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HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: HSHS St. Elizabeth's –Radiation Oncology Clinic
Street Address: The St. Clair County Tax ID # for the tract is 03-36.0-200-024 Property Description: Part of Lot A at 301 Regency Park Drive, O'Fallon, Illinois
City and Zip Code:62269
County: St. Clair County Health Service Area: 11 Health Planning Area: F-01

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 Laverna Rd
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

X☐ Non-profit Corporation
☐ For-profit Corporation
☐ Limited Liability Company
☐ Partnership
☐ Governmental
☐ Sole Proprietorship
☐ Other

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road Springfield, IL 62794
Telephone Number: 217-492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number:

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

Name: Nicole Holst
Title: Vice President Legal Affairs, Southern Illinois Division & HSHS Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 224 W Garfield, Belleville, IL 62220
Telephone Number: 618-641-5883 (office)
E-mail Address: Nicole.holst@hshs.org
Fax Number: 618-222-4748

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: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road Springfield, IL 62794
Telephone Number: 217-492-6156(office)
E-mail Address: amy.bulpitt@hshs.org
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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City and Zip Code:62269
County: St. Clair County Health Service Area: 11 Health Planning Area: F-01

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 1 St. Elizabeth's Boulevard
City and Zip Code: O'Fallon ,62269
Name of Registered Agent: Patti Fischer
Registered Agent Street Address: 1 St. Elizabeth's Boulevard
Registered Agent City and Zip Code: O'Fallon ,62269
Name of Chief Executive Officer: Patti Fischer
CEO Street Address: 1 St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon ,62269
CEO Telephone Number: 618-234-2120 ext. 31054

Type of Ownership of Applicants

X☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Scott Berry
Title: Division Director, Oncology
Company Name: HSHS St. Elizabeth's Hospital
Address: 1 St. Elizabeth's Boulevard O'Fallon, IL 62269
Telephone Number: 618-234-2120 ext. 35107
E-mail Address: scott.berry@hshs.org
Fax Number: 618-607-5104

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

Name: Amy Ballance
Title: Vice President, Business Development, Strategy, and Marketing.
Company Name: HSHS Southern Illinois Division

Address: 224 W Garfield, Belleville, IL 62220
Telephone Number: 618-641-5479 (office)
E-mail Address: Amy.ballance@hshs.org
Fax Number: 618-607-5104

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: Scott Berry
Title: Division Director, Oncology
Company Name: HSHS St. Elizabeth's Hospital
Address: 1 St. Elizabeth's Boulevard O'Fallon, IL 62269
Telephone Number: 618-234-2120 ext. 35107
E-mail Address: scott.berry@hshs.org
Fax Number: 618-607-5104

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Green Mount Enterprises, LLC
Address of Site Owner:210 W. McKinley Ave., Suite #4 Decatur, Illinois 62526
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address: One St. Elizabeth's Blvd, O'Fallon, IL 62269

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☐ Substantive

X Non-substantive

2. Narrative Description

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

The applicants propose to lease space in a building adjacent to HSHS St. Elizabeth's Hospital campus and located just off Highway 64 in O'Fallon (see attachment #2 property description) for a Radiation Oncology Clinic that will include a Linear Accelerator and CT-Simulator to be owned and operated by HSHS St. Elizabeth's Hospital. The building will be constructed and owned by a third party developer who will be leasing a portion of the building to the applicants for this project. The developer will also be separately leasing other space in the building to a medical oncology physician practice group. The applicants have no ownership interest in, and no control over, the developer or the physician group.

The applicants' proposed Radiation Oncology Clinic will be located in 11,750 square feet of leased space and the total project cost is $ 17,172,227. The applicants will be responsible for the build-out of the leased space for the Radiation Oncology Clinic, including the construction of the Linear Accelerator vault and installation of the Accelerator.

HSHS St. Elizabeth's Hospital is certified by the American College of Surgeons Commission on Cancer. HSHS St. Elizabeth's is dedicated to providing patients with the opportunity to receive high-quality Franciscan healthcare close to home as an alternative to traveling to St. Louis for their cancer care.

The proposed Radiation Oncology Clinic project meets the classification of "non-substantive". The project does not involve the establishment or replacement of a health care facility, the establishment of any new categories of service, or any inpatient beds.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

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

Related Project Costs

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

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

The project involves the establishment of a new facility or a new category of service
☐ Yes X 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 $ N/A.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

☐ None or not applicable Preliminary

X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 1-4-2020

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

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

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

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: HSHS St Elizabeth's			**CITY: Belleville/O'Fallon****		
REPORTING PERIOD DATES:		**From: January 2017**		**to: December 2017**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	97	5247	25610	0	0
Obstetrics	27	783	1908		
Pediatrics	0	0	0	0	0
Intensive Care	23	1217	4511	0	0
Comprehensive Physical Rehabilitation	34	396	4485	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	181	7643	36514	0	0

**** The Belleville facility was relocated to the new hospital location in O'Fallon, Illinois in November 2017.**

CERTIFICATION

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

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

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

Mary Starmann-Harrison	Ann M. Carr
SIGNATURE	SIGNATURE
Mary Starmann-Harrison	Ann M. Carr
PRINTED NAME	PRINTED NAME
President/CEO	Treasurer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26 day of July, 2018	Notarization: Subscribed and sworn to before me this 26 day of July, 2018
Sylvia Rebecca Gansz	Sylvia Rebecca Gansz
Signature of Notary	Signature of Notary
Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020	Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
James F. Dover	Patti Fischer
PRINTED NAME	PRINTED NAME
SID President & CEO	President + CEO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 25 day of July	Notarization: Subscribed and sworn to before me this 25 day of July
Donna M Baker	Donna M Baker
Signature of Notary	Signature of Notary
Seal DONNA M BAKER Official Seal Notary Public - State of Illinois My Commission Expires Feb 22, 2021	Seal DONNA M BAKER Official Seal Notary Public - State of Illinois My Commission Expires Feb 22, 2021

*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A 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 that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

1) Identify **ALL** 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 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: Project does not include shell space

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: Project does not include shell space

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.

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

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

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

Service	# Existing Key Rooms	# Proposed Key Rooms
☐ **Linear Accelerator**	**0**	**1**
☐ **CT/Simulator**	**0**	**1**
☐		

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

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

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document 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]:**

N/A	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 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY N/A

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 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all 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									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT N/A

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

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 38. N/A

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

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

SECTION XI. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
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13	Alternatives to the Project	55
14	Size of the Project	56
15	Project Service Utilization	57
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17	Assurances for Unfinished/Shell Space	n/a
18	Master Design Project	n/a
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20	Comprehensive Physical Rehabilitation	n/a
21	Acute Mental Illness	n/a
22	Open Heart Surgery	n/a
23	Cardiac Catheterization	n/a
24	In-Center Hemodialysis	n/a
25	Non-Hospital Based Ambulatory Surgery	n/a
26	Selected Organ Transplantation	n/a
27	Kidney Transplantation	n/a
28	Subacute Care Hospital Model	n/a
29	Community-Based Residential Rehabilitation Center	n/a
30	Long Term Acute Care Hospital	n/a
31	Clinical Service Areas Other than Categories of Service	58
32	Freestanding Emergency Center Medical Services	n/a
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	Financial and Economic Feasibility:	
34	Availability of Funds	59-74
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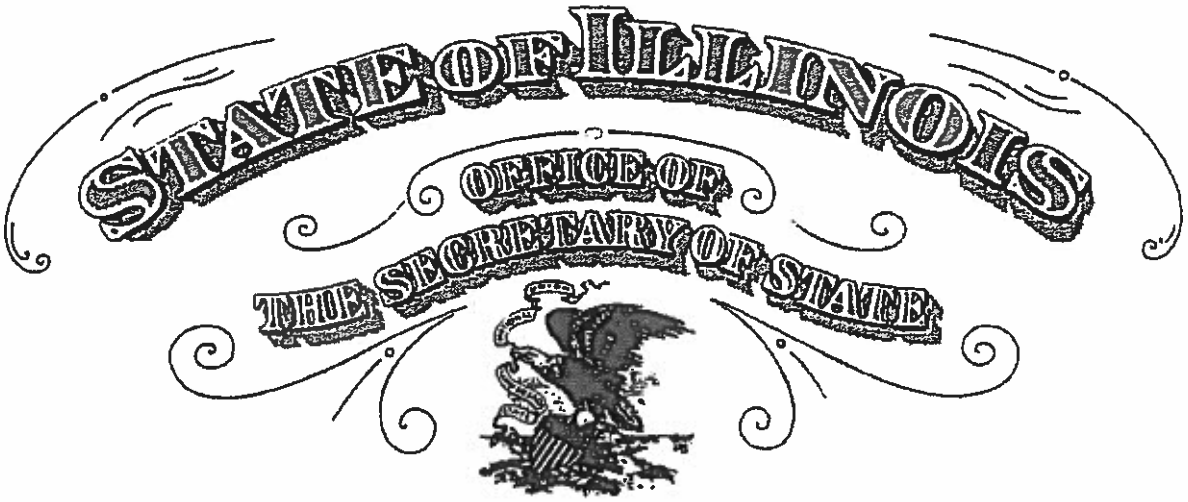
36	Financial Viability	n/a
37	Economic Feasibility	75
38	Safety Net Impact Statement	n/a
39	Charity Care Information	76

File Number 3515-860-0



To all to whom these Presents Shall Come, Greeting:

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

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* MAY *A.D.* 2018 .

Authentication #: 1814102536 verifiable until 05/21/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATT. #1

ATTACHMENT 1 – CERTIFICATE OF GOOD STANDING

File Number 5163-355-5

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1728402358 verifiable until 10/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

AFFIDAVIT OF SITE CONTROL

STATE OF ILLINOIS)
) SS
COUNTY OF ST. CLAIR

James F. Dover, FACHE, on oath states:

1. I am of legal age, under no legal disability and have full personal knowledge of the matters and items hereinafter stated.
2. I am the President & CEO of HSHS Southern Illinois Division which includes HSHS St. Elizabeth's Hospital ("SEO") in O'Fallon, Illinois.
3. On April 23, 2018, in my capacity as President & CEO of HSHS Southern Illinois Division and as its authorized representative and on behalf of SEO, I entered into a letter of intent (the "Letter of Intent") with Green Mount Enterprises, LLC ("GME") and a medical oncology physician group ("Group").
4. The Letter of Intent provides, among other things, that GME proposes to plan, design, construct and develop a medical office building near the campus of SEO in O'Fallon and that SEO intends to lease approximately 11,750 square feet of space in the building.
5. The Letter of Intent further provides, among other things, that GME will acquire a part of Lot A at 301 Regency Park Drive, O'Fallon, Illinois, as more particularly described in the Letter of Intent, pursuant to a real estate purchase agreement with a third party seller.

FURTHER AFFIANT SAYETH NOT.

I, James F. Dover, FACHE, having personal knowledge of the facts attested hereto in this sworn affidavit, assert that all matters asserted herein are truthful to the best of this Affiant's personal knowledge and belief.

JAMES F. DOVER, FACHE

Subscribed to and before me this 25 day of July, 2018

Donna M Baker
Notary Public

DONNA M BAKER
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 22, 2021

ATT # 2

AFFIDAVIT OF SITE OWNERSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF ST. CLAIR)

DARRELL G. SHELTON, on oath states:

1. I am of legal age, under no legal disability and have full personal knowledge of the matters and items hereinafter stated.

2. I am the Manager of **SHELTON INVESTMENTS, LLC**, an Illinois limited liability company ("Company").

3. Company was formed as a limited liability company under the provisions of the Illinois Limited Liability Act by the filing of Articles of Organization with the Secretary of State of Illinois on October 24, 2012, and is currently in Good Standing with the State of Illinois.

4. Company is located at 1331 Park Plaza Dr., Suite 4, O'Fallon, IL 62269.

5. Company is the current owner of approximately 5.32 acres of undeveloped land in the Caseyville Township of St. Clair County, located at 301 Regency Park, O'Fallon, IL 62269 ("Site").

6. The Parcel Number for the Site is 03-36.0-200-024.

7. Company has entered into a Commercial Real Estate Sales Agreement ("Sales Agreement") dated June 22, 2018.

8. The Sales Agreement provides for Company to sell an approximate 3.67 acre portion ("Property") of the Site to **GREEN MOUNT ENTERPRISES, LLC**, an Illinois limited liability company ("GME").

9. Under the Sales Agreement, the expected closing date for the sale of the Property is the later of September 22, 2018 or seven (7) days after the approval of the Certificate of Need application.

10. After closing, GME will be fee simple owner of the Property.

11. **THIS AFFIANT SAYS NOTHING MORE.**

I, **DARRELL G. SHELTON**, having personal knowledge of the facts attested hereto in this sworn Affidavit, assert that all matters asserted herein are truthful to the best of this Affiant's personal knowledge and belief.

DARRELL G. SHELTON

Subscribed to and before me this 24 day of July, 2018.

Cassidy R. Martin
Notary Public

CASSIDY R MARTIN
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 6, 2019

Att #2

AFFIDAVIT OF SITE OWNERSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF ST. CLAIR)

MARK A. WALSHAUSER, M.D., on oath states:

1. I am of legal age, under no legal disability and have full personal knowledge of the matters and items hereinafter stated.

2. I am the Manager and the President of **GREEN MOUNT ENTERPRISES, LLC**, an Illinois limited liability company ("Company").

3. Company was formed as a manager-managed limited liability company under the provisions of the Illinois Limited Liability Act ("Act") by the filing of Articles of Organization with the Secretary of State of Illinois on October 19, 2017, and is currently in Good Standing with the state.

4. Company's primary purpose is to own and lease real estate.

5. Company has entered into a Commercial Real Estate Sales Agreement ("Sales Agreement") dated June 22, 2018.

6. The Sales Agreement provides for Company to purchase an approximate 3.67 acre portion ("Property") of 5.32 acres of undeveloped land in the Caseyville Township of St. Clair County, located at 301 Regency Park, O'Fallon, IL 62269 ("Site") from **SHELTON INVESTMENTS, LLC.**, an Illinois limited liability company.

7. The Parcel Number for the Site is 03-36.0-200-024.

8. Under the Sales Agreement, the expected closing date for the sale of the Property is the later of September 22, 2018 or seven (7) days after the approval of the Certificate of Need application.

Att#2

9. After closing, Company will be fee simple owner of the Property.

10. After closing, Company intends to build a medical office building on the Property with one of the tenants being HSHS St. Elizabeth's Hospital.

11. **THIS AFFIANT SAYS NOTHING MORE.**

I, **MARK A. WALSHAUSER, M.D.**, having personal knowledge of the facts attested hereto in this sworn Affidavit, assert that all matters asserted herein are truthful to the best of this Affiant's personal knowledge and belief.

MARK A. WALSHAUSER, M.D.

Subscribed to and before me this 23 day of July, 2018.

Lillie D. Barker
Notary Public

"OFFICIAL SEAL"
LILLIE D. BARKER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 05-11-2021

Att#2

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Legal Description

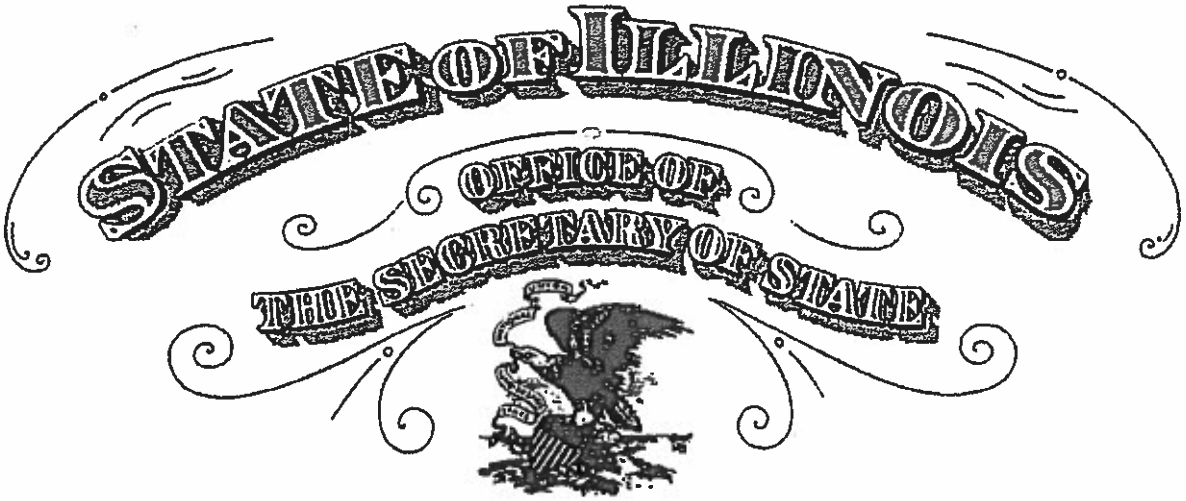
The St. Clair County Tax ID # for the tract is 03-36.0-200-024

Property Description:
Part of the Northeast Quarter of Section 36, in Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois and Being More Particularly Described as Follows:

Commencing at a Found Cross Located at the Northeast Corner of Said Northeast Quarter of Section 36; Thence North 89 Degrees 28 Minutes 57 Seconds West Along the North Line of Said Northeast Quarter of Section 36 for a Distance of 1834.57 Feet; Thence North 00 Degrees 08 Minutes 59 Seconds West, Collinear with the East Line of Glenview Subdivision as Recorded in Plat Book L, Page 34 of the St. Clair County Land Records, for a Distance of 25.00 Feet to the South Line of Carr (15.00 Feet Wide) Street; Thence North 89 Degrees 26 Minutes 19 Seconds West, Parallel with and 25.00 Feet North of Said North Line of the Northeast Quarter of Section 36, For a Distance of 783.60 Feet to the East Right of Way Line of F.A. 1. Route 64; Thence Along Said East Right of Way Line the Following Courses and Distances, South 30 Degrees 15 Minutes 45 Seconds East for a Distance of 58.21 Feet; Thence South 89 Degrees 27 Minutes 26 Seconds East 11.25 Feet; Thence South 30 Degrees 19 Minutes 47 Seconds East for a Distance of 282.2 Feet; Thence South 59 Degrees 44 Minutes 15 Seconds West for a Distance of 10.0 Feet; Thence South 30 Degrees 19 Minutes 47 Seconds East for a Distance of 667.26 Feet to the Point of Beginning of the Herein Described Parcel; Thence Continuing South 30 Degrees 19 Minutes 47 Seconds East for a Distance of 232.74 Feet; Thence North 59 Degrees 44 Minutes 15 Seconds East for a Distance of 15.00 Feet; Thence South 30 Degrees 19 Minutes 47 Seconds East for a Distance of 336.78 Feet to the South Line of the Northwest Quarter of Said Northeast Quarter; Thence South 89 Degrees 30 Minutes 43 Seconds East for a Distance of 276.17 Feet to the Southwesterly Line of the Roadway and Easement Dedication Plat, Referenced Being Had to the Plat Recorded in the Recorder's Office of the Recorder of Deeds for St. Clair County, Illinois in Plat Book 105 Page 41; Thence Along Said Southwesterly Line the Following Courses and Distances, Along a Curve to Right Having a Radius of 330.00 Feet, An Arc Length of 54.02 Feet and a Chord Bearing and Distance of North 16 Degrees 25 Minutes 10 Seconds West for a Distance of 53.36 Feet; Thence North 11 Degrees 43 Minutes 47 Seconds West for a Distance of 461.51 Feet; Thence Along a Curve to the Left having a Radius of 300.00 Feet, an Arc Length of 97.39 Feet and a Chord Bearing and Distance of North 21 Degrees 01 Minutes 47 Seconds West For a Distance of 96.96 Feet; Thence North 30 Degrees 19 Minutes 46 Seconds West for a Distance of 125.55 Feet; Thence leaving said Southwesterly Line, South 59 degrees 40 Minutes 13 Seconds West for a Distance 428.02 Feet to the Point of Beginning and Containing 5.32 Acres.

ATT#2

File Number 3515-860-0



To all to whom these Presents Shall Come, Greeting:

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

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* MAY *A.D.* 2018 .

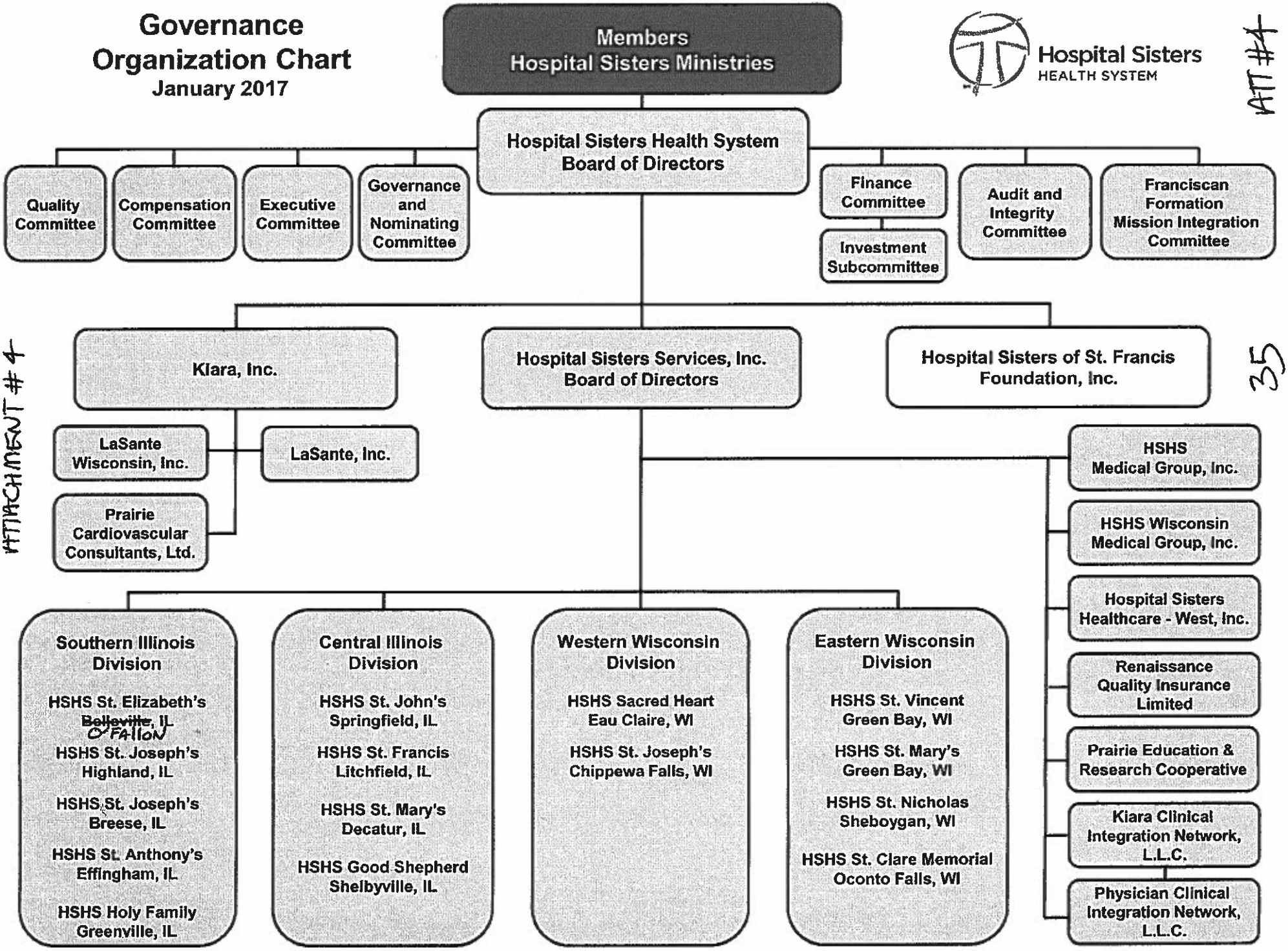
Authentication #: 1814102536 verifiable until 05/21/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

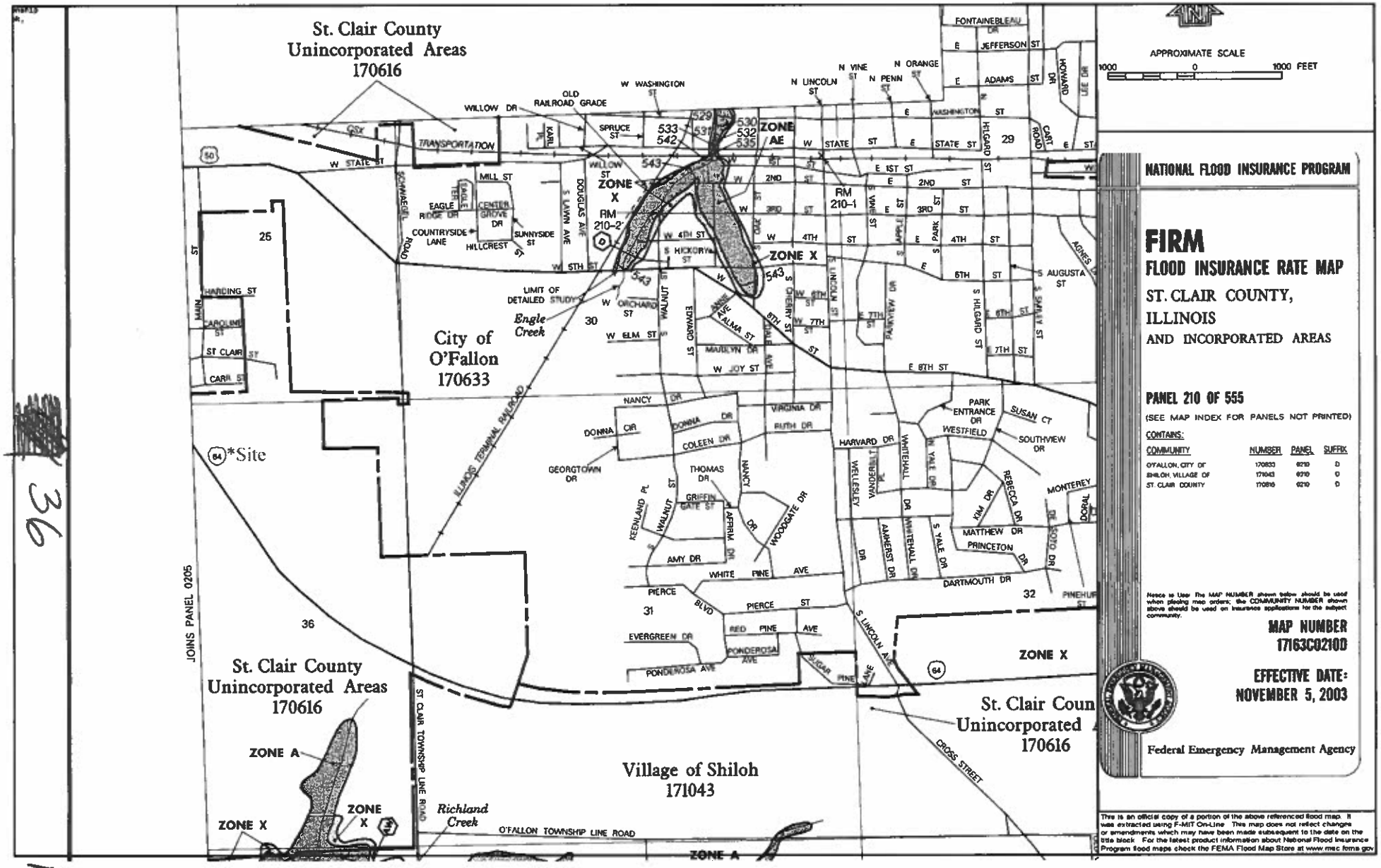
ATT #3

#18-021

Governance Organization Chart
January 2017



ATTACHMENT #4



36

ATT #5

#18-021

ATTACHMENT #5

Attachment 5

Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, Illinois 62761

To Whom it May Concern,

This letter attests that the proposed project for a Radiation Oncology Clinic on the Northeast Quarter of Section 36, in Township 2 North, Range 8 West of the Third Principal Meridian, St. Clair County, Illinois is not located in a flood plain and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #2006-5.

Sincerely,

Patti Fischer
President and CEO
HSHS St. Elizabeth's Hospital
1 St. Elizabeth's Boulevard
O'Fallon, IL 62269

One St. Elizabeth's Boulevard
O'Fallon, IL 62269
618.234.2120

An Affiliate of
Hospital Sisters
Health System

ATT #5

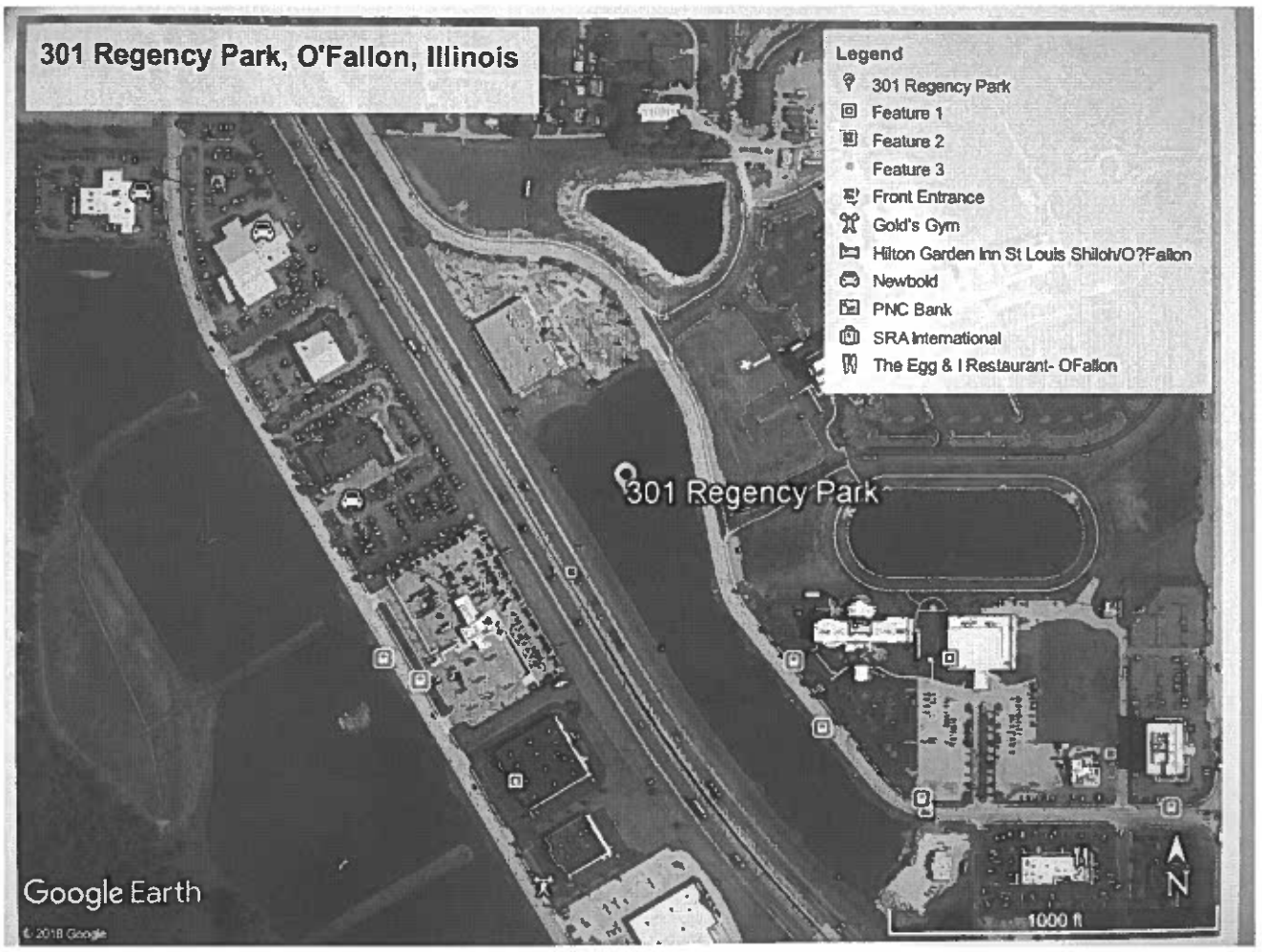
ATT #6

ATT #6

REGENCY PARK
EXHIBIT A - LOCATION MAP

Millennia Professional Services
11 Executive Drive, Suite 12
Fairview Heights, Illinois 62208
(618)624-8610 FAX: (618)624-8611

DRAWN:	T.L.
CHKD.:	E.R.O.
APPD.:	E.R.O.
JOB NO.:	ME18023
DATE:	JULY 2018
SHEET 1 OF 1	


301 Regency Park, O'Fallon, Illinois
Legend
301 Regency Park
Feature 1
Feature 2
Feature 3
Front Entrance
Gold's Gym
Hilton Garden Inn St Louis Shiloh/O?Fallon
Newbold
PNC Bank
SRA International
The Egg & I Restaurant- OFallon
301 Regency Park
Google Earth
© 2018 Google
1000 ft
N

ATT #6

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761
Attn: Courtney Avery, Administrator

RE: HSHS St. Elizabeth's Hospital, Radiation Oncology Clinic
Illinois Historic Preservation Agency Submission

Dear Ms. Avery:

This letter is to attest that a request for review was submitted to the Illinois Historic Preservation Agency (IHPA) by letter dated July 9, 2018 identifying (1) the general project description for the new building construction in which HSHS St. Elizabeth's Hospital will be leasing space for the proposed Radiation Oncology Clinic and location (301 Regency Park, O'Fallon, Illinois 62269, Section: 36 (NE ¼), Township: 2N, Range: 8W, (2) an aerial map showing the project location; (3) confirmation that no structures are in the project area and the site condition is an agricultural field, and; (4) such additional project and site information required for review by the IHPA.

The applicants will submit to the Health Facilities and Services Review Board the IHPA's determination letter concerning the applicability of the Preservation Act as soon as it is received.

Respectfully submitted,

Patti Fischer

Patti Fischer, President and CEO

NOTARY:

Subscribed and sworn to me this 25 day of July, 2018.

Donna M Baker

Notary Public

Seal:

DONNA M BAKER
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 22, 2021

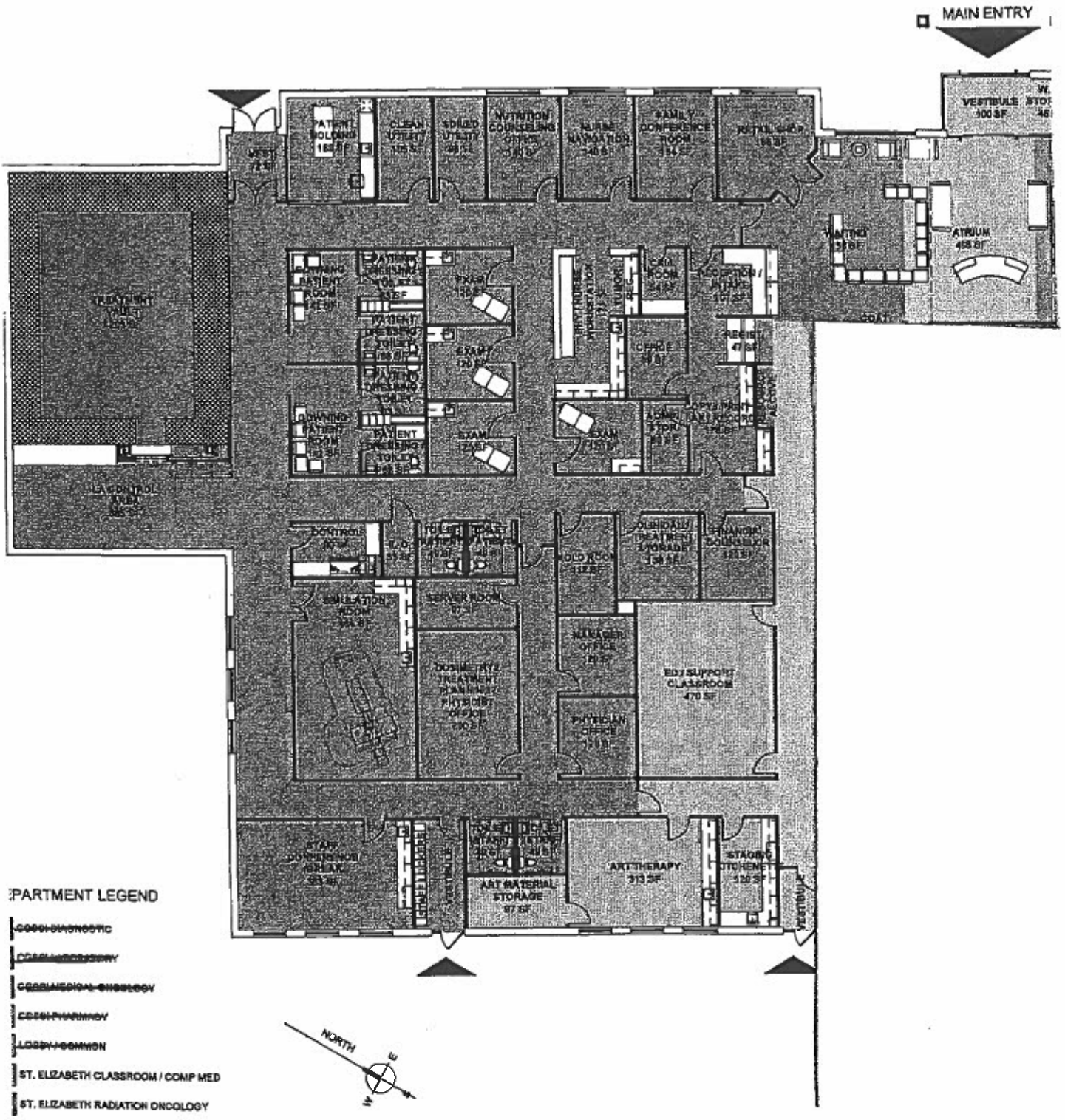
Attachment #6

ATT #6

Project Costs and Sources of Funds			
USE OF FUNDS	**Reviewable**	**Non Reviewable**	**TOTAL**
Preplanning Costs	$ -	$ -	$ -
Site Survey and Soil Investigation	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -
Off Site Work	$ -	$ -	$ -
New Construction Contracts	$ 1,230,984	$ 212,151	$ 1,443,135
Modernization Contracts	$ -	$ -	$ -
Contingencies	$ 100,476	$ 17,316	$ 117,792
Architectural/Engineering Fees	$ 78,574	$ 13,541	$ 92,115
Consulting and Other Fees	$ 87,005	$ 14,995	$ 102,000
Movable or Other Equipment (not in construction contracts)	$ 4,588,265	$ 790,747	$ 5,379,012
Bond Issuance Expense (project related)	$ -	$ -	$ -
Net Interest Expense During Construction (project related)	$ -	$ -	$ -
Fair Market Value of Leased Space or Equipment	$ 8,942,894	$ 1,095,279	$ 10,038,173
Other Costs To Be Capitalized	$ -	$ -	$ -
Acquisition of Building or Other Property (excluding land)	$ -	$ -	$ -
TOTAL USES OF FUNDS	$ 15,028,198	$ 2,144,029	$ 17,172,227
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$ 6,085,304	$ 1,048,750	$ 7,134,054
Pledges			$ -
Gifts and Bequests			$ -
Bond Issues (project related)			$ -
Mortgages			$ -
Leases (fair market value)	$ 8,942,894	$ 1,095,279	$ 10,038,173
Government Appropriations			$ -
Grants			$ -
Other Funds and Sources			$ -
TOTAL SOURCES OF FUNDS	$ 15,028,198	$ 2,144,029	$ 17,172,227
NOTE: ITEMIZATION OF EACH LINE ITEM BUST BE PROVIDED AT ATTACHEMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

ATT #7

CCSI Cancer Center - Attachment #7	
6/21/18	
	Amount
Preplanning	$ -
Site Survey and Soil Investigation	$ -
Construction	
Description:	
General Requirements	$ 202,039
Concrete	$ 86,588
Masonary	$ 43,294
Metals	$ 86,588
Wood and Plastics	$ 129,882
Thermal and Moisture	$ 86,588
Openings	$ 28,863
Finishes	$ 187,608
Equipment	$ 43,294
Fire Suppression	$ 14,431
Plumbing	$ 144,314
HVAC	$ 202,039
Electrical	$ 187,608
Total Construction Costs	**$ 1,443,135**
Contingencies	**$ 117,792**
Architectural/ Engineering Fees	**$ 92,115**
Consulting and Other Fees	**$ 102,000**
CON Consultant	$ 10,000
CON Fees	$ 50,000
Legal Fees	$ 10,000
Project Management Fees	$ 32,000
Movable or Other Equipment	**$ 5,379,012**
Medical Equipment	$ 3,800,000
Vault	$ 1,000,000
Furniture/Furnishings	$ 235,000
Telecom/Computer	$ 307,262
Artwork	$ 11,750
Signage/Graphics	$ 25,000
Bond Issuance Expense (project related)	**$ -**
Net Interest Expense During Construction (project related)	**$ -**
Other Costs to be Capitalized	**$ -**
Fair Market Value of Leased Space and Equipment	**$ 10,038,173**
Grand Total	**$ 17,172,227**



PARTMENT LEGEND

- ~~CORE DIAGNOSTIC~~
- ~~CORE LABORATORY~~
- ~~CORE MEDICAL ONCOLOGY~~
- ~~CORE PHARMACY~~
- ~~LOBBY / COMMON~~
- ST. ELIZABETH CLASSROOM / COMP MED
- ST. ELIZABETH RADIATION ONCOLOGY

CE RELATIONSHIP PLAN

1'-0"

1 PM

ATT #8

		Gross Square Feet		Amount of proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Exisiting	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Accelerator	$ 5,054,014		1,737	1,737	-	0	0
Simulator	$ 802,227		958	958	-		
Exam Rooms	$ 162,157		1,034	1,034			
Nurse Stations	$ 66,906		305	305			
Total Clinical	$ 6,085,304	-	4,034	4,034		0	0
NON REVIEWABLE							
Storage and Support Areas	$ 310,124		2,270	2,270	-	0	0
Public Space and Amenities	$ 488,605		3,636	3,636	-	0	0
Building Components	$ 250,021		1,810	1,810	-	0	0
Total Non-clinical	$ 1,048,750	-	7,716	7,716	-	0	0
TOTAL	$ 7,134,054	-	11,750	11,750	-	0	0
APPEND DOCUEMTATION AS ATTACHMENT-9 IN NUMERIC SQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

ATTACHMENT 11 – BACKGROUND

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	6/30/18	ID #7432
St. Elizabeth's Hospital	O'Falion	0002345	10/15/19	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	12/31/17	ID #7335
St. Joseph's Hospital	Highland	0002543	8/22/18	ID #2825
St. Francis Hospital	Litchfield	0002386	12/31/17	ID #7374
St. Joseph's Hospital	Breese	0002527	6/30/18	ID #7250
St. Mary's Hospital	Decatur	0002592	6/30/18	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/18	*ID #189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/18	**
Prairie Diagnostic Center at St. John's Hospital	Springfield	7003157	6/30/18	*ID #495818

*Accredited by HFAP (Health Facilities Accreditation Program)
**NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA - NIAHO

For Criterion 1110.230 Background; please see the following exhibits for Attachment 11.

- Exhibit 1 – St. Elizabeth's Hospital Illinois Department of Public Health Hospital License
- Exhibit 2 – St. Elizabeth's Hospital Joint Commission Accreditation
- Exhibit 3 – Attestation Letter regarding adverse actions and permission to access documents

#18-021

ATT. #11

Exhibit 1

HF114438

Illinois Department of PUBLIC HEALTH

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.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/03/2018		0006064

General Hospital

Effective: 11/04/2017

St. Elizabeth's Hospital
One St Elizabeth Boulevard
O'Fallon, IL

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 11/03/2018

Lic Number 0006064

Date Printed 11/01/2017

St. Elizabeth's Hospital

One St Elizabeth Boulevard
O'Fallon, IL

FEE RECEIPT NO.

46

#18-021

ATT. #11
EXHIBIT 2

June 19, 2018

Re: # 7242
CCN: #140187
Program: Hospital
Accreditation Expiration Date: October 15, 2019

Patti Fischer
President/CEO
St. Elizabeth's Hospital of the Hospital Sisters of the Thir
1 St. Elizabeth's Boulevard
O Fallon, Illinois 62269

Dear Ms. Fischer:

This letter confirms that your March 27, 2018 - March 28, 2018 unannounced extension survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 25, 2018, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 29, 2018.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 29, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

St. Elizabeth's Hospital of the Hospital Sisters of the Thir
d/b/a HSHS St. Elizabeth's Hospital
1 St. Elizabeth's Boulevard, O Fallon, IL, 62269

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

Sincerely,

ATT. #1
Exhibit 2

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff

ATT. #11
Exhibit 2

June 19, 2018

Patti Fischer, RN, MBA, FAACHE
President/CEO
St. Elizabeth's Hospital of the Hospital Sisters of the Thir
1 St. Elizabeth's Boulevard
O Fallon , IL 62269

Joint Commission ID #: 7242
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 6/19/2018

Dear Ms. Fischer:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning October 15, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

Attachment 11- Exhibit 3
Adverse Action Letter

Belleville, IL
HSHS St. Elizabeth's Hospital

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

HSHS is sponsored by Hospital Sisters Ministries and the Hospital Sisters of St. Francis is the founding Institute.

July 26, 2018

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

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during the three years prior to filing this CON permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, degree, order, or directive of any court of governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this CON permit application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this permit application.

Sincerely,

Mary Starmann-Harrison, RN FACHE
President and CEO
Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me

This 26th day of July, 2018

Signature of Notary

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

ATT #11

Purpose of Project-Attachment 12

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.

   The applicants propose to lease space in a building adjacent to HSHS St. Elizabeth's Hospital campus and located just off Highway 64 in O'Fallon for a Radiation Oncology Clinic that will include a Linear Accelerator and CT-Simulator to be owned and operated by HSHS St. Elizabeth's Hospital. The building will be constructed and owned by a third party developer who will be leasing a portion of the building to the applicants for this project. The developer will also be separately leasing other space in the building to a medical oncology physician practice group[1]. The applicants have no ownership interest in, and no control over, the developer or the physician group.

   HSHS St. Elizabeth's Hospital is certified by the American College of Surgeons Commission on Cancer. HSHS St. Elizabeth's is dedicated to providing patients with the opportunity to receive high-quality Franciscan healthcare close to home as an alternative to traveling to St. Louis for their cancer care.

   The purpose of the project is to improve the healthcare and well-being of our residents of St. Clair County and surrounding Illinois counties by providing increased access to quality cancer care services. Patients diagnosed with cancer at HSHS St. Elizabeth's Hospital and surrounding healthcare facilities will have easy access to personalized state-of-the-art cancer care all in one location. St. Elizabeth's Radiation Oncology Clinic will provide the latest technology and treatment techniques including Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT). Additional services such as cancer screenings, wellness programs and cancer prevention education will provide avenues for a healthier community.

   HSHS St. Elizabeth's Hospital intends to enter into a professional services agreement with the medical oncology group that will be occupying a separate area of the building, and HSHS St. Elizabeth's Hospital will have access to PET/CT equipment owned by medical oncology group in space leased by the group through a time-share agreement. The fair market value of the time-share agreement for the PET/CT equipment is included in the cost of this project.

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

   St. Elizabeth's Hospital service area consists of 24 zip codes: See attached zip codes and service area maps.
   1. Zip Codes - Attachment 12-A
   2. Service Area - Attachment 12-B

   This project will serve the same service area.

[1] Some of the physicians in the medical group have ownership interest in the developer.

ATT #12

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

   The St. Elizabeth's service area has a lack of comprehensive cancer programs with advanced radiation oncology services resulting in cancer patients traveling to Missouri for diagnosis and treatment. Currently nearly 50% of all patients from the St. Elizabeth's service area seek oncology services in Missouri. Having a local alternative that is aligned with the HSHS system will allow our patients a choice and reduce unnecessary travel. One of the existing radiation oncology facilities in the service area is relocating one of its two linear accelerators to a new location in the service area and closing the current facility which will further reduce access to services within this area. The addition of St. Elizabeth's state-of-the-art Radiation Oncology clinic will provide increased access to radiation therapy cancer care to meet the needs of our residents.

4. Cite the sources of the documentation.

   Sources – Illinois Hospital Association, CompData (2018).

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

   St. Elizabeth's is the only American College of Surgeons, Commission on Cancer designated cancer program in the service area. This comprehensive, high-quality, and multidisciplinary patient centered accreditation coupled with a state-of-the-art comprehensive cancer center with advanced radiation oncology services will give the cancer patients in our communities the access they need for high quality treatment in their fight against cancer.

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

   The objective of this cancer center project is to provide patients a quality alternative for Radiation Oncology services closer to home thereby reducing the need for residents to travel to Missouri for cancer treatment.

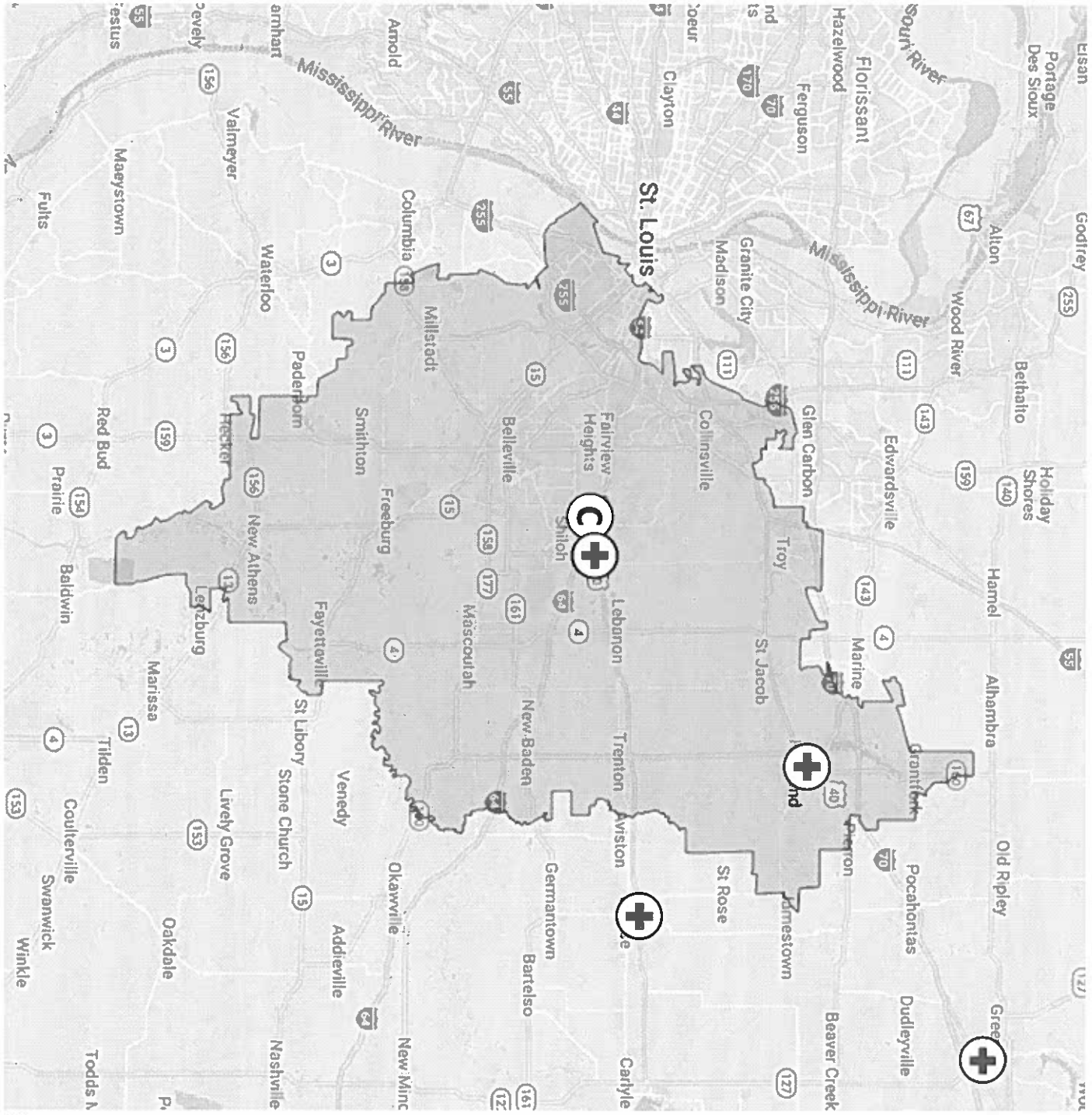
#18-021

ATT #12

CG Zip Code	Zip Code	City
FY16 - SID - SEB Service area	62203	East Saint Louis
FY16 - SID - SEB Service area	62205	East Saint Louis
FY16 - SID - SEB Service area	62206	East Saint Louis
FY16 - SID - SEB Service area	62207	East Saint Louis
FY16 - SID - SEB Service area	62208	Fairview Heights
FY16 - SID - SEB Service area	62220	Belleville
FY16 - SID - SEB Service area	62221	Belleville
FY16 - SID - SEB Service area	62223	Belleville
FY16 - SID - SEB Service area	62225	Scott Air Force Base
FY16 - SID - SEB Service area	62226	Belleville
FY16 - SID - SEB Service area	62232	Caseyville
FY16 - SID - SEB Service area	62234	Collinsville
FY16 - SID - SEB Service area	62243	Freeburg
FY16 - SID - SEB Service area	62249	Highland
FY16 - SID - SEB Service area	62254	Lebanon
FY16 - SID - SEB Service area	62258	Mascoutah
FY16 - SID - SEB Service area	62260	Millstadt
FY16 - SID - SEB Service area	62264	New Athens
FY16 - SID - SEB Service area	62265	New Baden
FY16 - SID - SEB Service area	62269	O Fallon
FY16 - SID - SEB Service area	62281	Saint Jacob
FY16 - SID - SEB Service area	62285	Smithton
FY16 - SID - SEB Service area	62293	Trenton
FY16 - SID - SEB Service area	62294	Troy

Hospital Sisters
HEALTH SYSTEM

SEO Service Area



ATT #12

Project Alternatives

Accepted Project:

1. The applicant, HSHS St. Elizabeth's Hospital, proposes opening a Radiation Oncology Clinic to be located in a lease space on a parcel adjacent to HSHS St. Elizabeth's Hospital campus and conveniently located just off Highway 64 in O'Fallon, Illinois. The proposed Radiation Oncology Clinic is 11,750 square feet. The Radiation Oncology equipment will include a Linear Accelerator and CT-Simulator to be owned and operated by HSHS St. Elizabeth's Hospital.
2. St. Elizabeth's cost of capital: $ 17,172,227

Alternative 1: **Rejected**

1. The alternative of HSHS St. Elizabeth's exiting the market as it relates to cancer services and not providing radiation therapy was considered but quickly rejected. This became a strategic decision by all levels of leadership within HSHS to ensure oncology services can and will remain local in order to prevent patients from having to travel to Missouri for cancer treatment. The residents of our community deserve increased access to Oncology care and supportive services.
2. Cost of Capital-$0

Alternative 2: **Rejected**

1. Construct, own and develop a medical office building solely by HSHS St. Elizabeth's Hospital. This alternative was rejected for the following reasons:
    a. Significant added cost would increase financial risk.
    b. HSHS St. Elizabeth's Hospital did not desire role of owner and landlord of the building.
    c. HSHS St. Elizabeth's Hospital did not desire to be responsible for space that it was not occupying.
2. Cost of capital: $27 Million

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE (actual size)	MET STANDARD?
Clinical				
Accelerator	1,737	2,400	(663)	Yes
Simulator	958	1,800	(842)	Yes
Exam Rooms	1,034	N/A	N/A	N/A
Nurse Stations	305	N/A	N/A	N/A
Total Clinical	4,034			
Non-Clinical				
Storage and Support Areas	2,270	N/A	N/A	N/A
Public Space and Amenities	3,636	N/A	N/A	N/A
Building Components	1,810	N/A	N/A	N/A
Total Non-Clinical	7,716			
TOTAL	11,750			

Attachment 14

PROJECT SERVICES UTILIZATION

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION PATIENT TREATMENT S	STATE STANDARD	MEET STANDARD?
YEAR 1	Linear Accelerator	N/A	3100	7500	YES
YEAR 2	Linear Accelerator		3240	7500	YES

ATT # 15

Utilization

During 2017, the Cancer Treatment Center (CTC), located in Swansea, provided approximately 10,300 outpatient radiation oncology treatments. The CTC was previously owned equally by HSHS St. Elizabeth's Hospital and Memorial Hospital. In 2017, HSHS St. Elizabeth's sold its ownership in the CTC to Memorial Hospital. The CTC is a primary provider of radiation therapy services to the residents of St. Elizabeth's service area which consists of 24 Illinois zip codes (see Attachment 12).

Currently, the CTC has two linear accelerators and recently BJC Memorial received approval to relocate one linear accelerator to the Memorial Hospital-East Medical Clinics Building (HFSRB project #17-069). That application states that the entire program will be relocated from its current Swansea location which will result in a reduction of linear accelerators in the service area by one. St. Elizabeth's proposed project here will result in the area once again having two linear accelerators with the added advantage of accelerators existing at two different locations and thereby increasing access to the service area.

A local group of oncologists, Cancer Care Specialists of Illinois (CCSI), will also be leasing space in the building where St. Elizabeth's radiation therapy clinic will be located. It is estimated that this group cares for approximately half of the residents seeking care for a cancer diagnosis. It is anticipated their patients will receive radiation therapy treatments from St. Elizabeth's upon opening given the improved access to this level of care. Approximately 30% of the CTCs treatments come from CCSI as the provider source. Of the historical volume performed at the CTC, it is anticipated that 30% (approximately 3,100 treatments/year) of that volume will be performed at the new St. Elizabeth's radiation therapy clinic.

Cancer incidence continues to increase according to The Advisory Board Cancer Incidence Estimator for the St. Elizabeth's service area. The growth in cancer is estimated to be 4.5% according to this source. By the second year of the program's operation, it is anticipated that:

- 30% of the CTC's outpatients will use the proposed program (approximately 3,100)
- Newly identified cancer patients in the service area will use the proposed program at a growth rate of 4.5% (approximately 140 treatments/year)

As a result, it is anticipated that approximately 3,240 annual treatments will be provided following the two-year ramp up period.

S&P Global
Ratings

130 East Randolph
Street
Suite 2900
Chicago, IL 60601
tel 312-233-7000
reference no.:855763

April 18, 2018

Hospital Sisters Health System
P.O. Box 19456
4936 Laverna Road
Springfield, IL 62707--9456
Attention: Ms. Ann M. Carr, Vice President and Treasurer

Re: ***Hospital Sisters Services, Inc. , Illinois***

Dear Ms. Carr:

S&P Global Ratings hereby affirms its rating of "AA-" for the above-referenced obligations and changed the outlook to negative from stable. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to pubfin_statelocalgovt@spglobal.com. If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:
S&P Global Ratings
Public Finance Department
55 Water Street
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at www.standardandpoors.com. If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings
a division of Standard & Poor's Financial Services LLC

gt
enclosure

S&P Global
Ratings

S&P Global Ratings
Terms and Conditions Applicable To Public Finance Credit Ratings

General. The credit ratings and other views of S&P Global Ratings are statements of opinion and not statements of fact. Credit ratings and other views of S&P Global Ratings are not recommendations to purchase, hold, or sell any securities and do not comment on market price, marketability, investor preference or suitability of any security. While S&P Global Ratings bases its credit ratings and other views on information provided by issuers and their agents and advisors, and other information from sources it believes to be reliable, S&P Global Ratings does not perform an audit, and undertakes no duty of due diligence or independent verification, of any information it receives. Such information and S&P Global Ratings' opinions should not be relied upon in making any investment decision. S&P Global Ratings does not act as a "fiduciary" or an investment advisor. S&P Global Ratings neither recommends nor will recommend how an issuer can or should achieve a particular credit rating outcome nor provides or will provide consulting, advisory, financial or structuring advice. Unless otherwise indicated, the term "issuer" means both the issuer and the obligor if the obligor is not the issuer.

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reference no.:855763

April 18, 2018

Hospital Sisters Health System
P.O. Box 19456
4936 Laverna Road
Springfield, IL 62707--9456
Attention: Ms. Ann M. Carr, Vice President and Treasurer

Re: ***Illinois Finance Authority (Hospital Sisters Services, Inc.) Revenue Refunding Bonds***

Dear Ms. Carr:

S&P Global Ratings hereby affirms its rating of "AA-/A-1+" for the above-referenced obligations and changed the outlook to negative from stable. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

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tel 312-233-7000
reference no.: 40469152

April 18, 2018

Hospital Sisters Health System
P.O. Box 19456
4936 Laverna Road
Springfield, IL 62707--9456
Attention: Ms. Ann M. Carr, Vice President and Treasurer

Re: ***Southwestern Illinois Development Authority (Hospital Sisters Services, Inc.) Health Facilities Revenue Bonds (Hospital Sisters Services, Inc.) Series 2017b Due 03/15/2044, Illinois***

Dear Ms. Carr:

S&P Global Ratings hereby affirms its rating of "AA-/A-1+" for the above-referenced obligations and changed the outlook to negative from stable. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

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reference no.: 40394823

April 18, 2018

Hospital Sisters Health System
P.O. Box 19456
4936 Laverna Road
Springfield, IL 62707--9456
Attention: Ms. Ann M. Carr, Vice President and Treasurer

Re: ***Illinois Finance Authority (Hospital Sisters Services, Inc.) Revenue Refunding Bonds, Illinois***

Dear Ms. Carr:

S&P Global Ratings hereby affirms its rating of "AA-" for the underlying rating (SPUR) on the above-listed obligations and changed the outlook to negative from stable. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

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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/Squarefoot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	
	New	Mod.	New	Circ.*	Mod.	Circ.*	(A x C)	(B x E)	
REVIEWABLE									
Accelerator	$ 2,909.62		1,737				$ 5,054,014	$ -	$ 5,054,014
Simulator	$ 837.40		958				$ 802,227		$ 802,227
Exam Rooms	$ 156.82		1,034				$ 162,157		$ 162,157
Nurse Stations	$ 219.36		305				$ 66,906		$ 66,906
NON-REVIEWABLE									
Storage and Support Areas	$ 136.62		2,270				$ 310,124		$ 310,124
Public Space and Amenities	$ 134.38		3,636				$ 488,605		$ 488,605
Building Components	$ 138.13		1,810				$ 250,021		$ 250,021
TOTALS	$ 4,532.34		11,750		-				$ 7,134,054
* Includes the percentage (%) of space for circulation									

Attachment ~~39~~ 37

SECTION XI. CHARITY CARE INFORMATION

Charity Care - St Elizabeth's Hospital			
	Yr Ended 6/30/15	Yr Ended 6/30/16	Yr Ended 6/30/17
Net Patient Revenue	153,223,963	152,410,065	150,960,228
Charity Care (Charges)	8,318,565	15,563,802	13,636,118
Cost of Charity Care	2,041,376	3,898,732	3,464,938

Charity Care-HSHS Illinois Hospitals			
	Yr Ended 6/30/15	Yr Ended 6/30/16	Yr Ended 6/30/17
Net Patient Revenue	1,262,757,958	1,027,791,000	1,089,209,000
Charity Care (Charges	49,555,376	59,665,591	52,040,415
Cost of Charity Care	20,025,778	16,672,211	15,165,565

#18-021

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

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July 26, 2018

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Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62791

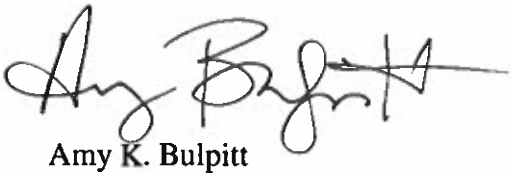
Re: HSHS St. Elizabeth's - Radiation Oncology Clinic

Mr. Constantino,

Enclosed please find one original and one copy of the Certificate of Need application for a Radiation Oncology Clinic in O'Fallon, IL.

Also enclosed with the application is a $2,500 check payable to IDPH for the initial filing fee.

Sincerely,



Amy K. Bulpitt
Vice President and General Counsel
Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707