providers since this project is a replacement of Sarah Bush Lincoln Health Center's existing cancer services (e.g., Radiation Therapy, Medical Oncology Infusions, physicians' exams) in a Cancer Center that will be located on the hospital campus.

The sole purpose of this project is to replace, consolidate and coordinate Sarah Bush Lincoln Health Center's existing cancer services in a single location on the hospital campus that remains accessible to the residents of East Central Illinois, enabling patients to be able to receive care in one convenient location.

Since this project is intended to provide services to Sarah Bush Lincoln's existing cancer patients as well as to additional area residents that will be diagnosed with cancer in the future, it is not anticipated that the Sarah Bush Lincoln Cancer Center will do either of the following: lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100.520.(c) or 1110.Appendix B; or lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4. Utilization

The proposed number of key rooms for all Clinical Service Areas included in this project is shown below.

Service	State Guideline Units/Rooms	FY2019 Volume (2nd full year of operation)	Total Units/ Rooms Justified	Total Proposed Units/ Rooms
Radiation Therapy:				
Linear Accelerator	7,500 Treatments/ Accelerator	3,443 Treatments	1	1
Simulator	N/A	120 Visits	N/A	1
Support Services	N/A	N/A	N/A	N/A
Medical Oncology Infusion Center (Chemotherapy)	N/A	5,385 Visits	N/A	17 Bays
Exam Rooms and Physicians' Work Areas	N/A	11,647 Visits	N/A	9 Exam Rooms
Pharmacy	N/A	N/A	N/A	N/A
Clinical Laboratory Services (transport specimens to hospital Lab)	N/A	17,328 Tests	N/A	N/A

*N/A refers to there being no State Norm for number of units or rooms

The proposed number of key rooms for Linear Accelerators, the only modality of the only Clinical Service Area for which State Guidelines for utilization exist (77 Ill. Adm. Code 1110.APPENDIX B), is in accordance with the State Guideline for that modality.

In addition, the proposed floor area (DGSF) for all Clinical Service Areas included in this project is shown below and on the next page.

Service	State Guideline DGSF/room or unit	Total DGSF Justified per program	Total Proposed DGSF
Radiation Therapy:			
Linear Accelerators	2,400 DGSF/ Accelerator	2,400 DGSF	2,061 DGSF
Simulator	1,800 DGSF/ Simulator	1,800 DGSF	875 DGSF
Support Services	N/A	N/A	1,892 DGSF
Medical Oncology Infusion Center (Chemotherapy)	N/A	N/A	4,233 DGSF
Exam Rooms and Physician Work Areas	N/A	N/A	3,616 DGSF
Pharmacy	N/A	N/A	519 DGSF
Clinical Laboratory Services (Transport to Hospital Lab)	N/A	N/A	142 DGSF

The square footage proposed for Radiation Therapy (Linear Accelerator, Simulator), the only Clinical Service Area for which State Guidelines exist, is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

The chart on the following page is presented for the only modalities in the only Clinical Service Area for which State Standards exist.

<u>CLINICAL SERVICE AREAS</u>	<u>PROPOSED DGSF</u>	<u>STATE STANDARD</u>	<u>DIFFERENCE</u>	<u>MET STANDARD?</u>
Radiation Therapy:				
Linear Accelerator	2,061 DGSF for 1 Accelerator	2,400 DGSF for 1 Accelerator	339 DGSF under Guideline	Yes
Simulator	875 DGSF for 1 Simulator	1,800 DGSF for 1 Simulator	925 DGSF under Guideline	Yes

Space Programs for each of the Clinical Service Areas are found on the following pages as well as in Attachment 14.

SPACE PROGRAM

RADIATION THERAPY: LINEAR ACCELERATOR

- 1 Linear Accelerator Vault with Linear Accelerator
- 1 Control Room
- 1 Equipment Room
- 1 Radiation Storage Room
- 1 Block Cutting Room

SPACE PROGRAM

RADIATION THERAPY: SIMULATOR

- 1 Simulation Room with Simulator (PET/CT Scanner)
- 1 Simulator Control Room
- 1 Hot Lab

SPACE PROGRAM

RADIATION THERAPY: SUPPORT SERVICES

- 4 Dressing/Holding Rooms, 2 each for Linear Accelerator and Simulator
- 2 Patient Toilets
- 1 Linen Storage Room
- 1 Soiled Holding Room
- 1 Dosimetry Workroom
- 1 Physicist's Office

SPACE PROGRAM

MEDICAL ONCOLOGY INFUSION CENTER (CHEMOTHERAPY)

- 2 Family Waiting Areas
- 1 Assessment Area
- 16 Infusion Bays in an open Infusion Center
- 1 Isolation Infusion Bay
- 2 Patient Toilet Rooms
- 1 Nurse Work Areas
- 1 Nourishment/Nutrition Station
- 1 Medication Supply Room
- 1 Clean Supply Room
- 1 Soiled Holding Room

SPACE PROGRAM

EXAM ROOMS AND PHYSICIANS WORK AREAS

- 9 Exam Rooms
- 1 Consultation Room
- 1 Nurse Workroom
- 3 Physicians' Offices
- 1 Shared Therapists' Office
- 1 Physicians' Workroom

SPACE PROGRAM

PHARMACY

Pharmacy Ante-Room

Pharmacy I.V. Prep Area

Pharmacy Work Area

SPACE PROGRAM

CLINICAL LABORATORY SERVICES

Lab Work Area to prepare specimens for transport to hospital Laboratory for analysis

SPACE PROGRAM

SHARED PATIENT SUPPORT FOR CANCER CENTER PATIENTS

Reception Area

Waiting Room

Vending Machine Area

2 Toilet Rooms

PROOF OF BOND RATINGS OF "A" AND HIGHER

ATTACHMENTS-36 THROUGH 38



Research

Summary:

Sarah Bush Lincoln Health Center, Illinois; Hospital

Primary Credit Analyst:

Santo F Barretta, Chicago (1) 312-233-7068; santo.barretta@standardandpoors.com

Secondary Contact:

Avanti R Paul, Chicago (1) 312-233-7061; avanti.paul@standardandpoors.com

Table Of Contents

Rationale

Outlook

Related Criteria And Research

153

Summary:

Sarah Bush Lincoln Health Center, Illinois; Hospital

Credit Profile

Illinois Fin Auth (Sarah Bush Lincoln Hlth Ctr) ICR

Long Term Rating

A+/Stable

Affirmed

Rationale

Standard & Poor's Ratings Services affirmed its 'A+' issuer credit rating (ICR) on Sarah Bush Lincoln Health Center (Sarah Bush), Ill. The ICR applies to Sarah Bush's general creditworthiness and is not specific to any bond issue. The outlook is stable.

The rating reflects our view of Sarah Bush's continually strong operating performance, despite a decline in admissions, generating strong maximum annual debt service (MADS) coverage. Although the system is executing an extensive capital spending program, it has continued to increase its cash reserves to levels that provide a solid foundation for unanticipated operating pressures, as it operated in a limited service area with a relatively small, albeit growing, medical staff. Although the credit profile exhibits several strengths commensurate with a higher rating, the inherent risks of its small revenue base constrain the rating.

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

- Good business position as the leading provider in Coles County, garnering a 72% market share and minimal competition;
- Positively shifting payor mix with favorable commercial rates and decreasing percentage of self-pay patients, which historically are weakest payors;
- History of strong operating margins, generating excellent MADS coverage that we anticipate will continue; and
- Solid balance sheet metrics as a result of growing and ample liquidity, although growth could be limited, depending on management's funding decision regarding a new capital spending program, set to begin in early 2015.

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

- Higher risk profile resulting from a small economic base that leaves the system vulnerable to small changes in volumes and medical staff; and
- Reliance on the state's provider tax funds, which bring in an annual \$4.9 million in net revenue.

However, the system, in our view, has mitigated these risks well by focusing on expanding its services. It has constructed two walk-in clinics in the past two years and is designing a new regional cancer center with construction slated to begin in 2015, as well as upgrading two existing facilities, in an effort to preserve its market share. The system has been able to improve the strength of its balance sheet metrics, despite the ongoing capital spending, providing a

strong cushion for potential operating challenges.

Sarah Bush Lincoln Health System is the parent entity of the health center, a foundation, a captive insurance company, and a company that provides pharmaceuticals, durable medical equipment, and home infusion. The health center is the obligated group, and its gross revenue secures the bonds. We base our analysis on the system unless otherwise noted. The numbers shown in this report are from the consolidated fiscal 2013 audit and the unaudited financials for the first eight months of fiscal 2014. The system's fiscal year ends June 30. In 2011, Sarah Bush issued \$45 million in privately placed fixed-rate bonds, some of the proceeds of which refunded all of its bonds outstanding. As of June 30, 2014, Sarah Bush had \$37.4 million in debt. It is not party to any swap transactions.

For more information see our full analysis published May 8, 2014 on RatingsDirect.

Outlook

The stable outlook reflects our view that Sarah Bush will continue to operate at healthy levels given its leading market position, which we believe will improve because of its expansion project, facility improvements, and stable physician group. We also anticipate that it will sustain its balance sheet strength as management decides which method of funding to use for the new capital spending program. We could revise the outlook to negative in the unlikely event that the overall credit characteristics begin to deteriorate because of negative operating margins (generating MADS coverage of less than 4x) or if liquidity drops to less than 200 days' cash on hand because of elevated capital spending or a significant shift in the system's competitive landscape in the next two years. A higher rating is unlikely during the outlook period because of the moderate capital spending, which could limit growth or slightly deteriorate reserves, coupled with the inherent risks of being a stand-alone provider in a limited service area and Sarah Bush's relatively smaller revenue base.

Related Criteria And Research

Related Criteria

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- General Criteria: Group Rating Methodology, Nov. 19, 2013
- USPF Criteria: Contingent Liquidity Risks, March 5, 2012

Related Research

- Glossary: Not-For-Profit Health Care Ratios, Oct. 26, 2011
- The Outlook For U.S. Not-For-Profit Health Care Providers Is Negative From Increasing Pressures, Dec. 10, 2013
- U.S. Not-For-Profit Health Care Stand-Alone Ratios: Operating Pressures Led To Mixed Results In 2012, Aug. 8, 2013
- Health Care Providers And Insurers Pursue Value Initiatives Despite Reform Uncertainties, May 9, 2013
- Alternative Financing: Disclosure Is Critical To Credit Analysis In Public Finance, Feb. 18, 2014

Complete ratings information is available to subscribers of RatingsDirect at www.globalcreditportal.com. All ratings affected by this rating action can be found on Standard & Poor's public Web site at www.standardandpoors.com. Use

the Ratings search box located in the left column.

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ECONOMIC FEASIBILITY

 Sarah Bush
Lincoln
Trusted Compassionate Care

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62702

Re: Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System

Dear Ms. Avery:

The undersigned, as authorized representatives of Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, in accordance with 77 Ill. Adm. Code 1120.140(a)(1) and the requirements of Section X.A.1 of the CON Application for Permit, hereby attest to the following:

This project will be financed through the use of the following sources of funds: tax-exempt revenue bonds, pledges, and gifts and bequests;

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

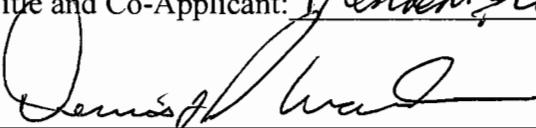
The selected form of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of November 26, 2014

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

By: 

Title and Co-Applicant: President & CEO

By: 

Title and Co-Applicant: V/P FINANCE AND OPERATIONS





COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Radiation Therapy: Linear Accelerator	\$515.00	N/A	2,061	N/A	0	N/A	\$1,061,415	\$0	\$1,061,415
Radiation Therapy: Simulator	\$409.00	N/A	875	N/A	0	N/A	\$357,875	\$0	\$357,875
Radiation Therapy: Support Services	\$386.00	N/A	1,892	N/A	0	N/A	\$730,312	\$0	\$730,312
Medical Oncology Infusion Center(Chemotherapy)	\$396.00	N/A	4,233	N/A	0	N/A	\$1,676,268	\$0	\$1,676,268
Exam Rooms and Physician Work Areas	\$286.00	N/A	3,616	N/A	0	N/A	\$1,034,176	\$0	\$1,034,176
Pharmacy	\$286.00	N/A	519	N/A	0	N/A	\$148,434	\$0	\$148,434
Clinical Laboratory Services	\$290.00	N/A	142	N/A	0	N/A	\$41,180	\$0	\$41,180
Shared Patient Support for Cancer Center Patients	\$280.00	N/A	1,974	N/A	0	N/A	\$552,721	\$0	\$552,721
SUBTOTAL CLINICAL COMPONENTS	\$365.88	N/A	15,312	N/A	0	N/A	\$5,602,381	\$0	\$5,602,381
Contingency							\$560,238	\$0	\$560,238
TOTAL CLINICAL SERVICE AREAS	\$402.47	N/A	15,312	N/A	0	N/A	\$6,162,619	\$0	\$6,162,619
Non-Clinical Service Areas:									
Education/Conference Rooms	\$280.00	N/A	406	N/A	0	N/A	\$113,680	\$0	\$113,680
Administrative Offices	\$280.00	N/A	1,113	N/A	0	N/A	\$311,640	\$0	\$311,640
Information Services	\$296.00	N/A	104	N/A	0	N/A	\$30,784	\$0	\$30,784
Environmental Services	\$275.00	N/A	177	N/A	0	N/A	\$48,675	\$0	\$48,675
Materials Management	\$275.00	N/A	283	N/A	0	N/A	\$77,825	\$0	\$77,825
Storage	\$270.00	N/A	300	N/A	0	N/A	\$81,000	\$0	\$81,000
Staff Services	\$285.00	N/A	686	N/A	0	N/A	\$195,510	\$0	\$195,510
Interdepartmental Circulation	\$275.00	N/A	493	N/A	0	N/A	\$135,575	\$0	\$135,575
Mechanical Space and Equipment	\$381.00	N/A	1,097	N/A	0	N/A	\$417,957	\$0	\$417,957
Entrances	\$285.00	N/A	395	N/A	0	N/A	\$112,575	\$0	\$112,575
Access to Utility Tunnel to Hospital Building	\$380.01	N/A	494	N/A	0	N/A	\$187,725	\$0	\$187,725
SUBTOTAL NON-CLINICAL COMPONENTS	\$308.75	N/A	5,548	N/A	0	N/A	\$1,712,946	\$0	\$1,712,946
Contingency							\$171,295	\$0	\$171,294
TOTAL NON-CLINICAL COMPONENTS	\$339.63	N/A	5,548	N/A	0	N/A	\$1,884,241	\$0	\$1,884,240
PROJECT TOTAL	\$385.76	N/A	20,860	N/A	0	N/A	\$8,046,859	\$0	\$8,046,859

X.D. **Projected Operating Costs**

Projected Operating Costs Per EPD = FY18 Operating Expenses/FY18 EPD

FY18 Operating Expenses:

Salaries	\$121,680,181
Benefits	33,741,159
Supplies	<u>38,494,042</u>
	\$193,915,382

FY18 Equivalent Patient Days (EPD) =

$[1 + \frac{(\text{Outpatient} + \text{Emergency Revenue})}{(\text{Inpatient Revenue})}] \times \text{Total Projected FY18 Inpatient Days} =$

$[1 + \frac{\$335,116,736}{\$149,719,940}] \times 22,928 =$

$[1 + 2.2383] \times 22,928 =$

$3.2383 \times 22,928 = 74,248$, based on net revenue

Projected Operating Costs Per EPD = FY18 Operating Expenses/FY18 EPD =
 $\frac{\$193,915,382}{74,248} = \$2,611.73$

X.E. **Total Effect of the Project on Capital Costs**

Projected Capital Costs Per EPD = FY18 Capital Costs/FY18 EPD

FY18 Capital Costs:

Depreciation/Amortization	\$17,614,101
Interest	<u>1,317,649</u>
	\$18,931,750

FY18 Equivalent Patient Days (EPD) =

$[1 + \frac{(\text{Outpatient} + \text{Emergency Revenue})}{(\text{Inpatient Revenue})}] \times \text{Total Projected FY18 Inpatient Days} =$

$[1 + \frac{\$335,116,736}{\$149,719,940}] \times 22,928 =$

$[1 + 2.2383] \times 22,928 =$

$3.2383 \times 22,928 = 74,248$, based on net revenue

Projected Capital Costs Per EPD = FY18 Capital Costs/FY18 EPD =
 $\frac{\$18,931,750}{74,248} = \254.98

CHARITY CARE INFORMATION

ATTACHMENT-41

XII.
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Sarah Bush Lincoln Health Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

SARAH BUSH LINCOLN HEALTH CENTER

	FY2011	FY2012	FY2013
Net Patient Revenue	\$135,619,572	\$147,221,018	\$157,785,835
Amount of Charity Care (charges)	\$19,384,498	\$25,598,916	\$23,617,820
Cost of Charity Care	\$5,912,271	\$7,398,087	\$6,636,607
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	14.29%	17.39%	14.97%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	4.36%	5.03%	4.21%

2. This chart reports data for Sarah Bush Lincoln Health Center. The charity costs and patient revenue are only for Sarah Bush Lincoln Health Center and are not consolidated with any other entities that are part of Sarah Bush Lincoln Health System or any other entity.
3. Because Sarah Bush Lincoln Health Center is an existing facility, the data are reported for the latest three audited fiscal years.