

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JAN 13 2020

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	SIH Cancer Institute		
Street Address:	1400 Pin Oak Drive		
City and Zip Code:	Carterville 62918		
County:	Williamson	Health Service Area:	5
		Health Planning Area:	F-06

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

Exact Legal Name:	Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale		
Street Address:	405 W. Jackson Street P.O. Box 10000		
City and Zip Code:	Carbondale, Illinois 62901		
Name of Registered Agent:	Mr. John R. Daly		
Registered Agent Street Address:	1239 E. Main Street P.O. Box 3988		
Registered Agent City and Zip Code:	Carbondale, Illinois 62902-3988		
Name of Chief Executive Officer:	Mr. Al Taylor, Vice President and Administrator,		
CEO Street Address:	Memorial Hospital of Carbondale, 405 W. Jackson		
CEO City and Zip Code:	Carbondale, Illinois 62901		
CEO Telephone Number:	618-549-0721. X65110		

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Mr. Philip L. Schaefer, FACHE
Title:	Senior Vice President, Ambulatory Services & Chief Care Network Officer
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988 Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67961
E-mail Address:	phil.schaefer@sih.net
Fax Number:	618-529-0568

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

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

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

Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Street Address:	1239 E. Main Street P.O. Box 3988
City and Zip Code:	Carbondale, Illinois 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	Southern Illinois Healthcare 1239 E. Main Street P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale, Illinois 62902-3988
Name of Chief Executive Officer:	Mr. Rex Budde, President and CEO
CEO Street Address:	1239 E. Main Street P.O. Box 3988
CEO City and Zip Code:	Carbondale, Illinois 62902-3988
CEO Telephone Number:	618-457-5200

Type of Ownership of Applicants

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

- 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.

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Post Permit Contact

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

Name:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street P.O. Box 3988 Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale
Address of Site Owner:	405 W. Jackson Street P.O. Box 10000 Carbondale, IL 62901
Street Address or Legal Description of the Site:	1400 Pin Oak Drive, Carterville, Illinois 62918
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:	Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale		
Address:	405 W. Jackson Street P.O. Box 10000 Carbondale, IL 62901		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

- Substantive
- Non-substantive

2. Narrative Description

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

This project proposes the expansion of the Southern Illinois Cancer Institute, a freestanding Cancer Center in Carterville, by constructing 2 new additions to the building and modernizing existing space for both clinical and non-clinical service areas.

The SIH Cancer Institute, which is owned and operated by Memorial Hospital of Carbondale (MHC), is the only regional cancer center in the area and provides Southern Illinois residents with a wide range of cancer services. The SIH Cancer Institute includes clinical and non-clinical service areas, and a portion of the building is leased to physicians for the private practice of medicine.

Since opening in 2015, utilization of the SIH Cancer Institute has far exceeded original projections, and expansion is necessary in order to accommodate the current workload as well as to plan for the increased workload that is anticipated during the next 5 years.

The SIH Cancer Institute is designated as a Comprehensive Community Cancer Program that is accredited by the Commission on Cancer of the American College of Surgeons. It provides diagnosis, team-based treatment planning, treatment, and follow-up services in a single location that is centrally located to the residents of Southern Illinois. The SIH Cancer Institute benefits from its participation in the BJC Collaborative Cancer Task Force and also collaborates with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine, including providing rotations in medical oncology and radiation oncology for SIU's Family Medicine residents.

The market area for the SIH Cancer Center is a 7-county area in Southern Illinois (consisting of Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties) that includes part or all of the State-designated Planning Areas F-05, F-06, and F-07. The breadth of cancer services that are provided by SIH and SIH's affiliation with the Simmons Cancer Institute at the SIU School of Medicine bring needed medical resources to this area.

The SIH Cancer Institute provides the following clinical services, each of which will be part of this project, although there will be minimal work done in Outpatient Rehabilitation, and only the Linear Accelerator Vaults will be modernized in Radiation Therapy.

- Radiation Therapy (Radiation Oncology);
- Medical Oncology (Infusion, Chemotherapy);
- Outpatient Rehabilitation for cancer patients (Physical/Occupational Therapy, Speech Therapy);
- Outpatient Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing);
- Pharmacy (for compounding chemotherapy infusions).

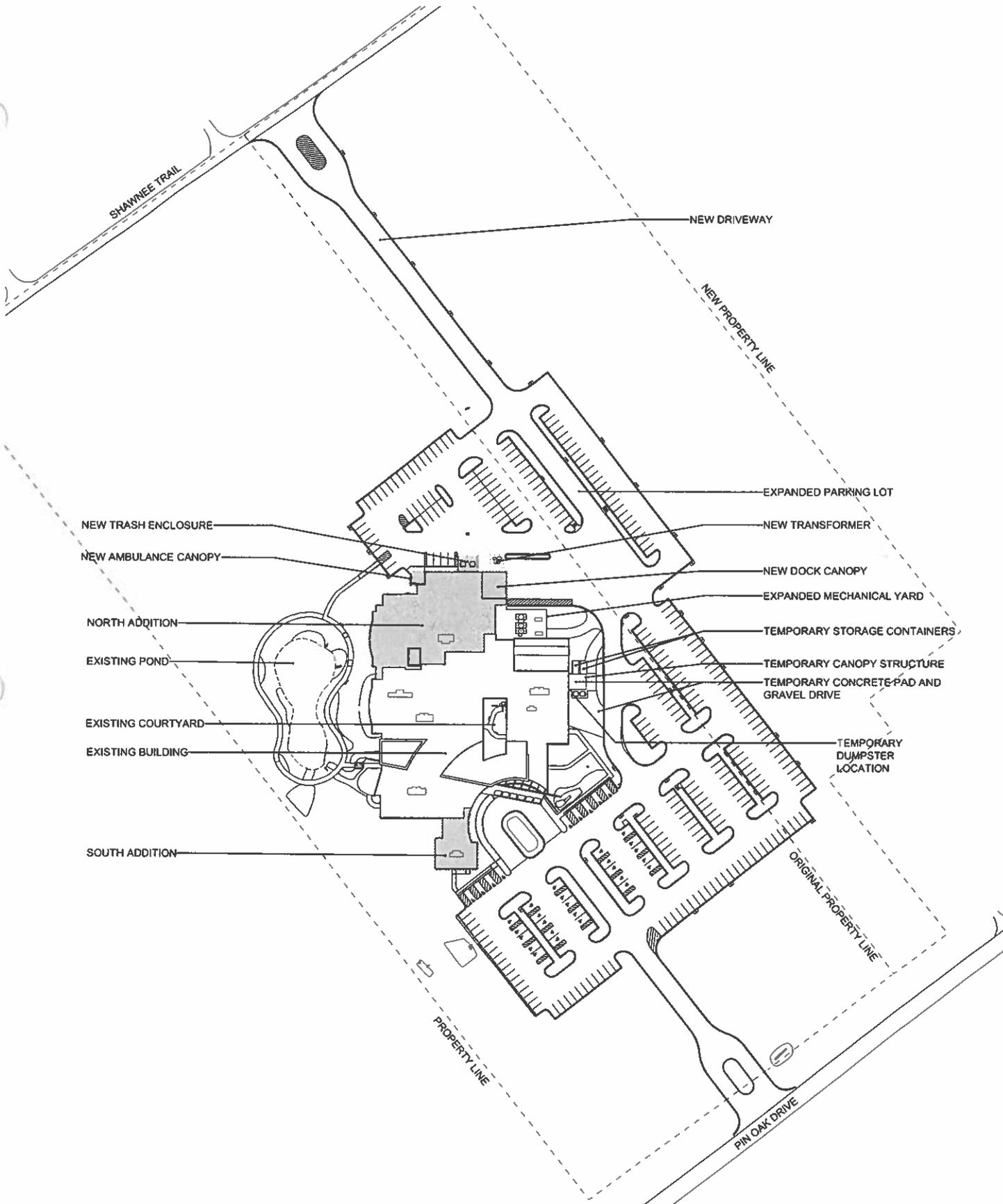
As part of the phasing of the new construction, temporary space for Materials Management and the Dock will need to be created. These non-clinical service areas are also part of this capital expenditure.

The SIH Cancer Institute includes space that is leased to physicians in cancer-related specialties for the private practice of medicine. This space will be expanded as part of the proposed project. Extensive off-site work is included in the project.

The SIH Cancer Institute also includes the following non-clinical services that will not be part of this project, except for the construction of a new Finance Office: Education/Conference Rooms for cancer education programs and support groups; Resource/Information Center; Administrative Offices, including space for research and clinical trials for cancer patients; and Healthy Café.

The SIH Cancer Institute is not a "healthcare facility," as defined in 20 ILCS 3960. As a freestanding cancer center that does not have any beds, this project does not include any change in bed capacity.

This is a "non-substantive" Category B project in accordance with 77 Ill. Adm. Code 1110.40.b) because it is "solely and entirely limited in scope" to "outpatient clinical service areas" and non-clinical service areas.



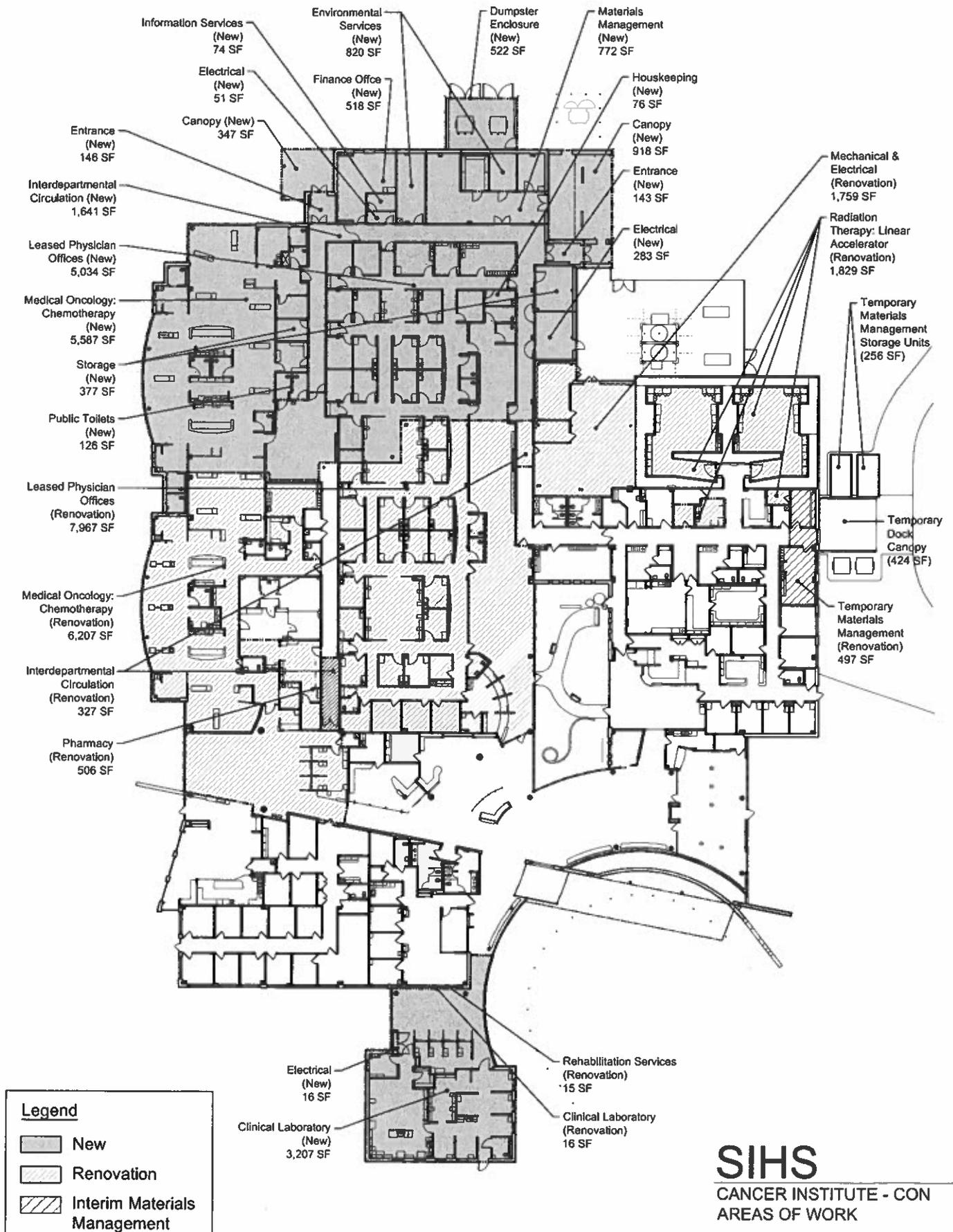
- SHAWNEE TRAIL
- NEW DRIVEWAY
- NEW PROPERTY LINE
- EXPANDED PARKING LOT
- NEW TRANSFORMER
- NEW DOCK CANOPY
- EXPANDED MECHANICAL YARD
- TEMPORARY STORAGE CONTAINERS
- TEMPORARY CANOPY STRUCTURE
- TEMPORARY CONCRETE PAD AND GRAVEL DRIVE
- TEMPORARY DUMPSTER LOCATION
- ORIGINAL PROPERTY LINE
- PIN OAK DRIVE
- PROPERTY LINE
- NEW TRASH ENCLOSURE
- NEW AMBULANCE CANOPY
- NORTH ADDITION
- EXISTING POND
- EXISTING COURTYARD
- EXISTING BUILDING
- SOUTH ADDITION

SIHS
 CANCER INSTITUTE - CON
 PROPOSED SITE PLAN

30.4.01 006

SCALED TO FIT

9.24.2019



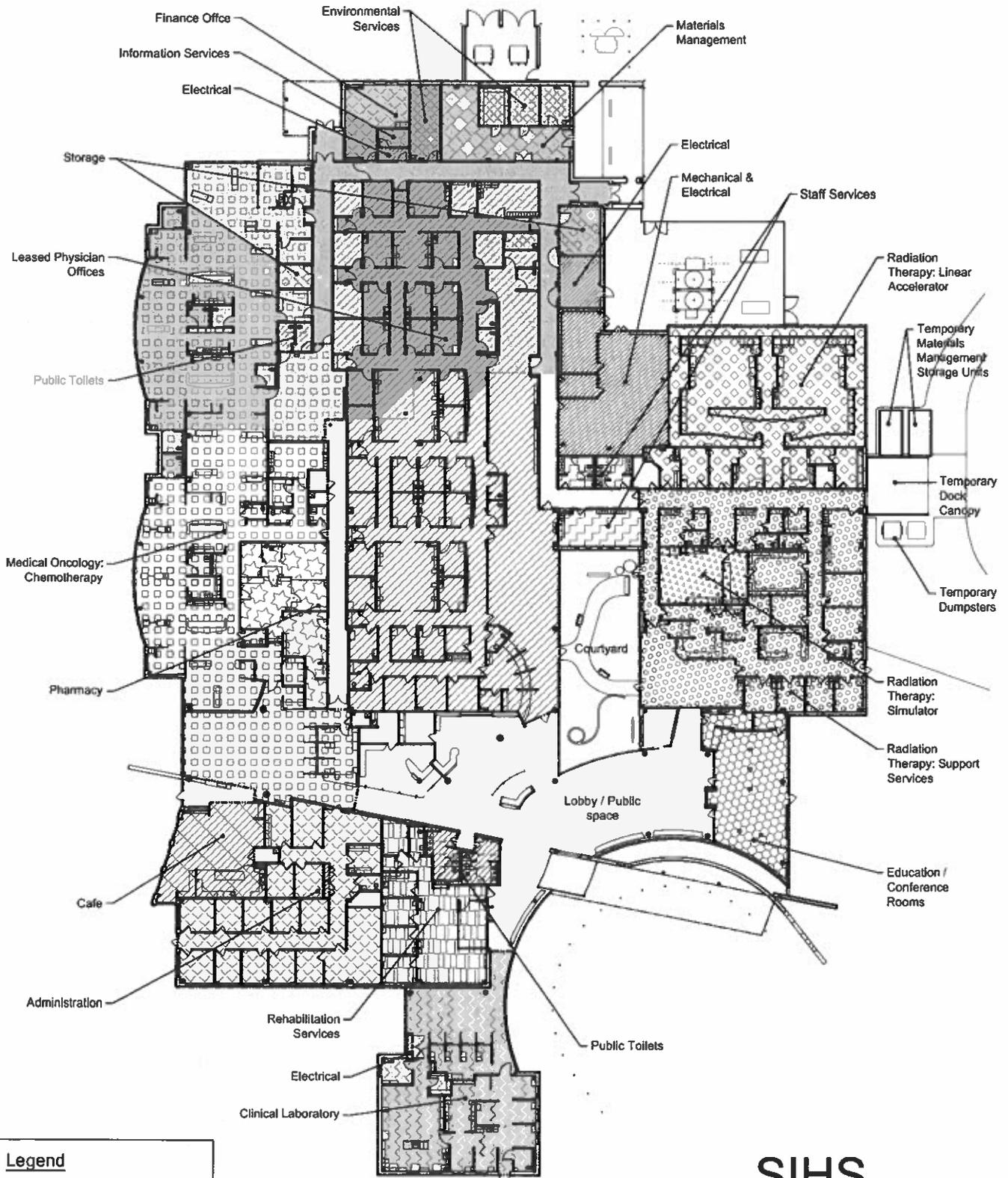
SIHS
 CANCER INSTITUTE - CON
 AREAS OF WORK

SCALED TO FIT



9.24.2019

007



Legend

-  New
-  Existing

008

SIHS
 CANCER INSTITUTE - CON
 OVERALL DEPARTMENT PLAN

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	\$141,299	\$40,825	\$182,124
Site Survey and Soil Investigation	\$8,331	\$9,147	\$17,478
Site Preparation	\$115,152	\$126,459	\$241,611
Off Site Work	\$0	\$2,858,810	\$2,858,810
New Construction Contracts	\$3,606,585	\$3,966,449	\$7,573,034
Modernization Contracts	\$964,254	\$1,053,682	\$2,017,936
Contingencies	\$228,542	\$251,006	\$479,548
Architectural/Engineering Fees	\$358,734	\$388,498	\$747,232
Consulting and Other Fees	\$1,057,593	\$1,108,617	\$2,166,210
Movable or Other Equipment (not in construction contracts)	\$4,003,574	\$560,608	\$4,564,182
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$11,915	\$921,234	\$933,149
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$10,495,979	\$11,285,335	\$21,781,314
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$10,495,979	\$11,285,335	\$21,781,314
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$10,495,979	\$11,285,335	\$21,781,314
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

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

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2024

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Memorial Hospital of Carbondale		CITY: Carbondale			
REPORTING PERIOD DATES: From: January 1, 2018 to: December 31, 2018					
Category of Service	Authorized Beds	Admissions	Patient Days Including Observation**	Bed Changes	Proposed Beds
Medical/Surgical	99*	7,782	28,890	0	99
Obstetrics	28	2,053	7,077	0	28
Pediatrics	14	239	714	0	14
Intensive Care	21	1,392	6,098	0	21
Comprehensive Physical Rehabilitation	0	0	0	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:	162	10,318***	42,779	0	162

*The total Medical/Surgical beds are now 99 because 8 Medical/Surgical beds were added on April 30, 2019, when Project #19-005 was approved. During CY2018, the hospital operated its 91 authorized Medical/Surgical beds.

**Patient Days include Observation Days.

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

CERTIFICATION

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

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

This Application is filed on the behalf of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale* 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.

[Handwritten Signature]

SIGNATURE

Rex P. Budde
PRINTED NAME

President & CEO
PRINTED TITLE

[Handwritten Signature]

SIGNATURE

Michael Kasser
PRINTED NAME

SVP/CFO/Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of January 2020

Notarization:
Subscribed and sworn to before me
this 7th day of January 2020

[Handwritten Signature]
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

[Handwritten Signature]
Signature of Notary

Seal

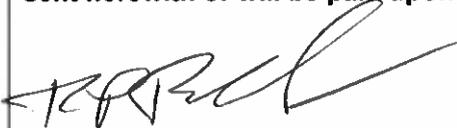


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- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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This Application is filed on the behalf of Southern Illinois Healthcare Enterprises, Inc.* 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

Rex P. Budde
PRINTED NAME

President & CEO
PRINTED TITLE



SIGNATURE

Michael Kasser
PRINTED NAME

SVP/CFO/Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of January 2020

Notarization:
Subscribed and sworn to before me
this 9th day of January 2020


Signature of Notary


Signature of Notary

Seal 

Seal 

*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

NOT APPLICABLE BECAUSE THIS 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:

NOT APPLICABLE BECAUSE THIS 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
<input checked="" type="checkbox"/> Radiation Therapy	2 Linear Accelerators 1 Simulator	No change: 2 Linear Accelerators 1 Simulator
<input checked="" type="checkbox"/> Medical Oncology (Infusions/Chemotherapy)	20 infusion stations	42 infusion stations
<input checked="" type="checkbox"/> Outpatient Rehabilitation (Physical/Occupational Therapy, Speech Therapy)	1 gymnasium/exercise area 3 private treatment rooms 1 speech therapy room	No change, no modernization of clinical space
<input checked="" type="checkbox"/> Clinical Laboratory including Outpatient Specimen Procurement	2 blood drawing stations 1 specimen toilet	6 blood drawing stations 1 patient specimen toilet
<input checked="" type="checkbox"/> Pharmacy	0 key rooms, work and storage areas only	0 key rooms, work and storage areas only

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 <u>ATTACHMENT 30</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

CO-APPLICANT SOUTHERN ILLINOIS HEALTH ENTERPRISES HAS AN "A+" BOND RATING

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

VI. 1120.120 – AVAILABILITY OF FUNDS

SEE ATTACHMENTS 33-35 FOR PROOF OF "A+" BOND RATING

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

	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
	<p>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:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
	TOTAL FUNDS AVAILABLE

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

SEE ATTACHMENTS 33-35 FOR PROOF OF "A+" BOND RATING

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

1. "A" Bond rating or better
2. All 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 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

Variance

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

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

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements**SEE ATTACHMENTS 33-35 FOR PROOF OF "A+" BOND RATING**

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

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

B. Conditions of Debt Financing**NOT APPLICABLE BECAUSE THIS PROJECT HAS NO 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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Radiation Therapy: Linear Accelerators	\$0.00	\$114.32	0	N/A	1,829	N/A	\$0	\$209,091	\$209,091
Medical Oncology (Chemotherapy)	\$431.50	100.88	5,587	N/A	6,207	N/A	\$2,410,791	\$626,162	\$3,036,953
Rehabilitation Services (wall infill at Lab addition) ¹	\$0.00	\$1,699	0	N/A	15	N/A	\$0	\$25,490	\$25,490
Clinical Laboratory	\$372.87	\$12.88	3,207	N/A	16	N/A	\$1,195,794	\$206	\$1,196,000
Pharmacy	\$0.00	\$204.16	0	N/A	506	N/A	\$0	\$103,305	\$103,305
SUBTOTAL CLINICAL COMPONENTS	\$410.12	\$112.48	8,794	N/A	8,573	N/A	\$3,606,585	\$964,254	\$4,570,839
Contingency							\$180,329	\$48,213	\$228,542
TOTAL CLINICAL SERVICE AREAS	\$430.62	\$118.10	8,794	N/A	8,573	N/A	\$3,786,914	\$1,012,467	\$4,799,381
Non-Clinical Service Areas:									
Leased Physicians' Offices	\$383.62	\$122.71	5,034	N/A	7,967	N/A	\$1,931,143	\$977,631	\$2,908,774
Administration (Finance Office)	\$330.71	\$0.00	518	N/A	0	N/A	\$171,308	\$0	\$171,308
Information Systems	\$534.76	\$0.00	74	N/A	0	N/A	\$39,572	\$0	\$39,572
Environmental Services, including Housekeeping	\$364.63	\$0.00	896	N/A	0	N/A	\$326,708	\$0	\$326,708
Materials Management/Dock	\$315.93	\$0.00	772	N/A	0	N/A	\$243,898	\$0	\$243,898
Storage	\$344.11	\$0.00	377	N/A	0	N/A	\$129,729	\$0	\$129,729
Interdepartmental Circulation	\$306.37	\$163.18	1,641	N/A	327	N/A	\$502,753	\$53,360	\$556,113
Entrances, Lobbies, and Public Space	\$353.50	\$0.00	289	N/A	0	N/A	\$102,162	\$0	\$102,162
Public Toilets	\$488.57	\$0.00	126	N/A	0	N/A	\$61,560	\$0	\$61,560
Mechanical & Electrical Space	\$311.92	\$12.90	350	N/A	1,759	N/A	\$109,172	\$22,691	\$131,863
Canopies	\$275.45	\$0.00	1,265	N/A	0	N/A	\$348,444	\$0	\$348,444
SUBTOTAL NON-CLINICAL COMPONENTS	\$349.71	\$104.81	11,342	N/A	10,053	N/A	\$3,966,449	\$1,053,682	\$5,020,131
Contingency							\$198,322	\$52,684	\$251,006
TOTAL NON-CLINICAL COMPONENTS	\$367.20	\$110.05	11,342	N/A	10,053	N/A	\$4,164,771	\$1,106,366	\$5,271,137
PROJECT TOTAL	\$394.90	\$113.76	20,136	N/A	18,626	N/A	\$7,951,685	\$2,118,833	\$10,070,518

Factors Influencing Additional Construction Costs for this Project

This project has several factors which result in higher construction costs that would be expected for a routine modernization project.

- The SIH Cancer Institute is located on the New Madrid Earthquake Fault, as a result of which both the new addition and the existing building must meet the current seismic codes for buildings located in an earthquake area.

The new construction must meet the current seismic codes which have unique requirements for buildings located in an earthquake area.

In addition, existing SIH Cancer Institute building must include structural upgrades that are required to meet the current standards of the seismic code.

These unique structural requirements result in construction that is more expensive than in non-earthquake fault zones.

- The new construction in this project is being constructed adjacent to an existing building, and it will consist of 2 separate non-contiguous additions as well as modernization of space within the existing building. The structural, mechanical, and electrical tie-ins required for this expansion will have to be coordinated with the operations of the existing Cancer Institute departments, which must remain in operation during the construction period.
- This project will need to be phased so the construction can take place around the existing Cancer Institute, which will remain in operation during construction.

In addition, the construction must include additional infection control measures.

- The construction will take place in the locations currently occupied by entrances, ambulance driveway, and dock. Special care will need to be taken to always maintain access to these locations during construction.

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT 38, 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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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40
5	Flood Plain Requirements	42
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7	Project and Sources of Funds Itemization	49
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16	Unfinished or Shell Space	
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	Service Specific:	
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19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
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File Number 2877-076-6



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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, ADOPTED THE ASSUMED NAME MEMORIAL HOSPITAL OF CARBONDALE ON DECEMBER 22, 2014, 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 9TH day of JANUARY A.D. 2020 .



Authentication #: 2000903888 verifiable until 01/09/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1, PAGE 1

029

File Number 5313-710-5



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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of JANUARY A.D. 2020 .



Authentication #: 2000903882 verifiable until 01/09/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1, PAGE 2

I.
Site Ownership

This Attachment documents Southern Illinois Hospital Service's ownership of the 15 acre site on which the SIH Cancer Institute sits.

D. M.
FILE COPY

Above space for Recorder's Use Only

TRUSTEE'S DEED

THIS INDENTURE, made this 14th day of November, 2012, between **LaDonne Treece and Richard Treece, Co-Trustees of that certain Declaration of Trust dated October 25, 2001, Amended June 25, 2003**, GRANTOR; and GRANTEE, **Southern Illinois Hospital Services, an Illinois not-for profit corporation of 1239 East Main St PO Box 3988, Carbondale, JACKSON County, Illinois;**

WITNESSETH, That Grantor in consideration of the sum of Ten Dollars, and other good and valuable consideration in hand paid, does hereby grant, sell and convey unto said Grantee, the following described real estate, situated in the County of Williamson, and State of Illinois, to-wit;

The East one-half of Thirty acres off of the east side of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section Nine (9), in Township Nine (9) South, Range One (1) East of the Third Principal Meridian, situated in Williamson County, Illinois. EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record, and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

EXCEPT: That part of the above described tract lying southerly of a line located 150 feet northerly of and parallel to the existing centerline of pavement on S.B.I. Route 13. conveyed to the Department of Public Works and Buildings of the State of Illinois by Warranty Deed recorded in the Office of the Recorder of Williamson County, Illinois, January 30, 1961, in Deed Record 320 Page 93.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way grants and covenants of record, and those apparent from an inspection of the premises, including encroachments.

Together with the hereditaments, tenements and appurtenances thereunto belonging. Property Index No.: 05-09-300-002

TO HAVE AND TO HOLD the same unto said Grantee, or their heirs and assigns forever.

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said deed or deeds in trust delivered to said trustee in pursuance of the trust agreement above mentioned. This deed is made subject to the lien of every trust deed or mortgage and every other lien against said premises (if any there be) of record in said county given to secure the payment of money, and remaining unreleased at the date of the delivery hereof and all unpaid taxes and special assessments now, or hereafter to be made, a charge or lien against said premises.

IN WITNESS WHEREOF, said Grantor, as trustee, has hereunto set their hand and seal the day and year first above written.

LaDonne Treece SEAL
LADONNE TREECE, Co-Trustee

[Signature] SEAL
RICHARD TREECE, Co-Trustee

STATE OF ILLINOIS

County of Williamson

I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that **LaDonne Treece and Richard Treece, Co-Trustees of that certain Declaration of Trust dated October 25, 2001, Amended June 25, 2003** personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal, on November 14, 2012.

[Signature]
NOTARY PUBLIC



Successor Deed to Deed Record 456, Page 996.

The preparer: (1) does not represent any party to this transaction but, rather, has prepared this deed for review by the parties and/or their respective personal attorneys, if any, for the purpose of facilitating the transaction; (2) has not examined title to the real estate and makes no representations or warranties as to the status or condition of title, the validity of grantor's title or the existence of liens, encumbrances or defects in title; (3) has not reviewed the legal description set forth above and makes no representations or warranties as to accuracy thereof; (4) has relied solely upon information provided by the grantor(s), and (5) has not provided and will not provide any advice or other legal service to or for the benefit of either party with respect to this transaction.

MAIL SUBSEQUENT TAX BILLS TO:

Southern Illinois Hospital Services
Po Box 3988
Carbondale, IL 629023988

DEED PREPARED BY:

Andrew S. Murrie / Teri Havron
Goldenberg Heller Antognoli &
Rowland, P.C.
2227 South State Route 157
PO Box 959
Edwardsville, IL 62025

AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF WILLIAMSON COUNTY LAND DIVISION/SUBDIVISION ORDINANCE 06-02-14-01 AND THE STATE OF ILLINOIS PLAT ACT

This a legal document and must be filed with every deed recorded.
(Consult an attorney if you do not understand what you are signing)

For instructions, definitions and explanations--see page 2 on the reverse side of this affidavit

The Grantor(s) or the Grantor(s) authorized representative in a deed transferring interest in the real estate described in the accompanying deed, state the following:

- A. Not a division of land** (no change of parcel boundary lines) Previous Deed Book and Page 456 Page 996
(If A is marked above, a compliance stamp from the Williamson County Plat Officer is not required and no further questions apply)
- B. A division of land** (change of parcel boundary lines)
(If B is marked above, a compliance stamp from the Williamson County Plat Officer is required. Most divisions of land in Williamson County, Illinois will require a survey prepared by a Professional Land Surveyor)

In accordance with Illinois law (225-ILCS 330/5 Sec C), beginning January 1, 2004, all legal descriptions for land divisions must be prepared by a Professional Land Surveyor. Has the legal description for this division been prepared in accordance with this law and is there a survey accompanying this conveyance? _____ Name and company of surveyor _____

OR,

- C. Is this a division of land that meets one of the following exceptions** to the State of Illinois Plat Act and Williamson County Land Division/Subdivision Ordinance. (These divisions require a compliance stamp from the Williamson County Plat Officer, but do not need a boundary/tract survey, except where noted.)

- _____ a. A division of land into tracts of five (5) acres or more not involving new streets or easements of access that can be described as a fractional part
- _____ b. A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- _____ c. A sale or exchange of land between owners of adjoining and contiguous land (If described in metes and bounds the division must be reviewed by the Williamson County Plat Officer and a tract survey prepared by an Illinois Registered Land Surveyor must be recorded with the conveyance.
- _____ d. A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; A conveyance of land owned by a public utility not involving new streets or easements of access; A conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use
- _____ e. A conveyance made to correct a description in a prior conveyance (NOTE: If a tract survey was not attached to the original conveyance and a metes and bounds description is necessary to correct a description, then a tract survey must accompany and be recorded with the corrective conveyance) Deed Book and Page being corrected _____
- _____ f. The sale or exchange of parcels of land following the division into no more that two (2) parts of a parcel existing on July 17, 1959, and not involving any new streets or easements of access
- _____ g. The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- _____ h. A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. Deed Book and Page of previous conveyance _____

Under penalties of perjury, I swear that the statements contained herein are true and correct.

NAME Richard Treece, Co-Trustee DATE 11-14-12

SIGNATURE [Signature]

PARCEL NUMBER(s) 05-09-300-002

Subscribed and sworn to before me this 14th day of Nov, 2012
[Signature]
Notary Public

(Seal)



EXPLANATION

All legal descriptions for land divisions must be prepared by a Professional Land Surveyor.

The Williamson County Recorder's Office will be implementing the requirement of an AFFIDAVIT FOR PURPOSE OF PLAT ACT REQUIREMENTS form. This Affidavit form will ensure that every conveyance recorded in Williamson County will be in compliance with the State of Illinois Plat Act and the Williamson County Ordinance covering plats, division of land, subdivisions, dedications and vacations. This Affidavit form must accompany every conveyance recorded in the Williamson County Recorder's Office. Below is additional information about the form and the reasons behind our decision to implement the use of this Affidavit.

The purpose of this Affidavit is to determine which exemption from Williamson County Land Division/Subdivision Ordinance and the State of Illinois Plat Act this conveyance is in compliance with.

DEFINITIONS

Most divisions of land in Williamson County will require a compliance stamp from the Williamson County Plat Officer and a tract survey prepared by a Professional Land Surveyor. Below are definitions to be used to determine which division applies to the conveyance.

Fractional Part: A fractional part division is one which creates a tract with a legal description of a fraction of a quarter section, with acreage divisible by 5 with no easements required for access. A fractional part division requires a compliance stamp from the Williamson County Plat Officer. An example would be:

- The E 1/2 of the NW 1/4 of the SE 1/4 of the NE 1/4 of Section 12, Township 9 South, Range 3 East of the Third Principal Meridian (5 acres)

Platted Lot: A lot in a recorded subdivision that was approved through the current subdivision process may be divided under the following procedures:

- **Minor lot line adjustment:** If a portion of a lot is being conveyed to an adjacent landowner and can be described simply, such as the west 10 feet of Lot 20, a compliance stamp from the Williamson County Plat Officer is required. A tract survey is not required.
- **Other conveyance to an adjacent owner:** If the portion of a lot being conveyed to an adjacent landowner requires a metes and bounds legal description, a compliance stamp from the Williamson County Plat Officer is required and a tract survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

Subdivision: The division of a parcel of land into two (2) or more parts, any of which part is less than five (5) acres exclusive of all right-of-way, for the purpose of transfer of ownership or possession, or building development, or if an easement of access or new road is involved, any division of land. The area of division is usually given a specific name, lot numbers and may or may not include dedicated roads. The term includes any division of land that attempts to avoid the requirements of Williamson County Ordinance 06-02-14-01, an ordinance adopting rules and procedures covering plats, divisions of land, subdivisions, dedications and vacations in Williamson County, Illinois and the State of Illinois Plat Act. Where appropriate to the content, the term shall relate to the process of subdivision, or to the land subdivided and shall include re-subdivision, regardless of contiguous/adjoining ownership. Subdivisions require a compliance stamp from the Williamson County Plat Officer, County Engineer, Bi-County Health Department, where applicable, and the Williamson County Board of Commissioners. A subdivision survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

A tract survey is not required, and the provisions in Williamson County Land Division/Subdivision Ordinance, and the State of Illinois Plat Act shall not apply, in any of the following instances:

- A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- A division of land into tracts of five (5) acres or more not involving new streets or easements of access and that can be described without a metes and bounds survey
- A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. (Note: The new deed shall state on its face the Deed Record Book and Page Number of the deed that it is the successor to)
- A division of a land which may be ordered or approved by a court or affected by testamentary or intestate provision.
- The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; a conveyance of land owned by a public utility not involving new streets or easements of access; a conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use

Boundary/Tract Survey: A boundary/tract survey for the purposes of this affidavit is a division or re-division of a tract of land from a parent parcel into a lot, plat site or parcel, all of which front upon an existing street with a minimum street frontage of 50 feet, any of which is less than 5 acres, regardless of contiguous and adjoining ownership, that is described in a metes and bounds description. A boundary/tract survey must be prepared by a Professional Land Surveyor. All metes and bounds divisions must receive approval either as a boundary/tract survey or through the subdivision process. (Generally, a contiguous owner division can be approved as a tract survey). A tract survey of the metes and bounds description must accompany and be recorded with the conveyance. These divisions require a compliance stamp from the Williamson County Plat Officer.

INSTRUCTIONS ON COMPLETING THE PLAT ACT AFFIDAVIT
(on the reverse of this page)

1. Check A if the conveyance does not change the current parcel lines. (Skip to number 3 below)
2. Check B if the conveyance does change the current parcel lines. If B is checked, mark the applicable letter that applies to the correct Plat Act exception. If you do not know the correct Plat Act exception, seek legal advice from your private attorney to obtain this information.
3. Print your name, sign your name and fill in the date in the presence of a Notary Public.
4. The Notary Public fills in the date you presented yourself for signature, signs and stamps the affidavit with their seal. (The affidavit is complete and ready to record if A was checked on the affidavit and the deed did not change the current parcel lines.)
5. If B is checked the conveyance must be accompanied by a tract survey to be recorded as an integral part of the conveyance or recorded immediately prior or immediately subsequent to the recording of the conveyance.



Administration

t 618.457.5200

f 618.529.0568

December 12, 2019

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

Dear Ms. Avery:

I am the applicant representative of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, the owner of the site on which the SIH Cancer Institute is located.

I hereby certify that Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale is the owner of the site on which the SIH Cancer Institute is located.

Sincerely,

Rex P. Budde
President and CEO
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

"OFFICIAL SEAL"
Valerie K Cawvey
Notary Public, State of Illinois
My Commission Expires 11/9/21

Valerie K. Cawvey

File Number 2877-076-6



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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, ADOPTED THE ASSUMED NAME MEMORIAL HOSPITAL OF CARBONDALE ON DECEMBER 22, 2014, 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 9TH day of JANUARY A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2000903888 verifiable until 01/09/2021
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT 3

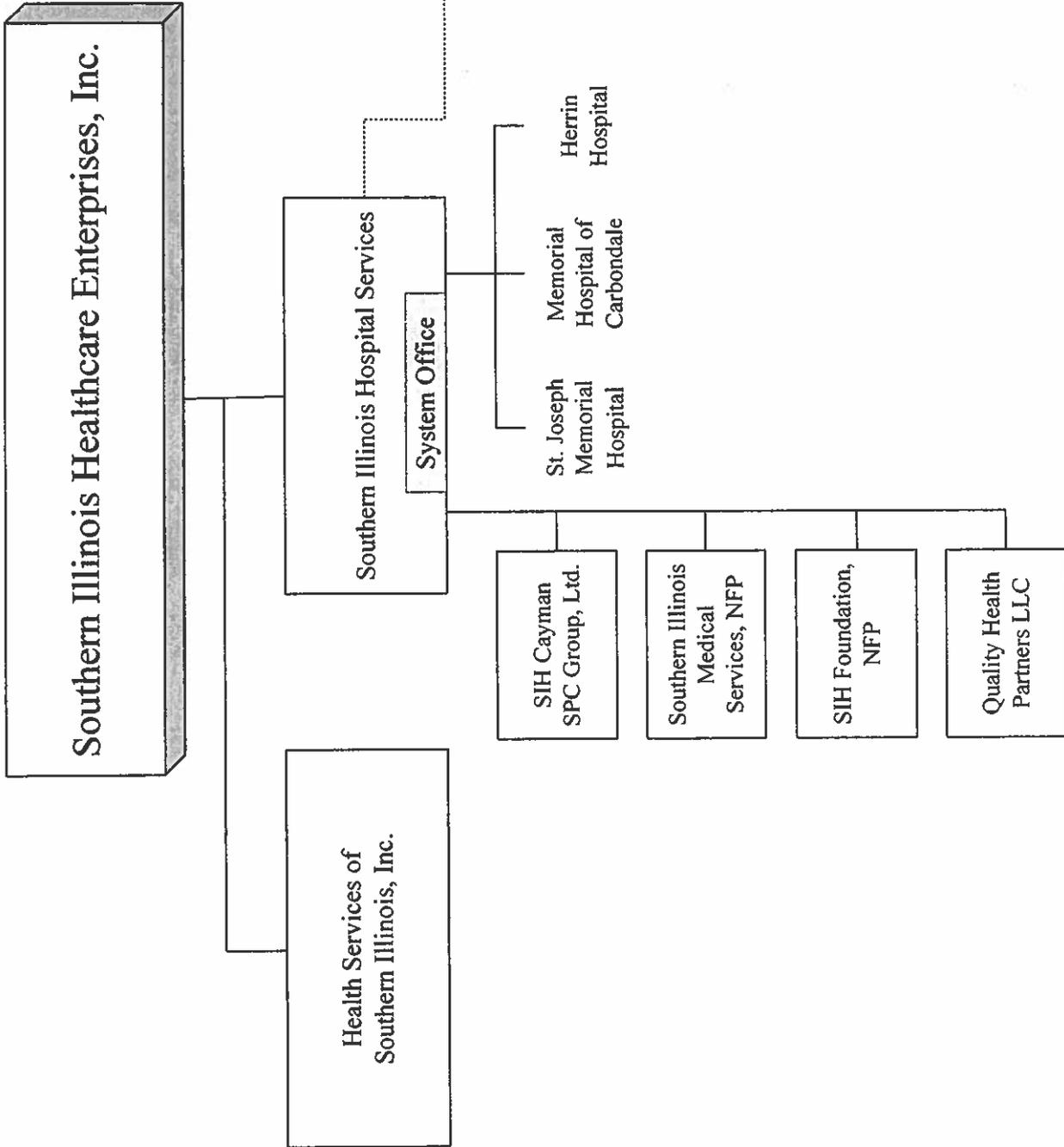
I.
Organizational Relationships

This project has 2 co-applicants: Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and Southern Illinois Healthcare Enterprises, Inc.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services (SIHS).

SIHS is part of the Southern Illinois Healthcare Enterprises obligated group.

This project will be funded through cash and securities. SIHS d/b/a Memorial Hospital of Carbondale will provide equity funding for this project.



Joint ventures

I.
Flood Plain Requirements

The following pages of this Attachment include the most recent Flood Insurance Rate Map for this site.

A statement from Rex P. Budde, President and CEO of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, the owner of the project site, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Attachment 5, Page 5.



37°44'58.71"N

Legend

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

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

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



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 9/11/2019 at 7:11:14 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



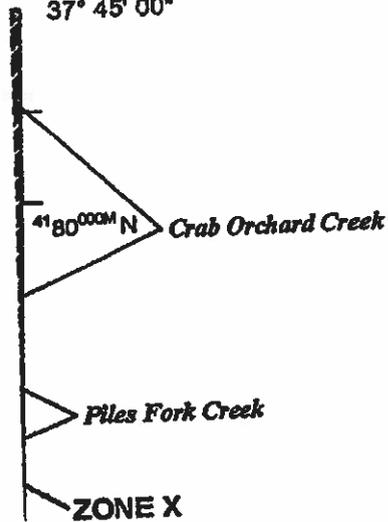
Use the National Map Orthimagery. Data refreshed April, 2019.



89°6'15.39"W

37°44'30.27"N

11' 15"
37° 45' 00"



4179° 00' 00" N

178° 00' 00" N

LEGEND

SPECIAL FLOOD HAZARD AREAS (SFHAS) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE X Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE X Areas determined to be outside the 0.2% annual chance floodplain.
ZONE D Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

-  1% annual chance floodplain boundary
-  0.2% annual chance floodplain boundary
-  Floodway boundary
-  Zone D boundary
-  CBRS and OPA boundary

 Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.

 Base Flood Elevation line and value; elevation in feet*

(EL 987)

045

Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Datum of 1988



Administration

t 618.457.5200

f 618.529.0568

December 12, 2019

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

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

Dear Ms. Avery:

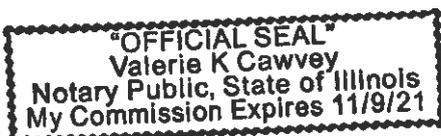
I am the applicant representative of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, the owner of the site on which the SIH Cancer Institute is located.

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

Sincerely,

A handwritten signature in black ink, appearing to read "R. Budde", written in a cursive style.

Rex P. Budde
President and CEO
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale



Valerie K. Cawvey

046

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents that the site of the SIH Cancer Institute is in compliance with the requirements of the Historic Resources Preservation Act.

The letter from Robert F. Appleman, Deputy State Historic Preservation Officer, documents that this project has been found to be in compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.).



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor

Colleen Callahan, Director

FAX (217) 524-7525

Williamson County

Carterville

CON - New Addition and Modernization, SIH Cancer Institute

1400 Pin Oak Dr.

SHPO Log #016032919

April 17, 2019

Andrea Rozran

Diversified Health Resources

65 E. Scott, Suite 9A

Chicago, IL 60610-5274

Dear Ms. Rozran:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

SIH Cancer Institute Itemized Project Costs			
USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Pre-Planning Costs:			
Pre-Construction Services - Const. Mgr./Estimating	\$37,175	\$40,825	\$78,000
Program/Planning Services	\$104,124	\$0	\$104,124
Total Pre-Planning Costs	\$141,299	\$40,825	\$182,124
Site Survey and Soil Investigation:			
Geotechnical Investigation	\$2,373	\$2,605	\$4,978
Site Survey	\$5,958	\$6,542	\$12,500
Total Site Survey and Soil Investigation	\$8,331	\$9,147	\$17,478
Site Preparation:			
Clearing	\$16,325	\$17,928	\$34,253
Excavation & Grading	\$98,827	\$108,531	\$207,358
Total Site Preparation	\$115,152	\$126,459	\$241,611
Off-Site Work:			
Clearing	\$0	\$200,665	\$200,665
Excavation	\$0	\$579,034	\$579,034
Utilities	\$0	\$788,092	\$788,092
Paving	\$0	\$765,688	\$765,688
Exterior Lighting/Electrical Work	\$0	\$11,245	\$11,245
Striping, Signs & Fencing	\$0	\$98,086	\$98,086
Infrastructure Service Provider Relocations	\$0	\$104,000	\$104,000
Landscaping	\$0	\$312,000	\$312,000
Total Off Site Work	\$0	\$2,858,810	\$2,858,810
New Construction Contracts	\$3,606,585	\$3,966,449	\$7,573,034
Modernization Contracts	\$964,254	\$1,053,682	\$2,017,936
Contingencies	\$228,542	\$251,006	\$479,548
Architectural and Engineering Fees:			
Architecture/Engineering Fees including Reimbursements & Mock-Ups	\$347,479	\$381,599	\$729,078
Furniture/Artwork Specifications	\$11,255	\$6,899	\$18,154
Total Architecture/Engineering Fees	\$358,734	\$388,498	\$747,232
Consulting and Other Fees:			
Consulting Fees for Site Development	\$0	\$172,222	\$172,222
HVAC Commissioning	\$20,799	\$22,841	\$43,640
Building Envelope Testing	\$18,254	\$20,046	\$38,300
Inspections & Testing	\$29,800	\$32,726	\$62,526
Overhead Paging System	\$3,670	\$4,030	\$7,700
Project Management Fees	\$694,251	\$762,423	\$1,456,674
SIH Project Management Fee	\$71,309	\$78,312	\$149,621
Planning & Architectural CON Preparation Fees	\$20,500	\$0	\$20,500
CON Planning and Consultation	\$65,000	\$0	\$65,000
CON Application Processing Fee	\$60,000	\$0	\$60,000
IDPH Plan Review Fee	\$24,427	\$0	\$24,427
Building as Built Documentation	\$5,052	\$5,548	\$10,600
Project Close Out Documentation	\$35,000	\$0	\$35,000
Utilities and Permit Fee	\$9,532	\$10,468	\$20,000
Total Consulting and Other Fees	\$1,057,593	\$1,108,617	\$2,166,210
Movable or Other Equipment			
(not in Construction Contracts):			
Medical Equipment, Furniture/Furnishings, and Artwork (see listing by department on following pages)	\$3,792,585	\$531,064	\$4,323,649
Escalation to Time of Purchase (5.5631%)	\$210,989	\$29,544	\$240,533
Total Movable or Other Equipment	\$4,003,574	\$560,608	\$4,564,182
Other Costs to be Capitalized:			
Temporary Loading Dock and Receiving during Construction	\$0	\$173,601	\$173,601
Relocation and Moving	\$9,532	\$10,468	\$20,000
Construction and Temporary Signage	\$2,383	\$2,617	\$5,000
Code Plus Items - Emergency Generator	\$0	\$734,548	\$734,548
Total Other Costs to be Capitalized	\$11,915	\$921,234	\$933,149
TOTAL ESTIMATED PROJECT COSTS	\$10,495,979	\$11,285,335	\$21,781,314

SIH Cancer Institute

FFE Budget

September 26, 2019

IT IT to provide/relocate *R* Relocate
T Capital Purchase *A* Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
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FFE Budget

September 26, 2019

IT IT to provide/relocate *R* Relocate
T Capital Purchase *A* Already on unit/in room

Radiation Therapy Linear Accelerator	Locker Rooms 1.160 & 1.166						
Radiation Therapy Linear Accelerator	Curtain (allowance)	2				\$2,250.00	\$4,500.00
Radiation Therapy Linear Accelerator	Linear Accelerator 1.175						
Radiation Therapy Linear Accelerator	Varian	1					\$2,791,405.00
Radiation Therapy Linear Accelerator	V Equipment Accessories	1					\$135,002.00
Sub-Total							\$2,930,907.00

SIH Cancer Institute

FFE Budget

September 26, 2019

IT T	IT to provide/relocate Capital Purchase	R A	Relocate Already on unit/in room					
Location	Item	New	From Obs	Exist	BY	Each	BUDGET	
Medical Oncology (Chemotherapy)	Scheduler 1.55							
Medical Oncology (Chemotherapy)	Office Chair	1				\$625.00	\$625.00	
Medical Oncology (Chemotherapy)	PC	1				\$2,000.00	\$2,000.00	
Medical Oncology (Chemotherapy)	Scanner	1				\$924.00	\$924.00	
Medical Oncology (Chemotherapy)	Printer	1				\$800.00	\$800.00	
Medical Oncology (Chemotherapy)	trash can	1				\$13.00	\$13.00	
Medical Oncology (Chemotherapy)	Phone	1				\$500.00	\$500.00	
Medical Oncology (Chemotherapy)	Injection/Pump Room 1.56							
Medical Oncology (Chemotherapy)	Injection Chair (Smaller Chair)	1				\$1,800.00	\$1,800.00	
Medical Oncology (Chemotherapy)	Patient Monitors w/ Therm. - Mounted	1				\$3,500.00	\$3,500.00	
Medical Oncology (Chemotherapy)	PC	1				\$800.00	\$800.00	
Medical Oncology (Chemotherapy)	Paper Towel	1				\$55.00	\$55.00	
Medical Oncology (Chemotherapy)	Trash Can	1				\$13.00	\$13.00	
Medical Oncology (Chemotherapy)	Bio-Trash	1				\$95.00	\$95.00	
Medical Oncology (Chemotherapy)	Stool	1				\$250.00	\$250.00	
Medical Oncology (Chemotherapy)	Chemo Trash Bin Small	1				\$95.00	\$95.00	
Medical Oncology (Chemotherapy)	Purell	14				\$35.00	\$490.00	
Medical Oncology (Chemotherapy)	Pass Thru	1				\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Sharps Container	1				\$100.00	\$100.00	
Medical Oncology (Chemotherapy)	Soap	1				\$35.00	\$35.00	
Medical Oncology (Chemotherapy)	Infusion Waste Hold/Intake 1.67, 1.75, and 1.95							
Medical Oncology (Chemotherapy)	30 Gal Bins	16				\$50.00	\$800.00	
Medical Oncology (Chemotherapy)	Line Bin	5				\$0.00		
Medical Oncology (Chemotherapy)	Wheel Chair Scale	1		1		\$1,800.00	\$1,800.00	
Medical Oncology (Chemotherapy)	Nourishment 1.71							
Medical Oncology (Chemotherapy)	Ice Machine				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Frig				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Microwave				1	\$250.00	\$0.00	
Medical Oncology (Chemotherapy)	Soap				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Trash Can				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Paper Towel				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Nourishment 1.89							
Medical Oncology (Chemotherapy)	Ice Machine	1				\$5,000.00	\$5,000.00	
Medical Oncology (Chemotherapy)	Coffee Maker	1				\$100.00	\$100.00	
Medical Oncology (Chemotherapy)	Trash can	1				\$13.00	\$13.00	
Medical Oncology (Chemotherapy)	Purell	1				\$35.00	\$35.00	
Medical Oncology (Chemotherapy)	Paper towels	1				\$55.00	\$55.00	
Medical Oncology (Chemotherapy)	Frig w/ probe	1				\$3,000.00	\$3,000.00	
Medical Oncology (Chemotherapy)	Soap	1				\$35.00	\$35.00	
Medical Oncology (Chemotherapy)	Microwave	1				\$250.00	\$250.00	
Medical Oncology (Chemotherapy)	WC Alcove 1.67							
Medical Oncology (Chemotherapy)	Wheel Chairs	5				\$550.00	\$2,750.00	
Medical Oncology (Chemotherapy)	Infusion Staff Support 1.81							
Medical Oncology (Chemotherapy)	Table	2				\$500.00	\$1,000.00	
Medical Oncology (Chemotherapy)	Chairs	8				\$350.00	\$2,800.00	
Medical Oncology (Chemotherapy)	Frig				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Microwave				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Lockers					\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Trash can	1				\$35.00	\$35.00	
Medical Oncology (Chemotherapy)	Paper Towel				1	\$0.00	\$0.00	
Medical Oncology (Chemotherapy)	Soap	1				\$35.00	\$35.00	
Medical Oncology (Chemotherapy)	Waiting 1.86							
Medical Oncology (Chemotherapy)	Chairs	7				\$350.00	\$2,450.00	
Medical Oncology (Chemotherapy)	Bari Chairs	8				\$550.00	\$4,400.00	
Medical Oncology (Chemotherapy)	TV 60	1				\$2,000.00	\$2,000.00	
Medical Oncology (Chemotherapy)	Lamp	6				\$50.00	\$300.00	
Medical Oncology (Chemotherapy)	End Table	6				\$250.00	\$1,500.00	
Medical Oncology (Chemotherapy)	Treatment Completion Bell	1				\$100.00	\$100.00	
Medical Oncology (Chemotherapy)	Purell Stand	1				\$80.00	\$80.00	

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SIH Cancer Institute

FFE Budget

September 26, 2019

IT to provide/relocate
T Capital Purchase R Relocate
A Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
Medical Oncology (Chemotherapy)	Infusion 1.67, 1.73, 1.75, 1.90, 1.91, 195						
Medical Oncology (Chemotherapy)	Infusion Chairs	10				\$1,800.00	\$18,000.00
Medical Oncology (Chemotherapy)	Patient Monitors w/ Therm. - mobile	3				\$3,500.00	\$10,500.00
Medical Oncology (Chemotherapy)	Patient Monitors w/ Therm. - mounted	33				\$800.00	\$26,400.00
Medical Oncology (Chemotherapy)	Med Carts	6				\$1,600.00	\$9,600.00
Medical Oncology (Chemotherapy)	Infusion Pumps	1				\$70,000.00	\$70,000.00
Medical Oncology (Chemotherapy)	Nesting Foot Stolls	10				\$40.00	\$400.00
Medical Oncology (Chemotherapy)	Monitor Arms for Tv	5				\$300.00	\$1,500.00
Medical Oncology (Chemotherapy)	Chair w/ hooks	19				\$400.00	\$7,600.00
Medical Oncology (Chemotherapy)	Trash Can	19				\$13.00	\$247.00
Medical Oncology (Chemotherapy)	TV w/ arm	19				\$450.00	\$8,550.00
Medical Oncology (Chemotherapy)	Curtain (allowance)	19				\$2,250.00	\$42,750.00
Medical Oncology (Chemotherapy)	Infusion Pump	19				\$1,000.00	\$19,000.00
Medical Oncology (Chemotherapy)	Stainless Instrument trays	7				\$450.00	\$3,150.00
Medical Oncology (Chemotherapy)	Paper Towel	3				\$55.00	\$165.00
Medical Oncology (Chemotherapy)	Sharps Container	19				\$100.00	\$1,900.00
Medical Oncology (Chemotherapy)	Trash Can Large	0				\$75.00	\$0.00
Medical Oncology (Chemotherapy)	Purell	37				\$35.00	\$1,295.00
Medical Oncology (Chemotherapy)	PC	9				\$800.00	\$7,200.00
Medical Oncology (Chemotherapy)	Soap	3				\$35.00	\$105.00
Medical Oncology (Chemotherapy)	Line Cart	1				\$900.00	\$900.00
Medical Oncology (Chemotherapy)	Private Rooms 1.69, 1.70, 1.87, 1.94, 1.96						
Medical Oncology (Chemotherapy)	Bari-Infusion Chair Private Room	3				\$2,500.00	\$7,500.00
Medical Oncology (Chemotherapy)	Bio-Trash	3				\$95.00	\$285.00
Medical Oncology (Chemotherapy)	Trash Can	3				\$13.00	\$39.00
Medical Oncology (Chemotherapy)	Patient Monitors w/ Therm. - Mobile	0		3		\$0.00	\$0.00
Medical Oncology (Chemotherapy)	Patient Monitors w/ Therm. - Mounted	2				\$3,500.00	\$7,000.00
Medical Oncology (Chemotherapy)	Chemo Trash Bin Small	3				\$95.00	\$285.00
Medical Oncology (Chemotherapy)	Chair w/ hooks	6				\$400.00	\$2,400.00
Medical Oncology (Chemotherapy)	Curtain (allowance)	3				\$2,250.00	\$6,750.00
Medical Oncology (Chemotherapy)	Healthcare LED TV	3				\$500.00	\$1,500.00
Medical Oncology (Chemotherapy)	TV Arms	3				\$300.00	\$900.00
Medical Oncology (Chemotherapy)	PC	3				\$1,700.00	\$5,100.00
Medical Oncology (Chemotherapy)	Ergotrons	3				\$1,500.00	\$4,500.00
Medical Oncology (Chemotherapy)	Purell	3				\$35.00	\$105.00
Medical Oncology (Chemotherapy)	Glove Holder	3				\$38.00	\$114.00
Medical Oncology (Chemotherapy)	Paper towels	3				\$55.00	\$165.00
Medical Oncology (Chemotherapy)	Soap	3				\$35.00	\$105.00
Medical Oncology (Chemotherapy)	Restrooms 1.70A, 1.87A, 1.88A, 1.90A, 1.91A, 1.94A, 1.96A, 1.97						
Medical Oncology (Chemotherapy)	Auto Paper Towel	0				\$70.00	\$0.00
Medical Oncology (Chemotherapy)	Trash Can	0				\$13.00	\$0.00
Medical Oncology (Chemotherapy)	Toilet paper Dispenser	8				\$76.00	\$608.00
Medical Oncology (Chemotherapy)	Soap	8				\$35.00	\$280.00
Medical Oncology (Chemotherapy)	Nurse Stations 1.88 & 1.93						
Medical Oncology (Chemotherapy)	High Office Chairs	8				\$650.00	\$5,200.00
Medical Oncology (Chemotherapy)	Pocket Phones	5				\$800.00	\$4,000.00
Medical Oncology (Chemotherapy)	PC	8				\$800.00	\$6,400.00
Medical Oncology (Chemotherapy)	Phones	6				\$500.00	\$3,000.00
Medical Oncology (Chemotherapy)	Trash can	2				\$13.00	\$26.00
Medical Oncology (Chemotherapy)	Copier/Scanner/Fax	1				\$3,000.00	\$3,000.00
Medical Oncology (Chemotherapy)	Omnicell Tower	1				\$180,000.00	\$180,000.00
Medical Oncology (Chemotherapy)	Under the Counter Frig w/ probe	1				\$2,200.00	\$2,200.00
Medical Oncology (Chemotherapy)	Manager Office 1.99						
Medical Oncology (Chemotherapy)	Desk	1				\$3,150.00	\$3,150.00
Medical Oncology (Chemotherapy)	Office Chair	1				\$625.00	\$625.00
Medical Oncology (Chemotherapy)	Chairs	2				\$350.00	\$700.00
Medical Oncology (Chemotherapy)	trash can	1				\$13.00	\$13.00
Medical Oncology (Chemotherapy)	PC	1				\$2,000.00	\$2,000.00
Medical Oncology (Chemotherapy)	Printer	1				\$800.00	\$800.00

SIH Cancer Institute

FFE Budget

September 26, 2019

IT IT to provide/relocate R Relocate
T Capital Purchase A Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
Medical Oncology (Chemotherapy)	Phones	1				\$500.00	\$500.00
Medical Oncology (Chemotherapy)	WC Alcove 1.98						
Medical Oncology (Chemotherapy)	Wheel Chairs	0				\$550.00	\$0.00
Medical Oncology (Chemotherapy)	Registration 1.54						
Medical Oncology (Chemotherapy)	Office Chairs	4				\$625.00	\$2,500.00
Medical Oncology (Chemotherapy)	Bari Chair	3				\$550.00	\$1,650.00
Medical Oncology (Chemotherapy)	Chairs	0				\$350.00	\$0.00
Medical Oncology (Chemotherapy)	Copier/Scanner/Fax	1				\$3,000.00	\$3,000.00
Medical Oncology (Chemotherapy)	Phone	4				\$500.00	\$2,000.00
Medical Oncology (Chemotherapy)	Printer	4				\$800.00	\$3,200.00
Medical Oncology (Chemotherapy)	PC	4				\$800.00	\$3,200.00
Medical Oncology (Chemotherapy)	Data Lock Box	1				\$0.00	\$0.00
Medical Oncology (Chemotherapy)	Signature Pads	4				\$528.00	\$2,112.00
Medical Oncology (Chemotherapy)	Trash can	4				\$13.00	\$52.00
Medical Oncology (Chemotherapy)	Purell Stand	1				\$80.00	\$80.00
Medical Oncology (Chemotherapy)	Art	1					\$40,000.00
Medical Oncology (Chemotherapy)	Panic Button	25				\$1,000.00	\$25,000.00
Medical Oncology (Chemotherapy)	Key Pad	1				\$781.00	\$781.00
Medical Oncology (Chemotherapy)	Clean Supply 1.80						
Medical Oncology (Chemotherapy)	Blanket Warmer Cabinet			1		\$9,000.00	\$0.00
Medical Oncology (Chemotherapy)	Line Cart			1		\$900.00	\$0.00
Medical Oncology (Chemotherapy)	Soil Holding 1.82						
Medical Oncology (Chemotherapy)	Paper towels	1				\$55.00	\$55.00
Medical Oncology (Chemotherapy)	Soap	1				\$35.00	\$35.00
Medical Oncology (Chemotherapy)	Clean Supply 1.92						
Medical Oncology (Chemotherapy)	Shelving 5',5',6'	0				\$1,200.00	\$0.00
Medical Oncology (Chemotherapy)	Blanket Warmer	2				\$9,000.00	\$18,000.00
Medical Oncology (Chemotherapy)	Line Cart	1				\$900.00	\$900.00
Medical Oncology (Chemotherapy)	Cleaning Cart (Deleted)	0				\$2,500.00	\$0.00
Sub-Total							\$621,710.00

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SIH Cancer Institute

FFE Budget

September 26, 2019

IT
T IT to provide/relocate
Capital Purchase R
A Relocate
Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Clinical Laboratory	Waiting Room 1.250						
Clinical Laboratory	Chairs	16				\$350.00	\$5,600.00
Clinical Laboratory	Bari Chairs	3				\$550.00	\$1,650.00
Clinical Laboratory	Purell Stand	1				\$80.00	\$80.00
Clinical Laboratory	TV					\$2,000.00	\$0.00
Clinical Laboratory	Side Table	2				\$250.00	\$500.00
Clinical Laboratory	Office 1.263						
Clinical Laboratory	Desks	1				\$3,150.00	\$3,150.00
Clinical Laboratory	PC	1				\$1,700.00	\$1,700.00
Clinical Laboratory	Office Chair	1				\$625.00	\$625.00
Clinical Laboratory	Chairs	2				\$350.00	\$700.00
Clinical Laboratory	trash can	1				\$13.00	\$13.00
Clinical Laboratory	Binba Board	0				\$615.00	\$0.00
Clinical Laboratory	Lockers	0				\$3,900.00	\$0.00
Clinical Laboratory	Restroom 1.256						
Clinical Laboratory	Soap	1				\$35.00	\$35.00
Clinical Laboratory	Toilet Paper Dispenser	1				\$76.00	\$76.00
Clinical Laboratory	Lab 1.261						
Clinical Laboratory	Paper Towel Holder	2				\$55.00	\$110.00
Clinical Laboratory	trash can	2				\$13.00	\$26.00
Clinical Laboratory	Sharps containers	2				\$100.00	\$200.00
Clinical Laboratory	purrell	2				\$35.00	\$70.00
Clinical Laboratory	bio trash	2				\$95.00	\$190.00
Clinical Laboratory	Height Office Chairs	1				\$650.00	\$650.00
Clinical Laboratory	Soap	2				\$35.00	\$70.00
Clinical Laboratory	Phone	2				\$500.00	\$1,000.00
Clinical Laboratory	Glove Holder	2				\$38.00	\$76.00
Clinical Laboratory	Sysmex XN w/ RU			1			
Clinical Laboratory	Milipore Elix			1			
Clinical Laboratory	Under counter Freezer - Reagent			1			
Clinical Laboratory	Refrigerator - Reagent			1			
Clinical Laboratory	Ortho Vitros 350			1			
Clinical Laboratory	Freezer - Reagent (Full Size)	1				\$8,000.00	\$8,000.00
Clinical Laboratory	2 Door Refrigerator - Reagent	1				\$6,000.00	\$6,000.00
Clinical Laboratory	New Chemistry Analyzer			1			\$0.00
Clinical Laboratory	Milipore - AFS	1				\$9,000.00	\$9,000.00
Clinical Laboratory	BB Refrigerator	1				\$6,500.00	\$6,500.00
Clinical Laboratory	Blood Bank Analyzer	1				\$90,000.00	\$90,000.00
Clinical Laboratory	Ortho Workstation	1				\$7,000.00	\$7,000.00
Clinical Laboratory	GE Fridge/Freezer			1			
Clinical Laboratory	Drucker Centrifuge			1			
Clinical Laboratory	AccuSpinCentrifuge			1			
Clinical Laboratory	Quick Slide Stainer			1			
Clinical Laboratory	Siemens Clinitek Advantus			1			
Clinical Laboratory	Olympus Microscope			1			
Clinical Laboratory	Under counter BB Refrigerator			1			
Clinical Laboratory	Tech Work 1.260						
Clinical Laboratory	Desks	0				\$3,150.00	\$0.00
Clinical Laboratory	trash can	4				\$13.00	\$52.00
Clinical Laboratory	Office Chair	2				\$625.00	\$1,250.00
Clinical Laboratory	PC	7				\$1,700.00	\$11,900.00

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SIH Cancer Institute

FFE Budget

September 26, 2019

IT T IT to provide/relocate Capital Purchase R A Relocate Already on unit/in room

Location	Item	New	From Obs	Exlst	BY	Each	BUDGET
Clinical Laboratory	Phone	4				\$500.00	\$2,000.00
Clinical Laboratory	Printer	1				\$800.00	\$800.00
Clinical Laboratory	Draw Work (Passage 1183)						
Clinical Laboratory	Soap	1				\$35.00	\$35.00
Clinical Laboratory	Paper Towel Holder	1				\$55.00	\$55.00
Clinical Laboratory	trash can	1				\$13.00	\$13.00
Clinical Laboratory	Draw Rooms 1.253, 1.254, 1.255, 1.257, 1.258, 1.259						
Clinical Laboratory	Erogotrons	3		3		\$1,000.00	\$3,000.00
Clinical Laboratory	PC	3		3		\$1,700.00	\$5,100.00
Clinical Laboratory	Vitals Monitor Wall Mounted	6				\$3,500.00	\$21,000.00
Clinical Laboratory	Floor Cabinets	0				\$721.00	\$0.00
Clinical Laboratory	Purell	6				\$35.00	\$210.00
Clinical Laboratory	bio trash	6				\$95.00	\$570.00
Clinical Laboratory	Chemo Bin	6				\$95.00	\$570.00
Clinical Laboratory	trash can	6				\$13.00	\$78.00
Clinical Laboratory	Sharps containers	6				\$100.00	\$600.00
Clinical Laboratory	Stools	2				\$293.00	\$586.00
Clinical Laboratory	Phlebotomy LabWall Bundle	6				\$546.00	\$3,276.00
Clinical Laboratory	Phlebotomy chair			1			\$0.00
Clinical Laboratory	Reclining Power Blood Draw Chair	3		2		\$3,125.00	\$9,375.00
Clinical Laboratory	Curtain (allowance)	6				\$2,250.00	\$13,500.00
Clinical Laboratory	Registration 1.251						
Clinical Laboratory	Chairs	0				\$250.00	\$0.00
Clinical Laboratory	Office Chair	0				\$625.00	\$0.00
Clinical Laboratory	Bari Chair	4				\$550.00	\$2,200.00
Clinical Laboratory	Wrist Band Printer	1				\$800.00	\$800.00
Clinical Laboratory	Scanners	0				\$924.00	
Clinical Laboratory	Signature Pads	0				\$528.00	
Clinical Laboratory	PC	0				\$1,700.00	\$0.00
Clinical Laboratory	Phone	0				\$500.00	\$0.00
Clinical Laboratory	Copier/fax/scanner	1				\$3,000.00	\$3,000.00
Clinical Laboratory	Data Lock Box	1				\$0.00	\$0.00
Clinical Laboratory	Gimba Board	0				\$615.00	\$0.00
Clinical Laboratory	Trash can	0				\$13.00	\$0.00
Clinical Laboratory	Key Pad	1				\$781.00	\$781.00
Sub-Total							\$223,772.00

SIH Cancer Institute

FFE Budget

September 26, 2019

IT T	IT to provide/relocate Capital Purchase	R A	Relocate Already on unit/in room					
Location	Item	New	From Obs	Exist	BY	Each	BUDGET	
SIH Cancer Institute								
FFE Budget								
September 26, 2019								
Pharmacy	Work Area 1.60 & 1.61							
Pharmacy	Mobile Table w/ Casters	1				\$800.00	\$800.00	
Pharmacy	Desks	0				\$3,150.00	\$0.00	
Pharmacy	PC	3				\$1,700.00	\$5,100.00	
Pharmacy	Printer	0		1		\$800.00	\$0.00	
Pharmacy	Trash Can	2				\$13.00	\$26.00	
Pharmacy	Purrell	2				\$35.00	\$70.00	
Pharmacy	Height Office Chairs	3		2		\$650.00	\$1,950.00	
Pharmacy	Phone	5				\$500.00	\$2,500.00	
Pharmacy	H+H Shelving (2) 18"x25"	1				\$3,000.00	\$3,000.00	
Pharmacy	Lockers	0				\$3,900.00	\$0.00	
Pharmacy	Rework/order preplacement parts for cabinetry	0				\$5,000.00	\$0.00	
Pharmacy	Shelving (3) 5'	2				\$1,200.00	\$2,400.00	
Pharmacy	Pharmacy Manager Office 1.59							
Pharmacy	Desk	0		1		\$3,150.00	\$0.00	
Pharmacy	Office Chair			1		\$625.00	\$0.00	
Pharmacy	Chair	1				\$350.00	\$350.00	
Pharmacy	Trash Can	0		1		\$13.00	\$0.00	
Pharmacy	Phone	0		1		\$500.00	\$0.00	
Sub-Total							\$16,196.00	

SIH Cancer Institute

FFE Budget

September 26, 2019

IT to provide/relocate
Capital Purchase

R
A Relocate
Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Leased Physician Office	Exam Rooms						
Leased Physician Office	Exam Table	8				\$5,200.00	\$41,600.00
Leased Physician Office	Exam Room Flags	0				\$50.00	\$0.00
Leased Physician Office	Paper towel	8				\$55.00	\$440.00
Leased Physician Office	Soap	8				\$35.00	\$280.00
Leased Physician Office	Purrell	8				\$35.00	\$280.00
Leased Physician Office	Sharps Container	8				\$35.00	\$280.00
Leased Physician Office	Trach Can	8				\$13.00	\$104.00
Leased Physician Office	Red Bio-Trash Can	8				\$95.00	\$760.00
Leased Physician Office	Gloves Holder	0				\$38.00	\$0.00
Leased Physician Office	Stool	8				\$400.00	\$3,200.00
Leased Physician Office	PC	8				\$800.00	\$6,400.00
Leased Physician Office	Chairs	8				\$350.00	\$2,800.00
Leased Physician Office	Bari-Chairs	8				\$550.00	\$4,400.00
Leased Physician Office	Welch Allyn wall mounted Otoloscope	8				\$900.00	\$7,200.00
Leased Physician Office	Curtains	13				\$2,250.00	\$29,250.00
Leased Physician Office	Clocks	18				\$150.00	\$2,700.00
Leased Physician Office	Interior Signage						\$10,000.00
Leased Physician Office	Intake 1.122 & 1.141						
Leased Physician Office	Scale	4				\$1,800.00	\$7,200.00
Leased Physician Office	Bari-Chairs	4				\$550.00	\$2,200.00
Leased Physician Office	Stadiometer	4				\$110.00	\$440.00
Leased Physician Office	Offices						
Leased Physician Office	Desks	8				\$3,150.00	\$25,200.00
Leased Physician Office	Office Chair	8				\$625.00	\$5,000.00
Leased Physician Office	PC	8				\$2,000.00	\$16,000.00
Leased Physician Office	Chairs	16				\$350.00	\$5,600.00
Leased Physician Office	Trash Can	8				\$13.00	\$104.00
Leased Physician Office	Printer	8				\$800.00	\$6,400.00
Leased Physician Office	Phone	8				\$500.00	\$4,000.00
Leased Physician Office	Nurse Stations 1.120, 1.139, 1.220						
Leased Physician Office	Office Chairs	20				\$625.00	\$12,500.00
Leased Physician Office	Copier/Scanner/Fax	1				\$3,000.00	\$3,000.00
Leased Physician Office	Trash Can	10				\$13.00	\$130.00
Leased Physician Office	PC	20				\$800.00	\$16,000.00
Leased Physician Office	SASD PC	1				\$1,200.00	\$1,200.00
Leased Physician Office	Monitor	1				\$800.00	\$800.00
Leased Physician Office	U/C Pencil and Filing			4		\$0.00	\$0.00
Leased Physician Office	Scanner			4		\$924.00	\$0.00
Leased Physician Office	Phone	20				\$500.00	\$10,000.00
Leased Physician Office	Nurse Call System	1					\$67,883.20
Leased Physician Office	Procedure Room 1.228						
Leased Physician Office	Chairs	2				\$350.00	\$700.00
Leased Physician Office	Bari-Chairs	0				\$550.00	\$0.00
Leased Physician Office	Auto Paper towels	1				\$70.00	\$70.00
Leased Physician Office	Purrell	1				\$35.00	\$35.00
Leased Physician Office	Soap	1				\$35.00	\$35.00
Leased Physician Office	Glove Holder	1				\$38.00	\$38.00
Leased Physician Office	Mask Holder	0				\$38.00	\$0.00
Leased Physician Office	Trash Can	1				\$13.00	\$13.00
Leased Physician Office	Bio Trash	1				\$95.00	\$95.00
Leased Physician Office	Sharps Container	1				\$100.00	\$100.00
Leased Physician Office	PC	1				\$800.00	\$800.00
Leased Physician Office	Stool	1				\$400.00	\$400.00

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SIH Cancer Institute

FFE Budget

September 26, 2019

IT
T IT to provide/relocate
Capital Purchase R
A Relocate
Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
Leased Physician Office	Exam Room Light	1				\$3,500.00	\$3,500.00
Leased Physician Office	Exam Table	1				\$5,200.00	\$5,200.00
Leased Physician Office	Clinic Breakroom 1.230						
Leased Physician Office	Table	2				\$500.00	\$1,000.00
Leased Physician Office	Chairs	8				\$350.00	\$2,800.00
Leased Physician Office	Refrig.	2				\$1,000.00	\$2,000.00
Leased Physician Office	Microwave	2				\$300.00	\$600.00
Leased Physician Office	trash can	1				\$35.00	\$35.00
Leased Physician Office	Paper towel	1				\$55.00	\$55.00
Leased Physician Office	Lockers	0				\$3,900.00	\$0.00
Leased Physician Office	Soap	1				\$35.00	\$35.00
Leased Physician Office	Coffee Maker	1				\$100.00	\$100.00
Leased Physician Office	TV	0				\$2,000.00	\$0.00
Leased Physician Office	Instrument Cleaning 1.229						
Leased Physician Office	Covered Transport Containers Bio-Haz	3				\$100.00	\$300.00
Leased Physician Office	Bio Trash	1				\$95.00	\$95.00
Leased Physician Office	Trash Can	1				\$13.00	\$13.00
Leased Physician Office	Purrell	1				\$35.00	\$35.00
Leased Physician Office	Paper towel	1				\$55.00	\$55.00
Leased Physician Office	Soap	1				\$35.00	\$35.00
Leased Physician Office	Consult 1&2 1.222 & 1.102						
Leased Physician Office	Table	0				\$500.00	\$0.00
Leased Physician Office	Chairs	9				\$350.00	\$3,150.00
Leased Physician Office	trash can	2				\$13.00	\$26.00
Leased Physician Office	Phone	2				\$500.00	\$1,000.00
Leased Physician Office	PC	2				\$800.00	\$1,600.00
Leased Physician Office	Restrooms 1.130A, 1.130B, 1.206A, 1.206B, 1.205A, 1.205B						
Leased Physician Office	toilet paper dispenser	6				\$76.00	\$456.00
Leased Physician Office	Soap	6				\$35.00	\$210.00
Leased Physician Office	Waiting 1.114, 1.131, 1.145						
Leased Physician Office	TV	1				\$2,000.00	\$2,000.00
Leased Physician Office	Digital Fire Place	1				\$1,500.00	\$1,500.00
Leased Physician Office	Lamps	2				\$75.00	\$150.00
Leased Physician Office	Chairs	27				\$350.00	\$9,450.00
Leased Physician Office	Bari-Chairs	5				\$550.00	\$2,750.00
Leased Physician Office	Trash Can	3				\$13.00	\$39.00
Leased Physician Office	Coffee Table	2				\$800.00	\$1,600.00
Leased Physician Office	Square Table	2				\$600.00	\$1,200.00
Leased Physician Office	End Tables	9				\$250.00	\$2,250.00
Sub-Total							\$338,876.20

SIH Cancer Institute

FFE Budget

September 26, 2019

IT IT to provide/relocate *R* Relocate
T Capital Purchase *A* Already on unit/in room

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Administrative (Finance Office)	Patient Financial Services 1.245						
Administrative (Finance Office)	Decks (Reuse 4, order 1)	2				\$3,150.00	\$6,300.00
Administrative (Finance Office)	PC (Reuse 4, order 1)	2				\$2,000.00	\$4,000.00
Administrative (Finance Office)	Office Chairs (Reuse 4, order 1)	2				\$625.00	\$1,250.00
Administrative (Finance Office)	Copier/Scanner/Fax	0				\$3,000.00	\$0.00
Administrative (Finance Office)	Shelving 5'	0				\$1,200.00	\$0.00
Sub-Total							\$11,550.00

SIH Cancer Institute

FFE Budget

September 26, 2019

Location	IT T	IT to provide/relocate Capital Purchase	Relocate Already on unit/in room				BUDGET
			New	From Obs	Exist	BY	
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Information System		Data Closet 1.244					
Information System		Switches, Rack, Server	1				\$8,000.00
Information System		Wireless Access Points	8			\$850.00	\$6,800.00
							\$40,430.00
Information System		Camera	26			\$1,555.00	
							\$16,200.00
Information System		Door Readers	12			\$1,350.00	
Sub-Total							\$71,430.00

SIH Cancer Institute

FFE Budget

September 26, 2019

Location	Item	R		Relocate			BUDGET
		A	A	BY	Each		
IT	IT to provide/relocate	New	From	Exist	BY	Each	BUDGET
T	Capital Purchase		Obs				
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Environmental Services	House Keeping/Maintenance 1.237						
Environmental Services	Desk	1				\$3,150.00	\$3,150.00
Environmental Services	Chair	1				\$625.00	\$625.00
Environmental Services	Tool Box	1				\$600.00	\$600.00
Environmental Services	Cleaning Cart	1				\$2,500.00	\$2,500.00
Environmental Services	Floor Cleaner		1			\$0.00	\$0.00
Environmental Services	Metal Supply Cabinet	1				\$650.00	\$650.00
Environmental Services	Metal Filing Cabinet	1				\$350.00	\$350.00
Sub-Total							\$7,875.00

SIH Cancer Institute

FFE Budget

September 26, 2019

IT **IT to provide/relocate** **R** **Relocate**
T **Capital Purchase** **A** **Already on unit/in room**

Location	Item	New	From Obs	Exist	BY	Each	BUDGET
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Material Management & Dock	General Storage 1.237 & 1.236						
Material Management & Dock	Desk	0				\$3,150.00	\$0.00
Material Management & Dock	Chair	0				\$625.00	\$0.00
Material Management & Dock	Shelving 5'	2				\$1,200.00	\$2,400.00
Material Management & Dock	Infusion Waste Holding 1.240						
Material Management & Dock	Trash Containers	0				\$0.00	\$0.00
Material Management & Dock	Line Cart	0				\$900.00	\$0.00
Material Management & Dock	Bio-Trash	1				\$300.00	\$300.00
Material Management & Dock	Clean Linen 1.238						
Material Management & Dock	Shelving 5'	0				\$1,200.00	\$0.00
Material Management & Dock	Soiled Linen Hold 1.239						
Material Management & Dock	Shelving 5'	0				\$1,200.00	\$0.00
Sub-Total							\$2,700.00

SIH Cancer Institute

FFE Budget

September 26, 2019

IT T	IT to provide/relocate Capital Purchase	R A	Relocate Already on unit/in room				
Location	Item	New	From Obs	Exist	BY	Each	BUDGET
SIH Cancer Institute							
FFE Budget							
September 26, 2019							
Storage	Attic Stock 1.233						
Storage	Desk	1				\$3,150.00	\$3,150.00
Storage	Pocket Phones	5				\$800.00	\$4,000.00
Storage	Vacuums	4				\$681.00	\$2,724.00
Storage	Cleaning Cart	0				\$0.00	\$0.00
Storage	Chair	1				\$625.00	\$625.00
Storage	Shelving 5'	5				\$1,200.00	\$6,000.00
Storage	Key Pad	2				\$781.00	\$1,562.00
Storage	Emergency Management Storage 1.248						
Storage	Shelving 5',5',6'	0				\$1,200.00	\$0.00
Storage	Fire Cabinet for Oxy Tanks	3				\$1,200.00	\$3,600.00
Sub-Total							\$21,661.00

SIH Cancer Institute

FFE Budget

September 26, 2019

Location	Item	R		Relocate			Each	BUDGET
		A	A	Already on unit/in room	BY			
SIH Cancer Institute								
FFE Budget								
September 26, 2019								
Public Restrooms	Restrooms 1.86A & 1.86B							
Public Restrooms	Auto Paper Towel	0				\$70.00	\$0.00	
Public Restrooms	Trash Can	0				\$13.00	\$0.00	
Public Restrooms	Toilet paper Dispenser	2				\$76.00	\$152.00	
Public Restrooms	Soap	2				\$35.00	\$70.00	
Sub-Total							\$222.00	

SIH Cancer Institute

FFE Budget

September 26, 2019

Location	Item	R		Relocate			Each	BUDGET
		New	From Obs	Exist	BY	Already on unit/in room		
SIH Cancer Institute								
FFE Budget								
September 26, 2019								
Building								
Building	Overhead paging system	1				\$26,750.00	\$26,750.00	
Building	Cell Repeaters	4					\$45,000.00	
Building	Exterior Signage						\$5,000.00	
Building	Alarm System	3				\$0.00	\$0.00	
Sub-Total								\$76,750.00
Total, All Departments								\$4,323,649.20
FFE Escalation								\$240,532.97
Grand Total								\$4,564,182.17

Cost Space Requirements							
Department	Cost (\$)	Gross Square Feet		Amount of Proposed Total GSF That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Clinical Service Areas:							
Radiation Therapy:							
Linear Accelerators	\$3,503,397	3,932	3,932	0	1,829	2,103	0
Simulator	\$0	624	624	0	0	624	0
Support Services	\$0	5,477	5,477	0	0	5,477	0
Medical Oncology (Infusion/Chemotherapy)	\$4,950,453	5,949	11,971	5,567	6,207	177	37 ^a
Rehabilitation Services (Physical/Occupational Therapy, Speech Therapy)	\$49,142	1,667	1,652	0	15	1,637	15 ^b
Clinical Laboratory including Outpatient Specimen Procurement	\$1,776,728	617	3,223	3,207	16	0	617 ^c
Pharmacy	\$216,259	734	1,240	0	506	734	0
Sub-Total: Clinical Service Areas	10,495,979	19,000	28,119	8,784	8,573	10,752	669
Non-Clinical Service Areas: (Cancer Center only)							
Leased Physicians' Offices	\$7,318,293	6,737	13,001	5,034	7,967	0	0
Administration (Offices)	\$312,077	3,352	3,870	518	0	3,352	0
Information Systems	\$143,879	204	278	74	0	204	0
Environmental Services, including Housekeeping	\$578,625	359	1,073	896	0	177	182 ^d
Materials Management/Dock	\$430,409	148	772	772	0	0	148 ^e
Storage	\$249,696	356	377	377	0	0	356 ^f
Interdepartmental Circulation	\$1,078,375	1,783	2,887	1,641	327	919	864 ^g
Entrances, Lobbies, and Public Space	\$178,492	4,586	4,544	289	0	4,255	331 ^h
Public Toilets	\$106,946	403	529	126	0	403	0
Mechanical/Electrical Space	\$274,878	1,783	2,133	350	1,759	24	0
Canopies	\$613,665	1,651	2,163	1,265	0	898	953 ⁱ
Sub-Total: Non-Clinical Service Areas	11,285,336	21,662	31,627	11,342	10,053	10,232	2,834
TOTAL PROJECT	21,781,314	40,662	59,746	20,136	18,626	20,984	3,503

Re-Use of Space Being Vacated as a Result of this Project

- a. Medical Oncology (also known as Infusions or Chemotherapy) will vacate 37 GSF, which will become part of the expanded Pharmacy
- b. Rehabilitation Services (which includes Physical/Occupational Therapy and Speech Therapy) will vacate 15 GSF, which will become part of the Clinical Laboratory
- c. The Clinical Laboratory will vacate all of its existing space (617 GSF), which will become part of the following departments: 272 GSF will become part of Pharmacy; 138 GSF will become part of Medical Oncology; and 207 GSF will become part of Interdepartmental Circulation
- d. Environmental Services including Housekeeping will vacate 182 GSF, which will become part of the following departments: 181 GSF will become part of Leased Physicians' Offices, and 1 GSF will become part of Interdepartmental Circulation
- e. Materials Management including the Dock will vacate all of its existing space (148 GSF), which will become part of Leased Physicians' Offices
- f. Storage will vacate all of its existing space (356 GSF), which will become part of the following departments: 136 GSF will become part of Medical Oncology, and 220 GSF will become part of Leased Physicians' Offices
- g. 864 GSF of Interdepartmental Circulation space will be vacated, and it will become part of the following departments: 198 GSF will become part of Medical Oncology; 197 GSF will become part of Pharmacy; and 469 GSF will become part of Leased Physicians' Offices
- h. 331 GSF of Entrances, Lobbies, and Public Space will be vacated, and it will become part of the following departments: 211 GSF will become part of Leased Physicians' Offices, and 120 GSF will be become part of Interdepartmental Circulation
- i. 953 GSF of the current Canopies will be demolished and replaced with a new canopy as part of this project

III.

Criterion 1110.110(a) - Background of the Applicant

1. The identification numbers for the health care facilities owned or operated by Southern Illinois Hospital Services are shown below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Physicians Surgery Center, LLC, Carbondale (51% ownership)	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398
Southern Illinois Orthopedic Center, LLC, d/b/a Ambulatory Orthopedic Surgery Center, Herrin (34% ownership)	Illinois Ambulatory Surgical Treatment Center License ID# 7002421 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID#22592

Proof of the current licensure and accreditation for all facilities owned or operated by Southern Illinois Hospital Services will be found beginning on Page 3 of this Attachment.

- 2, 3. This Attachment includes a certification letter from Southern Illinois Healthcare, the sole corporate member of Southern Illinois Hospital Services, (1) documenting that Memorial Hospital of Carbondale and the other health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.

4. This item is not applicable to this application because the requested materials are being submitted as part of this application, beginning on Page 3 of this Attachment.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



**Illinois Department of
PUBLIC HEALTH**

HF 118201

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
6/30/2020		0000513
General Hospital		
Effective: 07/01/2019		

Exp. Date 6/30/2020

Lic Number 0000513

Date Printed 5/13/2019

Memorial Hospital of Carbondale
405 W Jackson St
Carbondale, IL 62901

Memorial Hospital of Carbondale

405 W Jackson St
Carbondale, IL 62901

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FEE RECEIPT NO.



Certification Quality Report





Welcome to The Joint Commission's Quality Report! We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, The Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks certification, it demonstrates a strong commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is one important way to help you determine whether a health care organization can meet your needs. Discuss this report with your doctor and other health care professionals before making a care decision. This report covers National Patient Safety Goals, which are guidelines that focus on the highest priority safety and quality issues such as preventing surgery on the wrong side of the body and reducing medication errors.

Your comments are important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD
President of the Joint Commission



Summary of Certification Quality Information

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
<input checked="" type="checkbox"/> Primary Stroke Center	Certification	1/8/2019	1/7/2019	1/7/2019



Locations of Care

* Primary Location

Locations of Care	Available Services
<p>Memorial Hospital of Carbondale * 405 West Jackson Carbondale, IL 62901</p>	<p>Joint Commission Advanced Certification Programs:</p> <ul style="list-style-type: none"> • Primary Stroke Center <p>Services:</p> <ul style="list-style-type: none"> • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Inpatient Unit (Inpatient) • Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neuro/Spine Unit (Inpatient) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Pediatric Emergency Medicine (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Pediatric Gastroenterology (Inpatient - Child/Youth) • Pediatric General Surgery (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Pediatric Nephrology (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Pediatric Otolaryngology (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Pediatric Unit (Inpatient) • Pediatric Urology (Inpatient - Child/Youth) (Outpatient - Child/Youth) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Surgical Unit (Inpatient) • Thoracic Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)



**Illinois Department of
PUBLIC HEALTH**

HF 119062

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CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0000935
General Hospital		
Effective: 01/01/2020		

Exp. Date 12/31/2020

Lic Number 0000935

Date Printed 10/17/2019

Herrin Hospital
201 S 14th Street
Herrin, IL 62948

Herrin Hospital

201 S 14th Street
Herrin, IL 62948

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FEE RECEIPT NO.



Certification Quality Report



The Joint Commission



Welcome to The Joint Commission's Quality Report! We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, The Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks certification, it demonstrates a strong commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is one important way to help you determine whether a health care organization can meet your needs. Discuss this report with your doctor and other health care professionals before making a care decision. This report covers National Patient Safety Goals, which are guidelines that focus on the highest priority safety and quality issues such as preventing surgery on the wrong side of the body and reducing medication errors.

Your comments are important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD
President of the Joint Commission



Summary of Certification Quality Information

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-S Review Date
<input checked="" type="checkbox"/> Primary Stroke Center	Certification	4/6/2019	4/5/2019	4/5/2019
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-S Review Date
<input checked="" type="checkbox"/> Joint Replacement - Hip	Certification	12/5/2017	12/4/2017	12/4/2017
<input checked="" type="checkbox"/> Joint Replacement - Knee	Certification	12/5/2017	12/4/2017	12/4/2017
<input checked="" type="checkbox"/> Stroke Rehabilitation	Certification	4/4/2018	4/3/2018	4/3/2018



Locations of Care

* Primary Location

Locations of Care	Available Services
<p>Herrin Hospital * 201 S. 14th Street Herrin, IL 62948</p>	<p>Joint Commission Advanced Certification Programs:</p> <ul style="list-style-type: none"> • Primary Stroke Center <p>Joint Commission Certified Programs:</p> <ul style="list-style-type: none"> • Joint Replacement - Hip • Joint Replacement - Knee • Stroke Rehabilitation <p>Services:</p> <ul style="list-style-type: none"> • Cardiac Surgery (Surgical Services) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Hazardous Medication Compounding (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neurosurgery (Surgical Services) • Non-Sterile Medication Compounding (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) • Sterile Medication Compounding (Inpatient) • Teleradiology (Imaging/Diagnostic Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)

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**Illinois Department of
PUBLIC HEALTH**

HF 118391

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 rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Ngozi O. Ezike, M.D.
Director**

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
7/4/2020		0004614
Critical Access Hospital		
Effective: 07/05/2019		

**St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, IL 62966**

Exp. Date 7/4/2020

Lic Number 0004614

Date Printed 6/12/2019

St. Joseph Memorial Hospital

2 South Hospital Drive
Murphysboro, IL 62966

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**Illinois Department of
PUBLIC HEALTH**

HF 119170

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/2/2020		7003128
Ambulatory Surgery Treatment Center		
Effective: 12/03/2019		

Physicians' Surgery Center, LLC
2601 W Main Street
Carbondale, IL 62901

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ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

June 19, 2017

Organization #	4398		
Organization Name	Physicians' Surgery Center, LLC		
Address	2601 W Main St.		
City State Zip	Carbondale	IL	62901-1031
Decision Recipient	Mr. Stephen Renfro, RN, MS HP/A		
Survey Date	5/9/2017-5/10/2017	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	5/21/2017	Accreditation Term Expires	5/20/2020
Accreditation Renewal Code	6037BFA24398		
Complimentary AAAHC Institute study participation code	4398FREEIQI		

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

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any Standard marked "PC" (Partially Compliant) or "NC" (Non-compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.

Organization # 4398
Organization: Physicians' Surgery Center, LLC
June 19, 2017
Page 2

4. In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.

NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

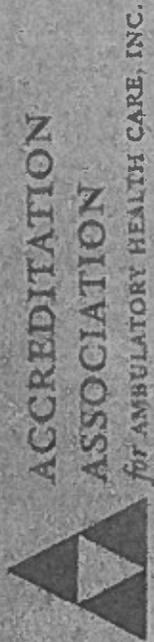
Additional Information

The complimentary AAAHC Institute study participation code on the first page of this document may be used to register for one six-month, AAAHC Institute for Quality Improvement benchmarking study. Please visit www.aaahc.org/institute for more information.

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

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





ACCREDITATION
ASSOCIATION

for AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

PHYSICIANS' SURGERY CENTER, LLC

2601 W MAIN ST
CARBONDALE, IL 62901

In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.

4398

Original Certificate Number

W. Palmer Dwyer, MD, MBA, FRCP

W. PALMER DWYER, MD, MBA, FRCP

Chief of the Board



MAY 20, 2017

Effective date of Accreditation expires on this date.

John E. Burke, Ph.D.

JOHN E. BURKE, PH.D.

President and CEO

ASSOCIATION MEMBERS

American Society for Gastrointestinal Endoscopy • American Academy of Cosmetic Surgery • American Academy of Dental Group Practice • American Academy of Dermatology
 American Academy of Facial Plastic and Reconstructive Surgery • American Association of Oral and Maxillofacial Surgeons • American College of Gastroenterology
 American College of Obstetrics and Gynecology • American College of Surgeons • American College of Gastroenterology
 American College of Gastroenterology • American College of Surgeons • American College of Obstetrics and Gynecology • American Dental Association
 American Society for Gastrointestinal Endoscopy • American Society of Plastic Surgeons • American Society of Transcatheter Cardiovascular Interventions • American Society for Ambulatory Anesthesia
 American Society for Gastrointestinal Endoscopy • Association of Perioperative Registered Nurses • Medical Group Management Association • Society for Ambulatory Anesthesia

5290 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077

PHONE: 817/851-6000 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

#20-007

1-800-541-084

#20-007

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HF117417



**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
3/8/2020		7002421
Ambulatory Surgery Treatment Center		
Effective: 03/09/2019		

Exp. Date 3/8/2020

Lic Number 7002421

Date Printed 1/22/2019

Southern Illinois Orthopedic, LLC
dba Ambulatory Orthopedic Surgery Center
510 Lincoln Drive

Herrin, IL 62948

Southern Illinois Orthopedic, LLC
dba Ambulatory Orthopedic Surgery C
510 Lincoln Drive
Herrin, IL 62948-6334

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FEE RECEIPT NO.



ACCREDITATION
ASSOCIATION

for AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC

DBA SIOC

510 LINCOLN DR
HERRIN, IL 62948

*In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.*

22592

Organization Identification Number

JANUARY 29, 2021

The Board of Accreditation expires on the above date

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Administration

t 618.457.5200
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January 6, 2020

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

Dear Ms. Avery:

SIH Cancer Institute is owned and operated by Southern Illinois Hospital Services, Inc., d/b/a Memorial Hospital of Carbondale, an Illinois not for profit corporation ("SIHS"). Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of SIHS.

SIHS owns and operates the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3), all under assumed names.

- Herrin Hospital, Herrin (Southern Illinois Hospital Services d/b/a Herrin Hospital)
- Memorial Hospital of Carbondale (Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale)
- St. Joseph Memorial Hospital, Murphysboro (Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital)

In addition, SIHS owns fifty-one percent (51%) of Physicians' Surgery Center, LLC, which is located in Carbondale, Illinois, and thirty-four percent (34%) of Southern Illinois Orthopedic Center, LLC, which is located in Herrin, Illinois.

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

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

Sincerely,

Rex P. Budde
President and CEO
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale
1239 E. Main St. | PO Box 3988 _ Carbondale, IL 62902-3988



III.

Criterion 1110.110(b) - Purpose of Project

1. This project will improve the health care and well-being of the market area population by expanding the highly utilized facilities of the SIH Cancer Institute, Southern Illinois' only dedicated cancer center, in order to accommodate its current workload as well as projected increases in its workload.

The SIH Cancer Institute (Cancer Institute), which opened in 2015, is an integral part of healthcare services provided by Southern Illinois Healthcare (SIH) to residents of Southern Illinois.

The facility provides residents of Southern Illinois with diagnostic and treatment services in Radiation Oncology (Radiation Therapy), Infusion Therapy (Medical Oncology/Chemotherapy), Laboratory, Pharmacy, Cancer Rehabilitation, and physician care through a Hematology/Oncology Clinic and Specialty Clinics (e.g., Colorectal and Surgical Oncology).

SIH Cancer Institute is part of Memorial Hospital of Carbondale's Comprehensive Community Hospital Cancer Program that is accredited by the Commission on Cancer of the American College of Surgeons. This program diagnosed 1,128 new cancer patients in FY2019, an increase from 1,045 new cancer cases in FY2018. This is an increase of 25% from the 900 new cancer patients diagnosed in 2011 before the CON application to establish the SIH Cancer Institute was submitted.

The SIH Cancer Institute is fully accredited with commendation by the Commission on Cancer of the American College of Surgeons and received its Outstanding Achievement Award in 2015 and 2018.

The SIH Cancer Institute benefits from its participation in the BJC Collaborative Cancer Task Force and also collaborates with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine, including providing rotations in medical oncology and radiation oncology for SIU's Family Medicine residents.

From the time when SIH Cancer Institute opened in 2015, the benefits of this comprehensive cancer center were immediate, and the region benefited from having these services available in a facility that included clinical excellence, integration, and team-based coordination of care. Patient volumes have grown much faster than anticipated during the four years in which the facility has been in operation, and the original patient volume projections were rapidly exceeded.

This project is designed to address the need to expand the SIH Cancer Institute, recognizing that four primary factors have resulted in the facility experiencing much higher patient volumes than anticipated.

- The SIH Cancer Institute experienced an unexpected increase in its caseload when a local oncologist with an established private practice left the market in 2016, as a result of which the vast majority of her patients became part of the SIH Cancer Institute's caseload.
 - The utilization of the SIH Cancer Institute increased more rapidly than originally projected as patients residing in its market area started obtaining cancer care within their market area, rather than continuing their historic outmigration to other states, including Missouri, Kentucky and Indiana for cancer care.
 - The SIH Cancer Institute experienced unanticipated increases in its caseload when patients residing outside SIH's market area, including residents of central and northern Illinois, began to seek care at the facility. This inmigration is the result of several factors, including the lack of alternate options in patients' residential areas, the Cancer Institute's reputation, local support for the Cancer Institute, and payor mix restrictions at other facilities located closer to patients' residences.
- a. As a result, the clinical facilities are currently undersized and need to be expanded to meet the Cancer Institute's current workload as well as to meet projected future volumes. This project will improve the Cancer Institute's ability to provide cancer treatment to Southern Illinois Healthcare's market area population. Projections for the proposed expansion were based upon current patient volumes, projected cancer incidence, and projected population trends for the facility's market area.

This project is a necessary expansion of existing outpatient cancer treatment services and physician offices for the private practice of medicine at the SIH Cancer Institute. This project does not include any Categories of Service.

This project will expand the SIH Cancer Institute by constructing additions to the current building and modernizing the existing building.

The following Clinical Service Areas will be expanded in this project.

- Infusions (Medical Oncology/Chemotherapy)
- Clinical Laboratory, including Blood Bank
- Pharmacy

In addition, leased offices to physicians for the private practice of medicine will be expanded. These physicians conduct clinics for cancer specialties as part of their private practices which are located in the SIH Cancer Institute.

- b. This project will include the replacement of one of SIH Cancer Institute's two linear accelerators, which was purchased in 2008 and has exceeded its useful life.

This linear accelerator was originally located at SIH's freestanding cancer facility in Marion and was moved to the SIH Cancer Institute when it opened as a facility consolidating multiple cancer facilities in Southern Illinois that SIH operated.

- c. This project will improve the SIH Cancer Institute's ability to provide essential services to the cancer patients it serves, including the uninsured and underinsured residents of Planning Area F-06, the State-defined planning area in which the hospital is located, and SIH's seven-county market area, which includes parts or all of Planning Areas F-05, F-06, and F-07.

Planning Area F-06 includes Franklin, Johnson, Massac, and Williamson Counties and the following townships in Pope County: Jefferson #4, Webster #5, Golconda #1 and #3.

As discussed later in this section and under Item 2. below, the market area for the SIH Cancer Institute as well as for all of Southern Illinois Healthcare's facilities is a 7-county area in Southern Illinois (consisting of Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties) that includes part or all of the State-designated Planning Areas F-05, F-06, and F-07.

The prevalence of cancer in the SIH market area is significant. With the exception of Jackson County, total cancer incidence rates within the market area exceed that of the state average, and there is a rising rate of cancer within the SIH market area.

Franklin County has the highest rate of cancer in the State of Illinois. Additionally, several of the counties in the market area have high rankings in the State of Illinois by type of cancer, including the following: Williamson County has the second highest rate of leukemia; Franklin County has the second highest rate of lung cancer and Union County has the fourth highest rate; Union County has the fifth highest rate of melanoma; and Williamson County has the sixth highest rate for cervical cancer.

- d. Many of the patients that receive care at MHC are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care or in Medically Underserved Areas.

There are a number of federally-designated Health Professional Shortage Areas and Medically Underserved Areas in the Cancer Institute's market area, as identified below.

Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUP) are designated by the federal government because they have a shortage of primary medical care providers or lack access to primary care services (<https://bhw.hrsa.gov/shortage-designation/what-is-shortage-designation>, <https://bhw.hrsa.gov/shortage-designation/hpsa-criteria>, <https://bhw.hrsa.gov/shortage-designation/hpsas>, <https://bhw.hrsa.gov/shortage-designation/muap>, Resources and Services Administration, U.S. Department of Health and Human Services).

The federal criteria for HPSA, MUA, and MUP designations are found on Pages 11 through 18 of this Attachment.

- Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers.

As of January, 2019, all 7 counties in the market area have been designated by the federal government as Health Professional Shortage Areas (HPSAs).

Franklin County
 Jackson County
 Johnson County
 Perry County
 Saline County
 Union County
 Williamson County

Documentation of these Health Professional Shortage Areas is found on Pages 19 through 27 of this Attachment.

- Many of the patients that receive care at the SIH Cancer Institute are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

As of January, 2019, 5 counties in the market area have been designated by the federal government as Medically Underserved Areas (MUAs), and several areas in the remaining 2 counties have been designed as MUAs.

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

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

Franklin County
 Jackson County
 Johnson County
 Beaucoup and Cutler Precincts in Perry County
 Saline County
 Union County
 Blairsville/Carterville and Williamson Service Areas
 in Williamson County

Documentation of these Medically Underserved Areas is found on Page 28 of this Attachment.

- This project will have a positive impact on essential safety net services in the Cancer Institute's market area, which includes part or all of Planning Areas F-05, F-06, and F-07, because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive care in modernized and expanded facilities.
- This project is needed to expand the Cancer Institute's facilities, which serve an important role in training health care professionals. Southern Illinois Healthcare (SIH) is a teaching affiliate of Southern Illinois University (SIU) School of Medicine and has collaborated with its Simmons Cancer Institute since 2010. This collaboration includes providing rotations in medical oncology and radiation oncology for SIU's Family Medicine residents.
- The SIH Cancer Institute must address the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.310(a), 1100.360, 1100.370, 1100.380, 1100.390, 1100.400, 1100.410, 1100.430,

1110.120, 1110.270, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, 1120.140, and 1120.APPENDIX A Economic Review Standards.

- The SIH Cancer Institute needs to comply with the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1110.120, 1110.270, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, 1120.140, and 1120.APPENDIX A Economic Review Standards.

Specific information regarding the need to expand the Cancer Institute's services is presented in Attachments 14, 15, and 30.

The project will be sized to accommodate the Cancer Institute's current and projected utilization in clinical services through the second full year of operation after this project becomes operational.

Population statistics for the zip codes that constitute the market area for the Cancer Institute were reviewed to identify recent population figures and five-year projections.

This review revealed that the population in the market area is expected to decline by six-tenths of 1% (0.6%) from 2018 to 2023, with a projected net decrease of 1,522 over this five-year period.

However, utilization is projected to increase because of the following:

- Projected continued increased incidence of cancer in the market area;
- Projected continued aging of residents in the market area;
- Projected continued increases in market penetration of the market area for cancer treatment services.

2. The SIH Cancer Institute is located in Planning Area F-06.

The market area for SIH, which is also its market area for the SIH Cancer Institute, consists of the following counties in Southern Illinois.

Franklin County
Jackson County
Johnson County
Perry County
Saline County
Union County
Williamson County

These counties constitute parts of Planning Areas F-05, F-06, and F-07.

The Cancer Institute's patient origin data, found on Page 29 of this Attachment, demonstrate that the facility serves Planning Area F-06, the hospital planning area in which it is located, and the market area population.

- More than 51% of the Cancer Institute's cases during the recent one-year period of April, 2018, through March, 2019, resided in Planning Area F-06. During that one year period, 80% of the Cancer Institute's cases resided in zipcodes in which 1% or more of the year's cases resided. A majority of these zipcodes are located in Planning Area F-06.
- During the same one-year period, 90% of the Cancer Institute's cases resided within its market area.
- The patient origin data also demonstrate that 62% of the Cancer Institute's cases resided within the State-defined "normal travel radius" for hospitals in this area, which consists of zipcodes located within 21 miles of the facility, as defined in 77 Ill. Adm. Code 1100.510(d)(3). These zipcodes are all within the Cancer Institute's market area.

The SIH Cancer Institute's 7-county market area had a 2018 population of 239,282.

In addition to the SIH Cancer Institute, Southern Illinois Hospital Services owns and operates part or all the following facilities: Memorial Hospital of Carbondale, Physicians' Surgery Center, LLC, and Memorial Hospital Breast Center, all of which are located in Carbondale; St. Joseph Memorial Hospital, which is located in Murphysboro; and Herrin Hospital and Southern Illinois Orthopedic Center, LLC, both of which are located in Herrin.

SIH Cancer Institute, Herrin Hospital, and Southern Illinois Orthopedic Center are located in Williamson County, which is part of Planning Area F-06.

Memorial Hospital of Carbondale, Physicians' Surgery Center, LLC, Memorial Hospital Breast Center, and St. Joseph Memorial Hospital are located in Jackson County, which is part of Planning Area F-07.

3. The following problems need to be addressed by this project. These needs are discussed in Attachment 30.
 - a. The Cancer Institute has inadequate space in a number of its clinical service areas (i.e., Infusion [Medical Oncology/Chemotherapy], Laboratory, and Pharmacy) and inadequately sized leased physicians' offices for the private practice of medicine.

This inadequate space hampers the SIH Cancer Institute's ability to accommodate its historic caseload for these services, and the inadequate size of these services will continue to increase in the next few years due to the projected increased utilization of these services.

- b. One of the SIH Cancer Institute's two linear accelerators needs to be replaced because it is 11 years old and has outlived its useful life.
- c. As SIH has continued to implement its Physician Development Plan, the recruitment of additional physicians who provide cancer care has increased SIH's ability to provide services to cancer patients, while at the same time increasing the need for additional office space for these physicians at the SIH Cancer Institute.

For example, three additional full-time Medical Oncologists have begun to practice full-time since August, 2018, and the volume of the Hematology/Oncology Clinic is such that an additional Medical Oncologist needs to be recruited. This increase means that the number of Medical Oncologists practicing at the SIH Cancer Institute has doubled since the facility opened in 2015, which is projected to increase even further in the near future.

The implementation of SIH's Physician Development Plan and its physician recruitment efforts are continuing.

- d. The recruitment of additional physicians to SIH has helped to meet the needs identified by the federal government in its designation of the state-designated planning area and the hospital's market area as Health Professional Shortage Areas and Medically Underserved Areas.

As a result of these efforts, the SIH Cancer Institute and other SIH facilities are providing much-needed services to the market area and, in doing so, providing health care services to the low income and uninsured.

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

- 4. The sources of information provided as documentation are the following:
 - a. SIH Cancer Institute records;
 - b. FGI Guidelines for Design and Construction of Outpatient Facilities, 2018 Edition. 2018: The Facilities Guidelines Institute.

- c. The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Health Care Facilities, 2010 and 2014 Editions. ASHE (American Society for Healthcare Engineering).
 - d. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) by State and County for all the counties in MHC's market area: Franklin County; Jackson County; Johnson County; Perry County; Saline County; Union County; and Williamson County.
<https://bhw.hrsa.gov/shortage-designation/what-is-shortage-designation>;
<https://bhw.hrsa.gov/shortage-designation/hpsa-criteria>;
<https://bhw.hrsa.gov/shortage-designation/hpsas>;
<https://bhw.hrsa.gov/shortage-designation/muap>
- A print-out of this information and a discussion of Shortage Designations, Health Professional Shortage Areas, and Medically Underserved Areas are found on Pages 11 through 28 of this Attachment.
- e. American College of Surgeons, Accredited Cancer Programs, http://datalinks.facs.org/cpm/CPMAApprovedHospitals_search.htm
 - f. American College of Surgeons, Cancer Programs, <http://www.facs.org/cancer.html>
 - g. Illinois Comprehensive Cancer Control Plan, 2016-2021, Illinois Department of Public Health, 2018.
dph.illinois.gov/sites/default/files/publications/state-cancer-plan-050818.pdf
 - h. State Cancer Profiles, National Cancer Institute.
<http://statecancerprofiles.cancer.gov/>
 - i. 77 Ill. Adm. Code 1100.520(a)(6)(E)-(G) for identification of counties in Planning Areas F-05 through F-07.
 - j. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]).
 - k. National Fire Protection Association, NFPA 101: Life Safety Code, 2012 and 2018 Editions.

5. This project will address and improve the health care and well-being of residents of the SIH Cancer Institute's market area, including Planning Area F-06, because it will enable the Cancer Institute to meet its needs based on historic utilization and to provide adequate sized and configure facilities that meet contemporary standards.

By implementing this project, this project will improve the quality of health care services for all residents of the market area, including the low income and uninsured.

In that way, this project will have a particular impact on those areas within Planning Area F-06 and the Cancer Institute's market area that are identified by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) as Health Professional Shortage Areas and Medically Underserved Areas and Populations.

These designated areas are identified in charts on Pages 19 through 28 of this Attachment.

6. This project will address and improve the health care of residents of the market area and fulfill SIH Cancer Institute's goal to continue providing quality health care to residents of its market area.



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What is a Shortage Designation?

There are several types of shortage designations:

Health Professional Shortage Areas (HPSA) identify geographic areas, populations groups, or facilities within the United States that are experiencing a shortage of health care professionals.

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services.

Exceptional Medically Underserved Population (Exceptional MUP) identify a specific population subset that does not meet the established criteria but due to unusual circumstances do not have access to primary care services.

Governor's Designated Secretary Certified Shortage Areas for Rural Health Clinics are areas designated by a state Governor or designee as having a shortage according to the state-established shortage plan for the establishment of a Rural Health Clinic.

Why do we use shortage designations?

The authorizing statute for the National Health Service Corps (NHSC) created HPSAs to fulfill the statutory requirement that we direct NHSC personnel be directed to areas of greatest need. Due to limited federal resources, shortage designations help us prioritize and focus our resources on the areas of highest need.

The National Health Service Corps (NHSC), and other scholarship and loan repayment programs, we increase access to primary care, dental, mental, and behavioral health services. Program builds healthy communities by providing scholarships and student loan repayment for primary care providers in the medical, dental, and behavioral health fields who agree to practice in areas of the country that have health professional shortages.

Corps members fulfill their service requirement by working at NHSC-approved sites located in HPSAs.

How do you apply for a shortage designation?

If your community or facility would like us to designate it as a HPSA, you may submit data to your State Primary Care Offices (State PCOs).

State PCOs:

- Conduct needs assessment in their states.
- Determine what areas are eligible for designations.
- Submit designation applications to HRSA.

HRSA:

- Reviews these HPSA applications.
- Designates the community or facility as a HPSA, IF:
 - The application meets the designation eligibility criteria for that specific type of HPSA.

<https://bhw.hrsa.gov/shortage-designation/what-is-shortage-designation>

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Where can you find shortage designation data?

Visit [Find Shortage Areas](#) to determine if your organization is located within shortage area.

[Learn more about the Shortage Designation Scoring Criteria.](#)

Date Last Reviewed: August 2019

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Shortage Designation Scoring Criteria

i Announcement

Shortage Designation Modernization Project

We modernized the shortage designation process with automated procedures and standardized data sets.

A Health Professional Shortage Area (HPSA) is a geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services.

The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

What are the Scoring Criteria?

Health Professional Shortage Area (HPSA) & Automatic HPSA

We calculate HPSA scores based on discipline-specific methodology.

Three scoring criteria are common across all HPSA disciplines:

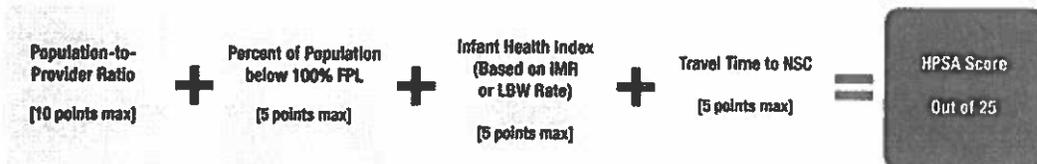
- Population to provider ratio
- Percentage of the population below 100% of the Federal Poverty Level (FPL)
- Travel time to the nearest source of care (NSC) outside the HPSA designation

Review the HPSA scoring methodology, differentiated by discipline:

Primary Care HPSA Scoring

Primary Care HPSAs can receive a score between 0-25.

This is broad overview of the four components we use in Primary Care HPSA scoring:



Infant Health Index evaluates both Infant Mortality Rate (IMR) and the rate of low birth weight (LBW). It awards points based on whichever of these indicators provide the higher score.

Dental Health HPSA Scoring

100

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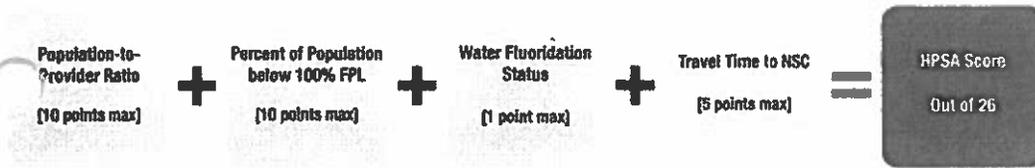
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Dental Health HPSAs can receive a score between 0-26.

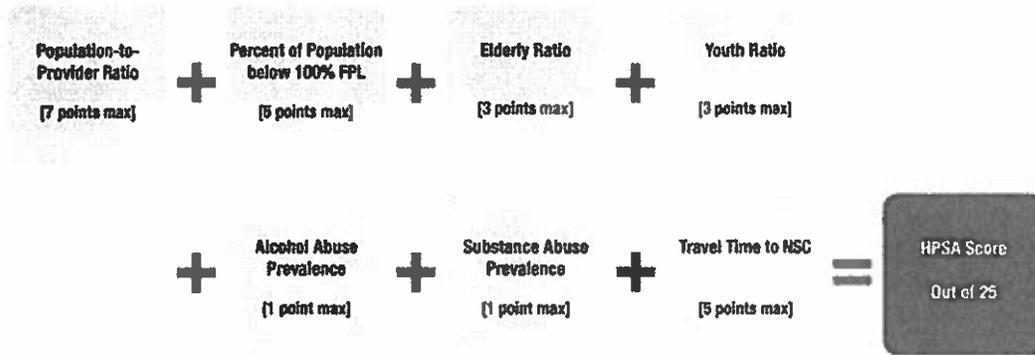
This is a broad overview of the four components used in Dental HPSA scoring:



Mental Health Scoring

Mental health HPSA can receive a score between 0-25.

This is a broad overview of the seven components used in Mental Health HPSA scoring:



Medically Underserved Area and Medically Underserved Population

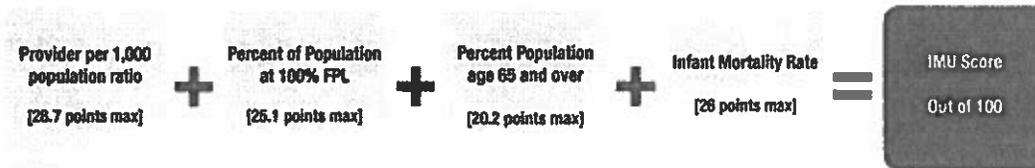
(MUA/P)

MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation.

Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P.

MUA/P Indicators

- Provider per 1,000 population ratio
- % Population at 100% of the Federal Poverty Level (FPL)
- % Population age 65 and over
- Infant Mortality Rate



* HRSA must approve the state-developed criteria for Exceptional MUPs and Governors Designated Secretary Certified Shortage Areas for Rural Health Clinics.

Date Last Reviewed: August 2019

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Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health; or mental health.

These shortages may be geographic-, population-, or facility-based:

- **Geographic Area**
 - A shortage of providers for the entire population within a defined geographic area.
- **Population Groups**
 - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
- **Facilities**
 - **Other Facility (OFAC)**
Public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers
 - **Correctional Facility**
Medium to maximum security federal and state correctional institutions and youth detention facilities with a shortage of health providers
 - **State Mental Hospitals**
State or county hospitals with a shortage of psychiatric professionals (mental health designations only)
 - **Automatic Facility HPSAs (Auto HPSAs)**
Automatically designated as a HPSA by statute or through regulation without having to apply for a designation:
 - **Federally Qualified Health Centers (FQHCs)**
Health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. All organizations receiving grants under Health Center Program Section 330 of the Public Health Service Act are FQHCs. [Find additional information and requirements](#) (PDF - 259 KB) from the Centers for Medicare and Medicaid Services (CMS).
 - **FQHC Look-A-Likes (LALs)**
Community-based health care providers that meet the requirements of the [HRSA Health Center Program](#), but do not receive Health Center Program funding.
 - **Indian Health Facilities**
Federal Indian Health Service (IHS), Tribally-run, and Urban Indian health clinics

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that provide medical services to members of federally recognized tribes and Alaska Natives.

- **IHS and Tribal Hospitals**
Federal Indian Health Service (IHS), Tribally-run hospitals that provide inpatient and outpatient medical services to members of federally recognized tribes and Alaska Natives.
- **Dual-funded Community Health Centers/Tribal Clinics**
Health centers that receive funding from tribal entities and HRSA to provide medical services to members of federally recognized tribes and Alaska Natives.
- **CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements**
Outpatient clinics located in non-urbanized areas that are certified as RHCs by CMS and meet [NHSC Site requirements](#) including accepting Medicaid, CHIP, and providing services on a sliding fee scale.

How we designate HPSAs

Aside from Auto HPSAs and HPSAs for federal correctional facilities, state Primary Care Offices (PCOs) must submit applications to designate all HPSAs.

HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.

Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Find out more about the [HPSA designation process](#).

Date Last Reviewed: May 2019

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Medically Underserved Areas and Populations (MUA/Ps)

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area such as:

- a whole county;
- a group of neighboring counties;
- a group of urban census tracts; or
- a group of county or civil divisions.

MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.

These groups may face economic, cultural, or linguistic barriers to health care.

Examples

- Homeless
- Low-income
- Medicaid-eligible
- Native American
- Migrant farmworkers

MUA/P designations are based on the Index of Medical Underservice (IMU). The IMU is calculated based on four criteria:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.

Exceptional MUP Designations

It is possible to request a MUP designation for populations which do not meet the established criteria.

You must do the following:

Contact Us

Shortage designation questions?
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- Explain the unusual, documented local conditions that prevent access to, or demonstrate the lack of, personal health services, and
- Submit a written recommendation, with supporting data, from that state's governor or other Chief Executive Officer, and the local health official.

Find out more about the [MUA/P designation process](#).

Date Last Reviewed: June 2019

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Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
Component State Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Primary Care	1177321447	Low Income - Union County	Low Income Population HPSA	Illinois	Union	16	Designated	Rural	09/17/2001	12/27/2018
Illinois		Union County		Single County		17181		Rural		
Primary Care	1177834420	USP-Marion	Correctional Facility	Illinois	Williamson	12	Designated	Non-Rural	01/30/2019	01/30/2019
Site Name		Site Address		Site City		Site State		Site ZIP Code		
USP-Marion		4500 Prison Rd		Marion		IL		62959-9011		
Primary Care	1172975627	Shawnee Correctional Center	Correctional Facility	Illinois	Johnson	9	Designated	Rural	05/13/2019	05/13/2019
Site Name		Site Address		Site City		Site State		Site ZIP Code		
Shawnee Correctional Center		6665 State Route 146 E		Vienna		IL		62995-3122		
Primary Care	1175440098	Pediatric Group	Rural Health Clinic	Illinois	Williamson	17	Designated	Non-Rural	08/18/2019	08/18/2019
Site Name		Site Address		Site City		Site State		Site ZIP Code		
Pediatric Group		3412 Office Park Dr		Marion		IL		62959-6477		
Primary Care	117999174Z	Shawnee Health Service and Development Corporation	Federally Qualified Health Center	Illinois	Williamson	21	Designated	Non-Rural	10/26/2002	08/18/2019

Discipline	HPSA ID	HPSA Name		Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
		Site Address	Site City	Site State	Site ZIP Code							
Carbondale Middle School Health Center		1150 E Grand Ave Rm 127	Carbondale	IL		62901-3422	Jackson		Non-Rural			
Lewis School Health Center		801 S Lewis Ln Rm 153	Carbondale	IL		62901-3408	Jackson		Non-Rural			
Marion Wellness		1700 Wildcat Dr Ste A	Marion	IL		62959-1513	Williamson		Non-Rural			
Parrish Elementary School Health Center		121 N Parrish Ln Rm 123	Carbondale	IL		62901-2024	Jackson		Non-Rural			
Shawnee Health Care, Carbondale		400 S Lewis Ln	Carbondale	IL		62901-3547	Jackson		Non-Rural			
Shawnee Health Care, Carbondale Dental		402 S Lewis Ln	Carbondale	IL		62901-3547	Jackson		Non-Rural			
Shawnee Health Care, Cartersville		1006 S Division St	Cartersville	IL		62918-1539	Williamson		Non-Rural			
Shawnee Health Care, Marion		1506 Sioux Dr	Marion	IL		62959-5209	Williamson		Non-Rural			
Shawnee Health Care, Marion Dental		3115 Williamson County Pkwy	Marion	IL		62959-5235	Williamson		Non-Rural			
Shawnee Health Care, Murphysboro		7 S Hospital Dr	Murphysboro	IL		62966-3333	Jackson		Non-Rural			
Shawnee Health Care, OB/GYN		101 S Wall St	Carbondale	IL		62901-3021	Jackson		Non-Rural			
Shawnee Health Care, Same Day		404 S Lewis Ln	Carbondale	IL		62901-3547	Jackson		Non-Rural			
Shawnee Health Service Carbondale		1116 W Main St	Carbondale	IL		62901-2335	Jackson		Non-Rural			
Shawnee Health Service, Information Technology Cartersville		201 California St	Cartersville	IL		62918-1925	Williamson		Non-Rural			
Shawnee Health Service, Cartersville		109 California St	Cartersville	IL		62918-1923	Williamson		Non-Rural			

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
Shawnee Health Service, Information System Site		210 Red Howerton St	Carterville	IL	IL	62918		Williamson		Non-Rural	
Shawnee Health Service, Murphysboro		4 S Hospital Dr	Murphysboro	IL	IL	62966-3333		Jackson		Non-Rural	
Terrier Care		1301 E Walnut St Rm J120	Carbondale	IL	IL	62901-5004		Jackson		Non-Rural	
Thomas Elementary School Health Center		1025 N Wall St Rm 102	Carbondale	IL	IL	62901-1737		Jackson		Non-Rural	
Primary Care	117999171R	Christopher Rural Health Planning Corporation	Federally Qualified Health Center	IL	Illinois	Franklin	19	Designated	Rural	11/21/2003	08/18/2019

Discipline	HPSA ID	HPSA Name		Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
		Site Address	Site City	Site State	Site ZIP Code							
		Albion Community Health Center	33 W Main St	Albion	IL		62806-1006		County	Rural		
		Christopher Greater Area Rural Health Planning Corporation & Rea Clinic	4241 State Highway 14	Christopher	IL		62822-1037		Franklin	Rural		
		CLAY MEDICAL CENTER	201 E North Ave	Flora	IL		62839-2030		Clay	Rural		
		CRHPC-Carmi Health Center	103 Commerce St	Carmi	IL		62821-2223		White	Rural		
		Eldorado Rural Health Clinic	1401 US Highway 45 N	Eldorado	IL		62930-3770		Saline	Rural		
		Fairfield Community Health Center	209 NW 11th St	Fairfield	IL		62837-1218		Wayne	Rural		
		Johnston City Community Health Center	14410 Route 37	Johnston City	IL		62951-3166		Williamson	Non-Rural		
		MT VERNON COMMUNITY HLTH CENTER	2920 Veterans Memorial Dr	Mount Vernon	IL		62864		Jefferson	Rural		
		Rea Clinic - Du Quoin	1564 S Washington St	Du Quoin	IL		62832-3849		Perry	Rural		
		Sesser Community Health Center	6294 State Highway 154	Sesser	IL		62884-2163		Franklin	Rural		
		Shawneetown Community Health Center	9525 Gold Hill Rd	Shawneetown	IL		62984-3659		Gallatin	Rural		
		Primary Care	Community Health and Emergency Services, Inc.	Federally Qualified Health Center	IL	Illinois	Jackson	21	Designated	Non-Rural	10/26/2002	08/18/2019

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
			Site City	Site State							
		Site Address									
		13289 Kessler Rd	Cairo	IL		62914-3101		Alexander	Rural		
		13245 Kessler Rd	Cairo	IL		62914-3101		Alexander	Rural		
		1400 W Main St	Carmi	IL		62821-1387		White	Rural		
		1340 Cedar Ct	Carbondale	IL		62901-5336		Jackson	Non-Rural		
		13245 Kessler Rd	Cairo	IL		62914-3101		Alexander	Rural		
		3111 Williamson County Pkwy	Marion	IL		62959		Williamson	Non-Rural		
		1250 Cedar Ct	Carbondale	IL		62901-5334		Jackson	Non-Rural		
		Main St	Rosiclare	IL		62982		Hardin	Rural		
		IL-146	Elizabethtown	IL		62931		Hardin	Rural		
		205 N Main St	Harrisburg	IL		62946-1256		Saline	Rural		
		217 S Adams St	Golconda	IL		62938-1134		Pope	Rural		
		100 Market St	Pulaski	IL		62976		Pulaski	Rural		
		290 Railroad St	Tamms	IL		62988-5038		Alexander	Non-Rural		
		Rural Health Inc.	Federally Qualified Health Center	IL	Illinois	Union	20	Designated	Rural	10/26/2002	08/18/2019

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
Site Name	Site Address	Site City	Site State	Site State	Site ZIP Code	County	HPSA Score	Status	Rural Status	Designation Date	Update Date
ANNA MEDICAL CLINIC	513 N Main St	Anna	IL	IL	62906-1668	Union		County	Rural		
DONGOLA MEDICAL CLINIC	318 US Highway 51 N	Dongola	IL	IL	62926-1103	Pulaski		County	Rural		
Goreville Clinic	400 S Broadway	Goreville	IL	IL	62939-2484	Johnson		County	Rural		
Metropolis Medical Clinic	1003 E 5th St	Metropolis	IL	IL	62960-2311	Massac		County	Rural		
VIENNA MEDICAL CLINIC	803 N 1st St	Vienna	IL	IL	62995-1544	Johnson		County	Rural		
Primary Care	Family Medical Center	Rural Health Clinic	Illinois	Illinois	Perry	Designated	17	Designated	Rural	07/15/2019	08/18/2019
Family Medical Center	5383 State Route 154	Pinckneyville	IL	IL	62274-3342	Perry		County	Rural		
Primary Care	Ferrell Hospital Family Practice	Rural Health Clinic	Illinois	Illinois	Saline	Designated	17	Designated	Rural	08/18/2019	08/18/2019
Ferrell Hospital Family Practice	1306 Maple St	Eldorado	IL	IL	62930-1662	Saline		County	Rural		
Primary Care	Eldorado Primary Care	Rural Health Clinic	Illinois	Illinois	Saline	Designated	17	Designated	Rural	08/18/2019	08/18/2019
Eldorado Primary Care	1007 US Highway 45 N	Eldorado	IL	IL	62930-3767	Saline		County	Rural		
Primary Care	Southern IL University Fmly Pr	Rural Health Clinic	Illinois	Illinois	Jackson	Designated	17	Designated	Non-Rural	03/01/2004	08/18/2019
Southern IL University Fmly Pr	305 W Jackson St	Carbondale	IL	IL	62901-1474	Jackson		County	Non-Rural		
Primary Care	Primary Care Group	Rural Health Clinic	Illinois	Illinois	Saline	Designated	17	Designated	Rural	08/18/2019	08/18/2019
Primary Care Group	117 E Clark St	Harrisburg	IL	IL	62946-2702	Saline		County	Rural		
Primary Care	Southern Illinois University	Federally Qualified Health Center	Illinois	Illinois	Sangamon	Designated	20	Designated	Non-Rural	06/01/2012	08/18/2019

Discipline	HPSA ID	HPSA Name	Designation Type		Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
			Site City	Site State							
Site Name		Site Address	Site City	Site State	Site ZIP Code	County	Status	Rural Status	Designation Date	Update Date	
		SIU Center for Family Medicine-Adams County Dental Clinic	330 Vermont St Ste 100	Quincy	IL	62301-2700	Adams	Rural	Rural		
		SIU Center for Family Medicine-Carbondale	300 W Oak St	Carbondale	IL	62901-1400	Jackson	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Chaddock	205 S 24th St Ste 100	Quincy	IL	62301-4446	Adams	Rural	Rural		
		SIU Center for Family Medicine-Decatur	102 W Kenwood Ave	Decatur	IL	62526-4368	Macon	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Integrated Wellness Clinic	710 N 8th St	Springfield	IL	62702-6324	Sangamon	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Jacksonville	345 W State St	Jacksonville	IL	62650-1879	Morgan	Rural	Rural		
		SIU Center for Family Medicine-Lincoln	109 3rd St	Lincoln	IL	62656-2604	Logan	Rural	Rural		
		SIU Center for Family Medicine-Quincy	612 N 11th St	Quincy	IL	62301-2662	Adams	Rural	Rural		
		SIU Center for Family Medicine-Sangamon County Health	2833 South Grand Ave E Ste 100	Springfield	IL	62703-2175	Sangamon	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Sangamon County Health Mobile Unit	2833 South Grand Ave E	Springfield	IL	62703-2175	Sangamon	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Springfield	520 N 4th St	Springfield	IL	62702-5238	Sangamon	Non-Rural	Non-Rural		
		SIU Center for Family Medicine-Transitions of Western Illinois	4409 Maine St Ste 100	Quincy	IL	62305-5849	Adams	Rural	Rural		
		SIU FOHC Clinic Support Offices	319 E Madison St Ste 3A	Springfield	IL	62701-3124	Sangamon	Non-Rural	Non-Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
SIU Quincy/Adams County Health Wellness Express	1172957870	330 Vermont St Ste 211 Quincy	IL	Illinois	62301-2700	Adams	Designated	Rural	08/18/2019	08/18/2019
Primary Care	1172957870	Galatia Primary Care	Rural Health Clinic	Illinois	Saline	17	Designated	Rural	08/18/2019	08/18/2019
Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status	
Galatia Primary Care		PO BOX 69	Galatia	IL	62935-0069		Saline		Rural	
Primary Care	1179797474	Heartland Pediatrics	Rural Health Clinic	Illinois	Williamson	18	Designated	Non-Rural	08/18/2019	08/18/2019
Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status	
Heartland Pediatrics		805 W DeYoung St Ste B	Marion	IL	62959-1602		Williamson		Non-Rural	
Primary Care	1173561387	Low Income - Saline County	Low Income Population HPSA	Illinois	Saline	19	Designated	Rural	09/10/2001	10/27/2016
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Saline County	Saline	Single County		17165		Rural		
Primary Care	1178798538	Low Income - Perry County	Low Income Population HPSA	Illinois	Perry	17	Designated	Rural	02/04/1999	11/09/2016
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Perry County	Perry	Single County		17145		Rural		
Primary Care	1173807417	Johnson County	Geographic HPSA	Illinois	Johnson	12	Designated	Rural	05/12/1978	10/28/2017
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Johnson County	Johnson	Single County		17087		Rural		
Primary Care	1179592070	Low Income - Williamson County	Low Income Population HPSA	Illinois	Williamson	17	Designated	Non-Rural	10/26/2001	10/28/2017
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Williamson County	Williamson	Single County		17199		Non-Rural		
Primary Care	1178155551	Low Income - Jackson County	Low Income Population HPSA	Illinois	Jackson	19	Designated	Partially Rural	03/25/1988	10/28/2017
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Jackson County	Jackson	Single County		17077		Partially Rural		
Primary Care	1176246527	Low Income-Franklin County	Low Income Population HPSA	Illinois	Franklin	17	Designated	Rural	06/21/2006	10/28/2017
Component State Name		Component County Name	Component Name	Component Type	Component GEOID		Component GEOID		Component Rural Status	
Illinois		Franklin County	Franklin	Single County		17055		Rural		

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1174435275	Pinckneyville Correctional Center	Correctional Facility	Illinois	Perry	3	Designated	Rural	06/25/2007	08/29/2018
		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status	
		5835 State Route 154	Pinckneyville	IL	62274-3418		Perry		Rural	
		Pinckneyville Correctional Center								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
00805	Franklin County	Medically Underserved Area	Illinois	55.6	Designated	Rural	1981/04/10	1981/04/10
00808	Jackson County	Medically Underserved Area	Illinois	45.7	Designated	Partially Rural	1994/04/12	1994/04/12
00810	Johnson County	Medically Underserved Area	Illinois	57.0	Designated	Rural	1978/11/01	1978/11/01
00819	Union County	Medically Underserved Area	Illinois	58.2	Designated	Rural	1978/11/01	1978/11/01
00865	Blairsville/ Cartersville Service Area	Medically Underserved Area	Illinois	60.9	Designated	Non-Rural	1994/05/18	1994/05/18
MCD (90432) Blairsville precinct								
MCD (90648) Cartersville precinct								
00866	Williamson Service Area	Medically Underserved Area	Illinois	59.0	Designated	Non-Rural	1994/05/11	1994/05/11
MCD (90846) Corinth precinct								
MCD (90918) Creal Springs precinct								
MCD (91062) East Marion precinct								
MCD (91836) Lake Creek precinct								
05001	Beaucoup Precinct - County	Medically Underserved Area	Illinois	61.1	Designated	Rural	1998/08/31	1998/08/31
MCD (90342) Beaucoup precinct								
05002	Cuttler Precinct - County	Medically Underserved Area	Illinois	51.7	Designated	Rural	1998/08/31	1998/08/31
MCD (90936) Cutler precinct								
07098	Low Income - Saline	Medically Underserved Area	Illinois	56.6	Designated	Rural	2001/05/11	2001/05/11

SIH CANCER INSTITUTE								
Patient Origin, April 1, 2018 - March 31, 2019								
Community	Zip Code	Cases	Percentage		County	In PA F-06?	In Market Area?	Within 21 Miles of Facility?
			of Cases	Cumulative %				
Maion	62959	736	0.1421	14.21%	Williamson	Yes	Yes	Yes
Carbondale)	62901	329			Jackson	No	Yes	Yes
Carbondale)	62902	171			Jackson	No	Yes	Yes
Carbondale)	62903	60	0.1081	25.01%	Jackson	No	Yes	Yes
Murphysboro	62966	379	0.0732	32.33%	Jackson	No	Yes	Yes
Herrin	62948	321	0.0620	38.53%	Williamson	Yes	Yes	Yes
West Frankfort	62898	289	0.0558	44.10%	Franklin	Yes	Yes	Yes
Cartersville	62918	238	0.0459	48.70%	Franklin	Yes	Yes	Yes
Harrisburg	62946	206	0.0398	52.67%	Saline	No	Yes	No
DuQuoin	62832	192	0.0371	56.38%	Perry	No	Yes	No
Benton	62812	134	0.0259	58.97%	Franklin	Yes	Yes	No
Johnston City	62951	131	0.0253	61.49%	Williamson	Yes	Yes	Yes
Anna	62906	112	0.0216	63.66%	Union	No	Yes	No
Creal Springs	62922	92	0.0178	65.43%	Franklin	Yes	Yes	No
Goreville	62939	72	0.0139	66.82%	Johnson	Yes	Yes	Yes
Royalton	62983	71	0.0137	68.19%	Franklin	Yes	Yes	Yes
Carrier Mills	62917	69	0.0133	69.52%	Saline	No	Yes	No
Metropolis	62960	68	0.0131	70.84%	Massac	Yes	Yes	No
De Soto	62924	63	0.0122	72.05%	Jackson	No	Yes	Yes
Zeigler	62999	61	0.0118	73.23%	Franklin	Yes	Yes	Yes
Pinckneyville	62274	59	0.0114	74.37%	Perry	No	Yes	No
ElDorado	62930	57	0.0110	75.47%	Saline	No	Yes	No
Cobden	62920	53	0.0102	76.49%	Union	No	Yes	No
Christopher	62822	51	0.0098	77.48%	Franklin	Yes	Yes	Yes
Vienna	62995	51	0.0098	78.46%	Johnson	Yes	Yes	No
Makanda	62958	50	0.0097	79.42%	Jackson	No	Yes	Yes
Thompsonville	62890	50	0.0097	80.39%	Franklin	Yes	Yes	No
Jonesboro	62952	36	0.0069	81.08%	Union	No	Yes	No
Sesser	62884	36	0.0069	81.78%	Franklin	Yes	Yes	No
Stonewort	62987	36	0.0069	82.47%	Williamson	Yes	Yes	No
Elkville	62932	35	0.0068	83.15%	Jackson	No	Yes	Yes
Buncombe	62912	34	0.0066	83.81%	Johnson	Yes	Yes	No
Mulkeytown	62865	33	0.0064	84.44%	Franklin	Yes	Yes	Yes
Elizabethtown	62931	31	0.0060	85.04%	Hardin+F38:F40	No	No	No
Steelville	62888	30	0.0058	85.62%	Randolph	No	No	No
Pittsburg	62974	28	0.0054	86.16%	Williamson	Yes	Yes	Yes
Millcreek	62961	28	0.0054	86.70%	Union	No	Yes	No
Simpson	62985	27	0.0052	87.22%	Johnson	Yes	Yes	No
Ava	62907	25	0.0048	87.71%	Jackson	No	Yes	No
Buckner	62819	25	0.0048	88.19%	Franklin	Yes	Yes	No
Cambria	62915	24	0.0046	88.65%	Williamson	Yes	Yes	Yes
Vergennes	62994	24	0.0046	89.11%	Jackson	No	Yes	No
Dongola	62926	22	0.0042	89.54%	Union	No	Yes	No
Golconda	62938	20	0.0039	89.92%	Pope (Golconda)	Yes	No	No
Valier	62891	20	0.0039	90.31%	Franklin	Yes	Yes	No
Galatia	62935	19	0.0037	90.68%	Saline	No	Yes	Yes
Hurst	62949	18	0.0035	91.02%	Williamson	Yes	Yes	Yes
Ozark	62972	14	0.0027	91.30%	Johnson	Yes	Yes	No
Campbell Hill	62916	11	0.0021	91.51%	Jackson	No	Yes	No
Pomona	62975	9	0.0017	91.68%	Jackson	No	Yes	Yes
Murphysboro	62992	7	0.0014	91.82%	Jackson	No	Yes	Yes
Cutler	62238	6	0.0012	91.93%	Perry	No	Yes	No
Willisville	62997	6	0.0012	92.05%	Perry	No	Yes	No
Freeman Spur	62841	5	0.0010	92.14%	Frank/William	Yes	Yes	Yes
Orient	62874	3	0.0006	92.20%	Franklin	Yes	Yes	Yes
Alto Pass	62905	2	0.0004	92.24%	Union	No	Yes	No
Other Zipcodes*		402	0.0776	100.00%				
Total, All of These Zipcodes		4,779						
Total Cases		5,181						
Total, These Zipcodes within PA F-06				2,651 (51.17%)				
Total, These Zipcodes within Market Area				4,660 (89.94%)				
Total, These Zipcodes within 21 Miles of facility				3,204 (61.84%)				

III.
Criterion 1110.110(d) - Alternatives

1. During the planning phase of this project, a total of 11 alternative concepts for the expansion of the SIH Cancer Institute were considered.

However, 9 of them were eliminated prior to the development of architectural plans and pricing because they failed to meet at least one of the key requirements for this project:

- The expansion of the Cancer Institute would be undertaken as a single project;
- All clinical services would be placed within the existing Cancer Institute envelope;
- The project must include the replacement of one of the two existing Linear Accelerators;
- The project must include sufficient additional patient stations in Medical Oncology (Infusion, Chemotherapy) to accommodate the existing and projected patient volume for infusion;
- The project must include an expansion of the Clinical Laboratory that would accommodate the existing and projected patient volume, including the need for additional equipment as well as workspace;
- The project must include an expansion of the Pharmacy that would address the requirements of USP 800 and also expand the pharmacists' work area to accommodate the existing and projected patient volume;
- The project must include additional physician offices and exam rooms to accommodate the existing and projected patient volume and to recognize the growth that will occur based on continued physician recruitment.

Based on these requirements, the number of potential alternatives was reduced, and there was only one alternative to the proposed project that was developed and priced, after which it was determined to be less desirable than the alternative that is the subject of this CON application.

Projected Capital Costs: \$22,569,761

This alternative included less new construction and more modernization of existing space than the alternative that is the subject of this CON application.

This alternative would have 18,184 bgsf of new construction and 22,292 dgsf of modernized space.

An architectural blocking plan of this alternative is found in this Attachment.

New construction would include the following departments:

- Replacement and expansion of the Leased Physicians' Offices, including their space for exam rooms and specialty clinics;
- Replacement of the Café;
- Interdepartmental Circulation to connect the addition to the existing building.

Modernization would include the following departments:

- Replacement of one of the two existing Linear Accelerators;
- Modernization and expansion of Medical Oncology (Infusion, Chemotherapy) into the vacated Leased Physicians' Offices and some of the space vacated by the Café and Administrative Office Suite;
- Expansion of Clinical Laboratory;
- Modernization and expansion of Pharmacy in some of the space vacated by the Café and Administrative Office Suite;
- Relocation of the Administration Office Suite into some of the space vacated by Leased Physicians' Offices.

2. This alternative was found to be less desirable than the alternative that is the subject of this CON application for the following reasons.
 - a. Implementation of this option would fragment Medical Oncology (Infusion, Chemotherapy) into two separate suites.
 - b. This alternative was determined to be more disruptive to operations, both during the construction period and during the operation of the expanded facility once it is operational.
 - c. This alternative would have a longer construction period than the construction period for the project that was selected.

- d. This alternative would have a higher estimated project cost than that of the project that was selected.
 - e. The operation of the resulting facility would be less efficient than the operation of the project that was selected because the Medical Oncology Department would be located in two separate areas.
3. This item is not applicable to this project.

The purpose of this project is to expand the existing SIH Cancer Institute to accommodate its current and projected patient volume.

This project will enable Southern Illinois Healthcare (SIH) to continue providing consolidated and coordinated multidisciplinary services to its current and projected patients in a single location that is centrally located to the residents of Southern Illinois. This facility permits patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

Although empirical evidence may not be available to document that the provision of comprehensive cancer care in a single location results in better outcomes to cancer patients, the fact that the National Cancer Institute's designated cancer centers provide such care is indicative of the efficacy of providing cancer care in such facilities. Also, the consolidation of cancer diagnostic and treatment services into a single location is cost-effective from Southern Illinois Healthcare's perspective because it minimizes duplication of scarce health manpower and facilities.

It should be noted that this project does not propose to establish new categories of service or a new health care facility and that the proposed clinical services and programs are all currently provided at the SIH Cancer Institute .

IV.

Criterion 1110.120 - Project Scope, Utilization:
Size of Project

This project proposes to expand the highly utilized facilities of the SIH Cancer Institute, a freestanding Cancer Center that includes both Clinical and Non-Clinical Service Areas.

This project will consist of the construction of 2 additions to the existing Cancer Institute and the modernization of existing space. The project will include both Clinical and Non-Clinical Service Areas.

After this project is completed, the SIH Cancer Institute, which is owned and operated by Memorial Hospital of Carbondale (MHC), will have 46,743 GSF for a number of Clinical Service Areas for outpatient care and Non-Clinical Service Areas for the Cancer Institute's support services. The balance of 13,001 GSF in the SIH Cancer Institute will be leased to physicians for the private practice of medicine.

The SIH Cancer Institute includes the following Clinical Service Areas, all of which will be part of this project.

Radiation Therapy (Linear Accelerators, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Outpatient Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions and dispensing medication)

This project also includes the modernization and/or expansion of the following Non-Clinical Service Areas, all of which are currently provided at the SIH Cancer Institute.

Administration

Quiet Room/Non-Denominational Chapel

Environmental Services

Materials Management

Storage

Entrances, Lobbies and Public Space

Public Toilets

Mechanical/Electrical Space

Canopies

The current Materials Management and Dock will be relocated to temporary space during construction, as their current facilities will be vacated, and new facilities will be constructed for this department as part of this project.

As stated above, the SIH Cancer Center will include space leased to physician groups for their medical offices.

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

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

Support Services for Radiation Therapy

Medical Oncology (Infusion Center/Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions and dispensing medication))

The space for Radiation Therapy will remain unchanged as a result of this project.

The only capital expenditure for Radiation Therapy will be in the Linear Accelerator area, where the following will occur, as shown in the Space Program that is part of this Attachment:

- A new linear accelerator will replace an existing Linear Accelerator, which will necessitate modernization of the existing Linear Accelerator Vault;
- Replacement of equipment in 1 of the 2 existing control rooms;
- Adding equipment to the space currently used to store Physics Testing Equipment; and
- Upgrading finishes in the second existing Linear Accelerator Vault, which will otherwise remain unchanged.

In addition, 2 rooms in this area will be utilized as the Interim Materials Management Department during construction (i.e., Physics Equipment Room, Break Room), and they will revert to their current uses when the construction is completed.

As stated previously, the gross square footage of the Radiation Therapy space at the SIH Cancer Institute will remain unchanged as a result of this project.

Although there will be no construction or changes to the Simulation space or any capital expenditure associated with this function as part of this project, information regarding volumes and square footage of that area is presented for informational purposes.

The basis for the space for Radiation Therapy was established in the CON application to establish the SIH Cancer Institute, then named the SIH Cancer Center.

This basis remains valid now that it is based upon historic volumes at the SIH Cancer Institute.

This analysis is based upon the following.

- Historic utilization of Radiation Therapy at the SIH Cancer Institute during FY2019.

FY 2018: 12,848 Treatments

FY 2019: 14,100 Treatments

- Projected utilization of Radiation Therapy at the SIH Cancer Institute for its first 2 full years of operation after this project becomes operational (FY2024, FY2025).

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

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

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

<u>Clinical Service Area</u>	<u>State Guideline Unit/Room</u>	<u>FY2019 Utilization</u>	<u>FY2025 Volume (2nd full year of operation)</u>	<u>Total Units Justified</u>	<u>Total Proposed Units</u>
<u>Radiation Therapy:</u>					
Linear Accelerators	7,500 Treatments/ Accelerator	14,100 Treatments	14,005 Treatments	2	2
Simulators (not part of project)	N/A	N/A	N/A Visits	1	1

The proposed pieces of equipment for the Radiation Therapy Service are within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) or not applicable. The square footage proposed for Radiation Therapy Linear Accelerators and Simulators, which apply to the only Clinical Service Area for which State Guidelines exist, is shown below.

<u>Service</u>	<u>State Guideline DGSF/room or unit</u>	<u>Total DGSF Justified per program</u>	<u>Total Proposed DGSF</u>
<u>Radiation Therapy</u>			
Linear Accelerators	2,400 DGSF/ Accelerator	4,800 DGSF for 2 Accelerators	3,932 DGSF for 2 Accelerators
Simulator (not part of project)	1,800 DGSF/ Simulator	1,800 DGSF for 1 Simulator	624 DGSF for 1 Simulator

The following published data and studies identify the scope of services, guidelines for design and construction of outpatient radiation therapy facilities, and contemporary standards of care that were addressed in developing the space needed for the Clinical Service Areas in the SIH Cancer Institute.

- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406 ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- The Facilities Guidelines Institute, Guidelines for Design and Construction of Outpatient Facilities, 2018 edition. 2018: Facilities Guidelines Institute (FGI).

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

<u>Clinical Service Area</u>	<u>Proposed DGSF</u>	<u>State Guideline</u>	<u>Difference</u>	<u>Met Guideline?</u>
Radiation Therapy				
Linear Accelerators	3,932 DGSF for 2 Accelerators	4,800 DGSF for 2 Accelerators	868 DGSF under Guideline	Yes
Simulator (not part of project)	624 DGSF for 1 Simulator	1,800 DGSF for 1 Simulator	1,176 DGSF under Guideline	Yes

The Space Programs for the Clinical Service Areas included in this project are found on the following pages of this Attachment, following the Guidelines.

SPACE PROGRAM

RADIATION THERAPY: LINEAR ACCELERATORS (THIS PROJECT ONLY)

Replace 1 existing Linear Accelerator in an existing Linear Accelerator Vault, modernizing the vault for the new equipment

Upgrade finishes in second existing Linear Accelerator Vault

Replace equipment in 1 of 2 existing Control Rooms

Add Linear Accelerator Power Conditioner in space currently used to store Physics Testing Equipment, which will remain in that space

Utilize the existing Physics Equipment Room as Clean Supply Storage Room for the Interim Materials Management Department during construction, reverting to its current use after the construction is completed

Utilize the existing Break Room as a Storage Room for the Interim Materials Management Department during construction, reverting to its current use after construction is completed

SPACE PROGRAMMEDICAL ONCOLOGY (INFUSIONS/CHEMOTHERAPY) (THIS PROJECT ONLY)

Modernize existing Waiting Area in current location

- 1 additional Waiting Area in new construction
- 3 new Registration stations in vacated Clinical Laboratory space, replacing 2 existing registration stations
- 1 Pre-Certification/Scheduling Area in vacated Clinical Laboratory space
- 2 Intake Areas, 1 in modernized space replacing an existing intake area, 1 in new construction
- 37 Infusion Stations replacing 18 open infusion stations, of which 15 are in modernized space, 2 reconfigured in modernized space, 20 new stations in new construction, and 1 existing station lost to reconfiguration of department
- 5 Enclosed Infusion Stations replacing 3 enclosed infusion stations, of which 2 are existing and will have finishes modernized, 3 will be in new construction, and 1 existing station will be lost to reconfiguration of department
- 4 Enclosed Infusion Toilets in new construction
- 6 Patient Toilets replacing 2 existing patient toilets, of which 3 are in modernized space, 3 in new construction
- 1 Injection/Pump Room in vacated Clinical Laboratory space
- 4 Nurse Stations replacing 2 existing stations, 2 modernized in their current locations and 2 in new construction
- 2 Nourishment Stations replacing 1 existing station, 1 modernized in its current location and 1 in new construction
- 2 Clean Supply Rooms replacing 1 existing room, 1 in modernized space, 1 in new construction
- 4 Soiled Holding Alcoves replacing 1 existing alcove, 1 of which is existing and will have finishes modernized, 1 in modernized space, 2 in new construction

Continued on next page

MEDICAL ONCOLOGY (INFUSIONS/CHEMOTHERAPY) (THIS PROJECT ONLY)
(CONTINUED, PAGE 2)

- 1 Housekeeping Closet, existing and having finishes modernized
- 1 Manager's Office in new construction
Staff Lounge in modernized space
- 1 Staff Toilet in new construction, retaining 1 existing staff toilet
- 4 Wheelchair Alcoves, 2 in modernized space, 2 in new construction
- 2 new Public Toilets in new construction (1 Men's, 1 Women's)

SPACE PROGRAM

REHABILITATION SERVICES (THIS PROJECT ONLY)

Infill current exterior window at the location where the building addition will be constructed adjacent to this wall

NOTE: This is the only work being done in this department

SPACE PROGRAM

CLINICAL LABORATORY INCLUDING OUTPATIENT SPECIMEN PROCUREMENT
(THIS PROJECT ONLY)

- 1 Waiting Area in new construction
- 4 Registration/Support Areas in new construction
- 6 Blood Draw Stations in new construction
- 1 Patient Toilet in new construction
- 1 Tech Work Area in new construction
- 1 Lab Processing Area in new construction
- 1 Lab Storage Area in new construction
- 1 Lab Manager Office in new construction

SPACE PROGRAM

PHARMACY (THIS PROJECT ONLY)

1 Pharmacist/Tech Work Area in modernized space
(vacated Clinical Laboratory space)

Expansion of Work Counter in modernized space
(vacated Clinical Laboratory space)

1 Omnicell Control Computer and Supply Cabinets in modernized space
(vacated Clinical Laboratory space)

1 Manager's Office in modernized space (vacated Clinical Laboratory space)

Staff Lockers and Closet in modernized space (vacated Clinical Laboratory space)

IV.
Criterion 1110.120 - Project Scope, Utilization:
Project Services Utilization

This project proposes to expand the highly utilized facilities of the SIH Cancer Institute, a freestanding Cancer Center that includes both Clinical and Non-Clinical Service Areas.

The SIH Cancer Institute also includes space that is leased to physicians for the private practice of medicine.

The SIH Cancer Institute, which is owned and operated by Memorial Hospital of Carbondale (MHC), currently includes the following Clinical Service Areas, all of which will be part of this project.

Radiation Therapy (Linear Accelerators, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Outpatient Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions and dispensing medication)

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

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

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

The projected utilization for Linear Accelerator treatments is presented in this Attachment as well as in Attachment 37.

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

Support Services for Radiation Therapy

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

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

<u>Clinical Service Area</u>	<u>State Guideline</u>
<u>Radiation Therapy</u>	
Linear Accelerators	7,500 Treatments per Accelerator
Simulator	N/A

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

<u>Clinical Service Area</u>	<u>Historic Utilization</u>	<u>Projected Utilization</u>		<u>State Standard</u>	<u>Met Standard in Year 2?</u>
		<u>Year 1 FY2024</u>	<u>Year 2 FY2025</u>		
	<u>FY2019</u>				
<u>Radiation Therapy</u>					
Linear Accelerators	14,100 Treatments	13,597 Treatments	14,005 Treatments	7,500 Treatments/ Accelerator	Yes

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

<u>Clinical Service Area</u>	<u>State Guideline (Unit/Room)</u>	<u>Projected Year 2 (FY2025) Volume</u>	<u>Total Units (Pieces of Equipment)</u>
<u>Radiation Therapy</u>			
Linear Accelerators	7,500 Treatments/Accelerator	14,005 Treatments	2

The assumptions underlying the projected utilization for the Linear Accelerators, the only modality in the sole Clinical Service Area for which a State Guideline regarding utilization exists, are presented below and in Attachment 30.

Linear Accelerators

The projected number of Radiation Therapy treatments on Linear Accelerators will decrease slightly from the 14,100 treatments performed in FY2019 at the SIH Cancer Institute to 14,005 treatments in FY2025.

The number of treatments that are projected to be performed on Linear Accelerators at the SIH Cancer Institute was determined based upon the following assumptions.

1. Although the number of Radiation Therapy treatments performed at the SIH Cancer Institute increased significantly from the time the facility opened in FY2015 through FY2019, when 14,100 Radiation Therapy treatments were performed, the volume is projected to decline by 14.3% to 12,081 treatments in FY2020.

That is because of the unexpected death of one of the Cancer Institute's Radiation Oncologists in November, 2018, which reduced the potential capacity in this department for more than 8 months until a new (replacement) Radiation Oncologist was recruited and began to work at the facility. As a result, a number of patients requiring Radiation Therapy during that 8-month period had to be referred to other facilities outside the service area and outside SIH Cancer Institute's market area for their Radiation Therapy treatments.

2. Because of this necessary reduction in the SIH Cancer Institute's capacity during FY2020, it was determined that this is the year that should serve as a baseline for projecting future years' Radiation Therapy treatments.
3. It was also determined that the rate of future growth in Radiation Therapy treatments at the SIH Cancer Institute is likely to slow from the rapid increase in the historic growth experienced during the facility's first years of operation. For example, Radiation Therapy treatments increased by 9.7% from FY 2018 (12,848) to FY 2019 (14,100).

It is assumed that one reason the rate of future growth will slow down is because there is less potential for future growth due to the rapid increase in SIH Cancer Institute's market share for oncology services within its 7-county market area during the first four years of its operation, which has resulted in fewer potential patients now needing to leave the area and even leave Illinois for coordinated and comprehensive cancer care.

4. Yet, the number of Radiation Therapy Treatments is projected to continue to increase annually, due in part to the significant prevalence of cancer in the SIH Cancer Institute's 7-county market area. The rising rate of cancer within the market area is likely to be one of the reasons for the significant growth in historic volumes experienced at SIH Cancer Institute beyond the projections that preceded the development of this facility.

With the exception of Jackson County, total cancer incidence rates within the market area exceed that of the state average for Illinois, with Franklin County having the highest cancer incidence rate in the entire state. Additionally, several counties in the market area have high cancer incidence rates by type of cancer, including the following: Williamson County has the second highest rate of leukemia; Franklin County has the second highest rate of lung cancer; Union County has the fourth highest rate of lung cancer; Johnson County has the second highest rate of lymphoma; Union County has the fifth highest rate of melanoma; and Williamson County has the sixth highest rate of cervical cancer.

5. As a result, the SIH Cancer Institute and its parent, Southern Illinois Healthcare, project that Radiation Therapy Treatments will increase by 3.0% annually from FY 2020 through FY2025, the second complete fiscal year after the project, including the new replacement linear accelerator, becomes operational.

V.M.

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

This project proposes to expand and modernize a freestanding cancer center, which includes both Clinical and Non-Clinical Service Areas. After this project is completed, the SIH Cancer Institute will include space that is leased to physicians for the private practice of medicine, as it does at the present time.

The SIH Cancer Institute, which is owned and operated by Memorial Hospital of Carbondale (MHC), currently includes the following Clinical Service Areas, none of which are Categories of Service.

Radiation Therapy (Linear Accelerators, Simulator, Support Services)

Medical Oncology Infusion Center (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Outpatient Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions and dispensing medication)

This project retains all of these Clinical Service Areas, and it does not add or remove any Clinical Service Areas.

As stated above, this project does not include any Clinical Service Areas that are Categories of Service.

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

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

Support Services for Radiation Therapy

Medical Oncology Infusion Center (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions and dispensing medications)

All of these Clinical Service Areas are necessary to provide care to patients currently undergoing diagnostic and therapeutic oncology services at the SIH Cancer Institute as well as at Memorial Hospital of Carbondale, Memorial Hospital Cancer Institute's Marion location, and at St. Joseph Memorial Hospital in Murphysboro, as well as the additional patients who will be served at the SIH Cancer Institute once it is expanded.

1. Criterion 1110.270(c)(2) - Necessary Expansion

This project is necessary in order to expand diagnostic, treatment, and support services at the SIH Cancer Institute to meet patient service demands, both its current workload as well as projected increases in its workload.

The SIH Cancer Institute, which opened in 2015, is an integral part of healthcare services provided by Southern Illinois Healthcare (SIH) to residents of Southern Illinois.

The facility provides residents of Southern Illinois with diagnostic and treatment services in Radiation Oncology (Radiation Therapy), Infusion Therapy (Medical Oncology/Chemotherapy), Laboratory, Pharmacy, Cancer Rehabilitation, and physician care through a Hematology/Oncology Clinic and Specialty Clinics (e.g., Colorectal and Surgical Oncology).

SIH Cancer Institute is part of Memorial Hospital of Carbondale's Comprehensive Community Hospital Cancer Program that is accredited by the Commission on Cancer of the American College of Surgeons. This program diagnosed 1,128 new cancer patients in FY2019, an increase from 1,045 new cancer cases in FY2018. This is an increase of 25% from the 900 new cancer patients diagnosed in 2011 before the CON to establish the SIH Cancer Institute was submitted.

From the time when SIH Cancer Institute opened in 2015, the benefits of this comprehensive cancer center were immediate, and the region benefitted from

having these services available in a facility that included clinical excellence, integration, and team-based coordination of care. Patient volumes have grown much faster than anticipated during the four complete fiscal years in which the facility has been in operation, and the original patient volume projections were rapidly exceeded.

- a. This project is designed to address the need to expand the SIH Cancer Institute, recognizing that four primary factors have resulted in the facility experiencing much higher patient volumes than anticipated when this facility was originally planned and the initial CON application was submitted.
- The SIH Cancer Institute experienced an unexpected increase in its caseload when a local oncologist with an established private practice left the market in 2016, as a result of which the vast majority of her patients became part of the SIH Cancer Institute's caseload.
 - The utilization of the SIH Cancer Institute increased more rapidly than originally projected as patients residing in its market area started obtaining cancer care within their market area, rather than continuing their historic outmigration to other states, including Missouri, Kentucky, and Indiana for cancer care.
 - The SIH Cancer Institute experienced unanticipated increases in its caseload when patients residing outside SIH's market area, including residents of central and northern Illinois, began to seek care at the facility. This immigration is the result of several factors, including the lack of alternate options in patients' residential areas, the Cancer Institute's reputation, local support for the Cancer Institute, and payor mix restrictions at other facilities located closer to patients' residences.

As a result, the clinical facilities at the SIH Cancer Institute are currently undersized and need to be expanded to meet the Cancer Institute's current workload as well as to meet projected future volumes.

This project will improve the Cancer Institute's ability to provide cancer treatment to Southern Illinois Healthcare's market area population, which consists of the following counties in Southern Illinois.

Franklin County
 Jackson County
 Johnson County
 Perry County
 Saline County

Union County
Williamson County

This project is a necessary expansion of the SIH Cancer Institute's existing outpatient cancer treatment services and physician offices and exam rooms for their private practice of medicine.

Projections for the proposed expansion were based upon current patient volumes, projected cancer incidence, and projected population trends for the facility's market area.

This project will expand the following Clinical Service Areas.

- Infusions (Medical Oncology/Chemotherapy)
- Clinical Laboratory, including Blood Bank
- Pharmacy

The square footage of Radiation Therapy will remain unchanged as a result of this project. This project will include the replacement of one of SIH Cancer Institute's two linear accelerators, which was purchased in 2008 and has exceeded its useful life. This linear accelerator was originally located at SIH's freestanding cancer facility in Marion and was moved to the SIH Cancer Institute when it opened as a facility consolidating multiple cancer facilities in Southern Illinois that SIH operated.

The square footage of Rehabilitation Services will be reduced by 15 DGSF as a result of this project.

In addition, this project will expand the square footage of space being leased to physicians for their offices and exam rooms for the private practice of medicine. These physicians conduct clinics for cancer specialties as part of their private practices that are located in the SIH Cancer Institute.

- b. This project is needed to improve the SIH Cancer Institute's ability to provide essential services to the cancer patients it serves, including the uninsured and underinsured residents of Planning Area F-06, the State-defined planning area in which the hospital is located, and SIH's seven-county market area, which includes parts or all of Planning Areas F-05, F-06, and F-07. These areas are discussed in Attachment 12.

The prevalence of cancer in the SIH market area is significant. With the exception of Jackson County, total cancer incidence rates within the market area exceed that of the state average, and there is a rising rate of cancer within the SIH market area.

Franklin County has the highest rate of cancer in the State of Illinois.

Additionally, several of the counties in the market area have high rankings in the State of Illinois by type of cancer, including the following: Williamson County has the second highest rate of leukemia; Franklin County has the second highest rate of lung cancer and Union County has the fourth highest rate; Union County has the fifth highest rate of melanoma; and Williamson County has the sixth highest rate for cervical cancer.

- c. The expanded SIH Cancer Institute will be sized to accommodate its projected utilization in all services during its second full fiscal year of operation after this project is completed.

This Attachment includes includes projected utilization for Fiscal Year 2025 for all Clinical Service Areas in the SIH Cancer Institute since none of the Clinical Service Areas are Categories of Service. Fiscal Year 2025 will be the second complete fiscal year of operation of the SIH Cancer Center.

Utilization of Linear Accelerators, which is the only modality of the only Clinical Service Area in the SIH Cancer Center for which State Guidelines exist (77 Ill. Adm. Code 1110.APPENDIX B), currently meets the State Guidelines for utilization based upon historic utilization and will continue to do so through the second complete fiscal year of operation.

The projected volume for FY 2025 for the Clinical Service Areas included in this project, none of which is a Category of Service, are presented later in this Attachment under Item 3: Criterion 1110.270(c)(3)(B) - Utilization - Service or Facility.

2. Criterion 1110.270(c)(3)(A) - Utilization - Major Medical Equipment

This project proposes to replace 1 of the 2 existing Linear Accelerators at the SIH Cancer Institute.

The CON Rules specify target utilization levels for linear accelerators (77 Ill. Adm. Code 1110.APPENDIX B), which the SIH Cancer Institute has exceeded historically and projects that it will continue to exceed in the future.

<u>Clinical Service Area</u>	<u>State Guideline Units/Pieces of Equipment</u>	<u>FY2025 Volume (2nd full year of operation)</u>	<u>Total Units Justified</u>	<u>Total Proposed Units</u>
<u>Radiation Therapy</u>				
Linear Accelerators	7,500 Treatments/ Accelerator	14,005 Treatments	2	2

*Linear Accelerators are the only component of Radiation Therapy that is shown in this chart because they are the only component of Radiation Therapy included in this project

The assumptions underlying the utilization for the Linear Accelerators, the only modality of the only Clinical Service Area for which State Guidelines regarding utilization exist, are presented below and in Attachment 15.

- Although the number of Radiation Therapy treatments performed at the SIH Cancer Institute increased significantly from the time the facility opened in FY2015 through FY2019, when 14,100 Radiation Therapy treatments were performed, the volume is projected to decline by 14.3% in FY2020.

That is because of the unexpected death of one of the Cancer Institute's Radiation Oncologists in November, 2018, which reduced the potential capacity in this department for more than 8 months until a new (replacement) Radiation Oncologist was recruited and began to work at the facility. As a result, a number of patients requiring Radiation Therapy during that 8-month period had to be referred to other facilities outside the service area and outside SIH Cancer Institute's market area for their Radiation Therapy treatments.

- Because of this necessary reduction in the SIH Cancer Institute's capacity during FY2020, it was determined that this is the year that should serve as a baseline for projecting future years' Radiation Therapy treatments.
- It was also determined that the rate of future growth in Radiation Therapy treatments at the SIH Cancer Institute is likely to slow from the rapid increase in the historic growth experienced during the facility's first years of operation. For example, Radiation Therapy treatments increased by 9.7% from FY 2018 (12,848) to FY 2019 (14,100).

It is assumed that one reason the rate of future growth will slow down is because there is less potential for growth due to the rapid increase in SIH

Cancer Institute's market share for oncology services within its 7-county market area during the first four years of its operation, which has resulted in fewer potential patients now needing to leave the area and even leave Illinois for coordinated and comprehensive cancer care.

- Yet, the number of Radiation Therapy Treatments is projected to continue to increase annually, due in part to the significant prevalence of cancer in the SIH Cancer Institute's 7-county market area. The rising rate of cancer within the market area is likely to be one of the reasons for the significant growth in historic volumes experienced at SIH Cancer Institute beyond the projections that preceded the development of this facility.

With the exception of Jackson County, total cancer incidence rates within the market area exceed that of the state average for Illinois, with Franklin County having the highest cancer incidence rate in the entire state. Additionally, several counties in the market area have high cancer incidence rates by type of cancer, including the following: Williamson County has the second highest rate of leukemia; Franklin County has the second highest rate of lung cancer; Union County has the fourth highest rate of lung cancer; Johnson County has the second highest rate of lymphoma; Union County has the fifth highest rate of melanoma; and Williamson County has the sixth highest rate of cervical cancer.

- As a result, the SIH Cancer Institute and its parent, Southern Illinois Healthcare, project that Radiation Therapy Treatments will increase by 3.0% annually from FY 2020 through FY2025, the second complete fiscal year after the project, including the new replacement linear accelerator, becomes operational.

The proposed number of Linear Accelerators, the only modality of the sole Clinical Service Area for which State Guidelines for utilization exist that is part of this project (77 Ill. Adm. Code 1110.APPENDIX B), is in accordance with the State Guideline for that modality, as shown in the chart below.

<u>Clinical Service Area</u>	<u>State Guideline (Units/Pieces of Equipment)</u>	<u>Projected Year 2 (FY2025) Volume</u>	<u>Total Units (Pieces of Equipment)</u>
<u>Radiation Therapy</u>			
Linear Accelerators	7,500 Treatments/Accelerator	14,005 Treatments	2

In addition, the proposed floor area (DGSF) for Radiation Therapy (specifically Linear Accelerators), the only Clinical Service Area for which State Guidelines exist, is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B), as shown in the chart below.

<u>Clinical Service Area</u>	<u>State Guideline DGSF/Unit</u>	<u>Total DGSF Justified per program</u>	<u>Total Proposed DGSF</u>
<u>Radiation Therapy</u>			
Linear Accelerators	2,400 DGSF/ Accelerator	4,800 DGSF	3,932 DGSF

The chart below is presented for the proposed floor areas for Linear Accelerators, the only modality in the only Clinical Service Area for which State Standards exist.

<u>Clinical Service Areas</u>	<u>Proposed DGSF</u>	<u>State Standard</u>	<u>Difference</u>	<u>Met Standard?</u>
<u>Radiation Therapy</u>				
Linear Accelerators	3,932 DGSF for 2 Accelerators	4,800 DGSF for 2 Accelerators	868 DGSF under Guideline	Yes

3. Criterion 1110.270(c)(3)(B) - Utilization - Service or Facility

This project proposes to modernize the following Clinical Service Areas which are not identified in 77 Ill. Adm. Code 1110.APPENDIX B as having any target utilization standards or square footage standards.

The projected volume for each of these Clinical Service Areas is shown in the chart on the next page.

<u>Clinical Service Areas</u>	<u>State Guideline Units/ Rooms</u>	<u>FY2025 Volume (2nd full year of operation)</u>	<u>Total Units/ Rooms Justified</u>	<u>Total Proposed Units/ Rooms</u>
Medical Oncology (Chemotherapy)	N/A	24,888 Treatments	N/A	N/A
Rehabilitation Therapies (Physical/ Occupational Therapy, Speech Therapy, Audiology)	N/A	3,303 Visits	N/A	N/A
Clinical Laboratory, (Specimen Collection, Lab Processing)	N/A	24,963 Phlebotomy Station Visits 68,486 Tests Processed 770 Blood Bank	N/A	N/A
Pharmacy	N/A	138,453 Infusions Prepared 47,578 Doses Dispensed	N/A	N/A

*N/A refers to there being no State Norm for number of units or rooms

The projected floor area for each of these Clinical Service Areas is shown in the chart on the next page.

Clinical Service Areas	<u>State Guideline DGSF/room or unit</u>	<u>Total DGSF Justified per program</u>	<u>Total Proposed DGSF</u>
Medical Oncology (Chemotherapy)	N/A	N/A	11,971 DGSF
Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology)	N/A	N/A	1,652 DGSF
Clinical Laboratory (Outpatient Specimen Collection/Lab)	N/A	N/A	3,223 DGSF
Pharmacy	N/A	N/A	1,240 DGSF

Space Programs for each of the Clinical Service Areas are found on the following pages as well as in Attachment 14.

SPACE PROGRAMRADIATION THERAPY: LINEAR ACCELERATORS (THIS PROJECT ONLY)

Replace 1 existing Linear Accelerator in an existing Linear Accelerator Vault, modernizing the vault for the new equipment

Upgrade finishes in second existing Linear Accelerator Vault

Replace equipment in 1 of 2 existing Control Rooms

Add Linear Accelerator Power Conditioner in space currently used to store Physics Testing Equipment, which will remain in that space

Utilize the existing Physics Equipment Room as Clean Supply Storage Room for the Interim Materials Management Department during construction, reverting to its current use after the construction is completed

Utilize the existing Break Room as a Storage Room for the Interim Materials Management Department during construction, reverting to its current use after construction is completed

SPACE PROGRAMMEDICAL ONCOLOGY (INFUSIONS/CHEMOTHERAPY) (THIS PROJECT ONLY)

Modernize existing Waiting Area in current location

- 1 additional Waiting Area in new construction
- 3 new Registration stations in vacated Clinical Laboratory space, replacing 2 existing registration stations
- 1 Pre-Certification/Scheduling Area in vacated Clinical Laboratory space
- 2 Intake Areas, 1 in modernized space replacing an existing intake area, 1 in new construction
- 37 Infusion Stations replacing 18 open infusion stations, of which 15 are in modernized space, 2 reconfigured in modernized space, 20 new stations in new construction, and 1 existing station lost to reconfiguration of department
- 5 Enclosed Infusion Stations replacing 3 enclosed infusion stations, of which 2 are existing and will have finishes modernized, 3 will be in new construction, and 1 existing station will be lost to reconfiguration of department
- 4 Enclosed Infusion Toilets in new construction
- 6 Patient Toilets replacing 2 existing patient toilets, of which 3 are in modernized space, 3 in new construction
- 1 Injection/Pump Room in vacated Clinical Laboratory space
- 4 Nurse Stations replacing 2 existing stations, 2 modernized in their current locations and 2 in new construction
- 2 Nourishment Stations replacing 1 existing station, 1 modernized in its current location and 1 in new construction
- 2 Clean Supply Rooms replacing 1 existing room, 1 in modernized space, 1 in new construction
- 4 Soiled Holding Alcoves replacing 1 existing alcove, 1 of which is existing and will have finishes modernized, 1 in modernized space, 2 in new construction

Continued on next page

MEDICAL ONCOLOGY (INFUSIONS/CHEMOTHERAPY) (THIS PROJECT ONLY)
(CONTINUED, PAGE 2)

- 1 Housekeeping Closet, existing and having finishes modernized
- 1 Manager's Office in new construction
 - Staff Lounge in modernized space
- 1 Staff Toilet in new construction, retaining 1 existing staff toilet
- 4 Wheelchair Alcoves, 2 in modernized space, 2 in new construction
- 2 new Public Toilets in new construction (1 Men's, 1 Women's)

SPACE PROGRAM

REHABILITATION SERVICES (THIS PROJECT ONLY)

Infill current exterior window at the location where the building addition will be constructed adjacent to this wall

NOTE: This is the only work being done in this department

SPACE PROGRAM

CLINICAL LABORATORY INCLUDING OUTPATIENT SPECIMEN PROCUREMENT
(THIS PROJECT ONLY)

- 1 Waiting Area in new construction
- 4 Registration/Support Areas in new construction
- 6 Blood Draw Stations in new construction
- 1 Patient Toilet in new construction
- 1 Tech Work Area in new construction
- 1 Lab Processing Area in new construction
- 1 Lab Storage Area in new construction
- 1 Lab Manager Office in new construction

SPACE PROGRAM

PHARMACY (THIS PROJECT ONLY)

- 1 Pharmacist/Tech Work Area in modernized space
(vacated Clinical Laboratory space)

Expansion of Work Counter in modernized space
(vacated Clinical Laboratory space)

- 1 Omnicell Control Computer and Supply Cabinets in modernized space
(vacated Clinical Laboratory space)

- 1 Manager's Office in modernized space (vacated Clinical Laboratory space)

Staff Lockers and Closet in modernized space (vacated Clinical Laboratory space)

PROOF OF A+ BOND RATING

RatingsDirect®

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Southern Illinois Healthcare Enterprises, Illinois

Illinois Finance Authority (Southern Illinois Healthcare Enterprises) rev bnds (Southern Illinois Healthcare Enterprises) ser 2017A due 3/1/2045

<i>Long Term Rating</i>	A+/Stable	Affirmed
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Illinois Finance Authority (Southern Illinois Healthcare Enterprises) rev bnds (Southern Illinois Healthcare Enterprises) ser 2017B due 3/1/2045

<i>Long Term Rating</i>	A+/Stable	Affirmed
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Rationale

S&P Global Ratings affirmed its 'A+' long-term rating on the Illinois Finance Authority's series 2017A, 2017B, and 2017C bonds issued for Southern Illinois Healthcare Enterprises (SIHE or the system). The outlook is stable.

The rating and outlook reflect our expectation that operating margins will rebound following operating challenges in fiscal 2018. Installation of an electronic medical record (EMR) and the resultant increase in salary and benefit costs primarily drove the operating loss. The first quarter of fiscal 2019 shows marked improvement, and although margins over the next couple of years might not be as strong as they have been historically, we do not expect them to be as weak as in fiscal 2018. Also supporting the rating are SIHE's solid market presence with some revenue diversity across its three acute care hospitals, very healthy maximum annual debt service (MADS) coverage supported partially by good investment returns, and maintenance of a strong balance sheet despite the operating headwinds. However, in our view, the tightened operating margins, coupled with the more moderate debt levels, have reduced the system's financial flexibility at the current rating for any continued operating challenges, issuance of significant additional debt, or deterioration in unrestricted reserves.

The rating further reflects our view of SIHE's credit strengths, including:

- Dominant market share in both its three-county primary service area (PSA) and its larger regional service area, providing key tertiary services to a broad area and successfully reducing outmigration for areas such as cancer services;
- Historically robust MADS coverage of over 5x for the past few years;
- Solid operating liquidity, as measured by days' cash on hand, that has remained stable over the past few years as unrestricted reserves have grown incrementally year over year;
- Forward-looking and strategic management team that has an eye toward protecting SIHE's competitive position, managing expense growth, and preparing for the future of health care delivery.

The rating also reflects our view of the following credit risks:

- Operating margins that were challenged in fiscal 2018 due to SIHE's EMR implementation, and our expectation that they could remain pressured by higher operating expenses related to maintaining the EMR along with ongoing industry pressures;
- Moderate debt levels after the series 2017 issuance with cash-to-debt levels and leverage that, while improving, are below medians; and
- Weak economic and demographic fundamentals, with a largely rural market outside the main city of Carbondale where Southern Illinois University (SIU) is located.

Outlook

The stable outlook reflects our view that SIHE will maintain its very strong financial profile following the operating loss in fiscal 2018 by sustaining its balance sheet and returning to positive operating margins. Our view is supported by positive first-quarter fiscal 2019 operating results and management's demonstrated history of typically meeting or exceeding its budget. The outlook also reflects our view of SIHE's market leading share within a large, geographically expansive area, which we expect it will maintain.

Downside scenario

We would likely lower the rating or assign a negative outlook in the two-year outlook horizon if recent operating losses persist in fiscal 2019, or if balance-sheet metrics deteriorate through a material debt issuance or a reduction in unrestricted reserves. Although not expected, any considerable weakening to SIHE's market presence could also negatively pressure the rating.

Upside scenario

A higher rating is unlikely within the two-year outlook period. We could consider a higher rating if the system saw substantial improvement in its operations and debt profile, while bolstering unrestricted reserves and maintaining stable economic fundamentals and its strong market position.

Enterprise Profile: Strong

Dominant competitive position enables success despite weak regional economic fundamentals

SIHE, through its Southern Illinois Hospital Services division, operates three hospitals within its PSA. Its PSA encompasses three counties in southern Illinois (Franklin, Jackson, and Williamson) and has an estimated population of about 165,000 residents. Within this area, SIHE maintains an extremely strong 75% market share. It also draws patients from a wider service area of 240,000 residents encompassing Johnson, Perry, Saline, and Union counties. It maintains a strong 52% market share even in this more expansive area, demonstrating its dominance in the regional market. The system's market share has been stable-to-slightly growing for years, keeping pace with its inpatient volume that has grown by about 2% each year for the past several years. SIHE's primary competitor is Heartland Regional Medical Center, which is about two-thirds the size of SIHE's largest hospital in Carbondale and holds a low 11% market share in the seven-county area.

Management is working to protect SIHE's extremely strong market share in several ways. It continues to focus on

stemming outmigration in its markets through the hiring of specialty physicians (particularly in neurosurgery and cancer services) as well as the maintenance and possible expansion of its cancer care center, which opened in 2015 and has been a success. Management indicates that there are no new service lines the system should pursue; however, management is pursuing a Level II trauma designation for its Carbondale hospital that it plans to gain in the next year. SIHE maintains good relationships and loose affiliations with some of the smaller hospitals in the market area that refer higher acuity patients to SIHE, which also helps support market share.

While the system's more rural location gives SIHE a significant competitive advantage, it also creates some concerns regarding its weak economic fundamentals. The area has higher unemployment, more population decline, and lower per capita income relative to national averages. Somewhat mitigating our view of the weaker fundamentals is the stabilizing institutional influence of SIU, which has an enrollment of approximately 13,000 students at its Carbondale campus and is the largest employer in the service area with more than 4,000 employees. SIU has a somewhat weakened competitive position with regard to faculty, staff, and student recruitment due to the state's failure to provide consistent funding support and the resultant negative publicity surrounding Illinois public universities, but we do not yet see evidence that this has meaningfully affected SIHE's service area dynamics. However, we will continue to monitor the impact.

Market-specific considerations include healthy payer mix and initial steps toward performance-based contracts

We view SIHE's payer mix as relatively diverse on a net revenue basis, with modest concentration in Medicaid. In the past, state-related budget issues have resulted in late payments for the system's many state-insured patients, causing a spike in the amount of cash tied up in accounts receivable; however, with the passage of the state budget, SIHE is now receiving more timely payments.

While the vast majority of contracts remain fee-for-service, management has been engaging in modest upside risk-sharing tied to quality outcomes through some of its contracts with Blue Cross Blue Shield, which has resulted in about \$2 million in quality and incentive payments annually. Beginning in 2020, SIHE will begin taking some very modest downside risk, with management indicating that the maximum loss would be \$1 million annually. These contracts cover approximately 9,000 lives. The system is also a member of the BJC Collaborative, an eight-hospital multistate collaborative that covers mostly Missouri and southern Illinois, which is preparing for some of the changes related to health care reform through a collaborative effort. In 2017, SIHE joined four other BJC Collaborative-affiliated health systems in BJC's Collaborative Care Management Resources (CCMR) endeavor. CCMR aims to build IT infrastructure and data analytics capabilities to enhance patient care coordination and improve population health. While these steps are modest, we view management's preparation for a shift to value-based reimbursement positively.

Table 1

Southern Illinois Healthcare Enterprises -- Enterprise Statistics

	--Three months ended June 30--	--Fiscal year ended March 31--	
	2018	2018	2017
PSA population	N.A.	164,648	164,516
PSA market share (%)	N.A.	75.0	73.8
Inpatient admissions	4,181	17,687	17,206
Equivalent inpatient admissions	12,619	49,020	49,808

Table 1

Southern Illinois Healthcare Enterprises -- Enterprise Statistics (cont.)				
	--Three months ended June 30--		--Fiscal year ended March 31--	
	2018	2018	2018	2017
Emergency visits	17,784	72,788		72,772
Inpatient surgeries	925	3,846		4,203
Outpatient surgeries	1,999	6,618		6,985
Medicare case mix index	1.7246	1.6141		1.6537
FTE employees	3,402	3,437		3,252
Active physicians	285	293		298
Top 10 physicians admissions (%)	N/A	N/A		N/A
Based on net/gross revenues	Net	Net		Net
Medicare (%)	33.4	31.8		32.9
Medicaid (%)	12.7	13.0		12.8
Commercial/Blues (%)	52.3	53.7		53.0

PSA--Primary service area. N/A--Not applicable. N.A.--Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile: Very Strong

Balance sheet and debt service coverage hold strong despite tightened operating margins

In fiscal 2018, after several years of operating margins in the 3% to 4% range, SIHE experienced an operating loss, falling short of its budgeted 1.3% operating margin. Heightened expenses related to the Epic EMR installation, higher agency and locum use, and lower-than-expected surgery volumes (which were partially depressed by the EMR implementation) drove the operating loss. However, excluding the one-time costs related to the EMR installation, fiscal 2018 closed with near break-even operating results. The fiscal 2019 budget calls for a 1.6% operating margin, and the first three months of fiscal 2019 met the budget (even after excluding interest payments received from the state for its backlog of employee health claim payments), demonstrating marked improvement from fiscal 2018. Management believes that operating margins will be a tighter 1% to 2% for the next couple of years, rather than the stronger 3% to 4% SIHE has achieved historically, as it manages heightened operational expenses related to maintaining and optimizing its EMR. Given management's history of exceeding budgeted expectations (excluding the EMR installation year), as well as the expense management targets and tools it developed with the assistance of Huron consultants in fiscal 2016, we believe margins in the 1% to 2% range are achievable. Also supporting our assessment that the financial profile is very strong is SIHE's revenue diversity. Each of its three hospitals contribute a substantial portion to revenues. The system is somewhat dependent on the state provider fee program and disproportionate share funds for positive operating income, but these payments have been stable. In addition, although operating margins are tightening and light for the current rating, SIHE continues to post solid non-operating income, generating strong EBIDA margins and solid MADS coverage for the rating.

Unrestricted reserves, as measured by days' cash on hand, remain healthy despite the operating loss in fiscal 2018. While we have not included funds designated by the board for self-insurance in our measurement of unrestricted reserves, we note that SIHE has \$35 million designated for self-insurance, which equals about 33 days' cash on hand.

Over the next few years, management plans to fund capital projects through unspent 2017 bond proceeds and routine capital spending. Given our anticipation of tightened operating margins, coupled with cash-to-debt levels that are somewhat light and leverage that is somewhat high for the rating, we think the issuance of significant new debt would likely pressure the rating.

Significant but manageable contingent liabilities

SIHE has three series of direct purchase debt: series 2011 (\$2.3 million outstanding), series 2014A (\$73.9 million outstanding), and series 2014B (\$44.2 million outstanding). This debt has financial covenants carved outside the Master Trust Indenture (MTI), including minimum historical debt service coverage of 1.15x, maintenance of 75 days' cash on hand, and a maximum debt-to-capitalization ratio of 65%. Noncompliance with any of these covenants is considered an event of default. The 2011 loan agreement provides for a 30-day cure period, and, to the extent the violation cannot be corrected within 30 days, it provides another 30-day period before an event of default. The 2014A and 2014B continuing covenant agreements do not provide a cure period for financial covenant violations, but the event of default from a financial covenant violation is up to the purchaser to exercise and the purchaser has the option to allow the system to cure the default. SIHE would not have the same-day liquidity necessary to cover an immediate acceleration, but it does have ample liquidity accessible within seven days of 3.8x the total outstanding contingent liability amount.

The system also has two interest rate swap agreements: one with the Royal Bank of Canada (RBC) and one with Morgan Stanley. As of the end of fiscal 2018, the total notional amount of the swaps was \$69.3 million, with a total mark-to-market value of negative \$10.8 million. The swap documents contain a termination if the rating on SIHE is lowered below 'BBB' for the RBC swap and 'BBB-' for the Morgan Stanley swap, as well as a ratings-based collateral support annex. There is no collateral posted currently.

We view positively the fact that SIHE does not have a defined benefit pension plan.

Table 2

Southern Illinois Healthcare Enterprises -- Financial Statistics				
	--Three months ended June 30--	--Fiscal year ended March 31--		Medians for 'A+' rated stand-alone hospital
	2018	2018	2017	2017
Financial performance				
Net patient revenue (\$000s)	160,134	611,348	583,508	625,924
Total operating revenue (\$000s)	166,556	625,498	596,539	MNR
Total operating expenses (\$000s)	160,194	629,438	572,982	MNR
Operating income (\$000s)	6,362	(3,940)	23,557	MNR
Operating margin (%)	3.82	(0.63)	3.95	3.10
Net nonoperating income (\$000s)	7,140	46,187	14,327	MNR
Excess income (\$000s)	13,502	42,247	37,884	MNR
Excess margin (%)	7.77	6.29	6.20	6.30
Operating EBIDA margin (%)	11.91	7.32	11.20	10.10
EBIDA margin (%)	15.53	13.70	13.28	13.00
Net available for debt service (\$000s)	26,983	92,002	81,143	76,584

Table 2

Southern Illinois Healthcare Enterprises -- Financial Statistics (cont.)				
	--Three months ended June 30--	--Fiscal year ended March 31--		Medians for 'A+' rated stand-alone hospital
	2018	2018	2017	2017
Maximum annual debt service (\$000s)	15,799	15,799	15,799	MNR
Maximum annual debt service coverage (x)	6.83	5.82	5.14	5.00
Operating lease-adjusted coverage (x)	6.27	5.30	4.58	3.90
Liquidity and financial flexibility				
Unrestricted reserves (\$000s)	468,477	476,014	413,537	472,736
Unrestricted days' cash on hand	285.8	294.6	280.7	304.40
Unrestricted reserves/total long-term debt (%)	176.1	178.9	159.3	227.00
Unrestricted reserves/contingent liabilities (%)	389.1	395.3	343.4	739.50
Average age of plant (years)	8.2	8.5	8.6	10.30
Capital expenditures/depreciation and amortization (%)	118.0	170.1	217.1	136.80
Debt and liabilities				
Total long-term debt (\$000s)	266,075	266,150	259,530	MNR
Long-term debt/capitalization (%)	29.8	30.0	30.5	23.80
Contingent liabilities (\$000s)	120,415	120,415	120,420	MNR
Contingent liabilities/total long-term debt (%)	45.3	45.2	46.4	36.90
Debt burden (%)	2.27	2.35	2.59	2.60
Defined-benefit plan funded status (%)	N/A	N/A	N/A	78.90

N/A--Not applicable. MNR--Median not reported.

Credit Snapshot

- **Security pledge:** The bonds are secured by a pledge of the system's gross revenues
- **Group rating methodology:** We view SIHE as core to the consolidated group credit profile.
- **Organizational overview:** SIHE, through its Southern Illinois Hospital Services division, operates three hospitals: (1) Memorial Hospital of Carbondale, a 154-staffed-bed, acute care hospital in Carbondale; (2) Herrin Hospital, a 114-staffed-bed, acute care hospital in Herrin that includes 29 rehabilitation beds through a joint venture with the Shirley Ryan AbilityLab; and (3) St. Joseph Memorial Hospital, a 25-staffed-bed, critical access hospital in Murphysboro.

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ATTACHMENT 36

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Clinical Service Areas:									
Radiation Therapy: Linear Accelerators	\$0.00	\$114.32	0	N/A	1,829	N/A	\$0	\$209,091	\$209,091
Medical Oncology (Chemotherapy)	\$431.50	100.88	5,587	N/A	6,207	N/A	\$2,410,791	\$628,162	\$3,036,953
Rehabilitation Services (wall infill at Lab addition) ¹	\$0.00	\$1,699	0	N/A	15	N/A	\$0	\$25,490	\$25,490
Clinical Laboratory	\$372.87	\$12.88	3,207	N/A	18	N/A	\$1,195,794	\$208	\$1,196,000
Pharmacy	\$0.00	\$204.16	0	N/A	508	N/A	\$0	\$103,305	\$103,305
SUBTOTAL CLINICAL COMPONENTS	\$410.12	\$112.48	8,794	N/A	8,573	N/A	\$3,606,585	\$964,254	\$4,570,839
Contingency							\$180,329	\$48,213	\$228,542
TOTAL CLINICAL SERVICE AREAS	\$430.62	\$118.10	8,794	N/A	8,573	N/A	\$3,786,914	\$1,012,467	\$4,799,381
Non-Clinical Service Areas:									
Leased Physicians' Offices	\$383.82	\$122.71	5,034	N/A	7,967	N/A	\$1,931,143	\$977,631	\$2,908,774
Administration (Finance Office)	\$330.71	\$0.00	518	N/A	0	N/A	\$171,308	\$0	\$171,308
Information Systems	\$534.76	\$0.00	74	N/A	0	N/A	\$39,572	\$0	\$39,572
Environmental Services, including Housekeeping	\$364.63	\$0.00	896	N/A	0	N/A	\$326,708	\$0	\$326,708
Materials Management/Dock	\$315.93	\$0.00	772	N/A	0	N/A	\$243,898	\$0	\$243,898
Storage	\$344.11	\$0.00	377	N/A	0	N/A	\$129,729	\$0	\$129,729
Interdepartmental Circulation	\$306.37	\$163.18	1,641	N/A	327	N/A	\$502,753	\$53,380	\$556,113
Entrances, Lobbies, and Public Space	\$353.50	\$0.00	289	N/A	0	N/A	\$102,162	\$0	\$102,162
Public Toilets	\$488.57	\$0.00	126	N/A	0	N/A	\$61,560	\$0	\$61,560
Mechanical & Electrical Space	\$311.92	\$12.90	350	N/A	1,759	N/A	\$109,172	\$22,691	\$131,863
Canopies	\$275.45	\$0.00	1,265	N/A	0	N/A	\$348,444	\$0	\$348,444
SUBTOTAL NON-CLINICAL COMPONENTS	\$349.71	\$104.81	11,342	N/A	10,053	N/A	\$3,966,449	\$1,053,682	\$5,020,131
Contingency							\$198,322	\$52,684	\$251,006
TOTAL NON-CLINICAL COMPONENTS	\$367.20	\$110.05	11,342	N/A	10,053	N/A	\$4,164,771	\$1,106,366	\$5,271,137
PROJECT TOTAL	\$394.90	\$113.76	20,136	N/A	18,626	N/A	\$7,951,685	\$2,118,833	\$10,070,518

Factors Influencing Additional Construction Costs for this Project

This project has several factors which result in higher construction costs that would be expected for a routine modernization project.

- The SIH Cancer Institute is located on the New Madrid Earthquake Fault, as a result of which both the new addition and the existing building must meet the current seismic codes for buildings located in an earthquake area.

The new construction must meet the current seismic codes which have unique requirements for buildings located in an earthquake area.

In addition, existing SIH Cancer Institute building must include structural upgrades that are required to meet the current standards of the seismic code.

These unique structural requirements result in construction that is more expensive than in non-earthquake fault zones.

- The new construction in this project is being constructed adjacent to an existing building, and it will consist of 2 separate non-contiguous additions as well as modernization of space within the existing building. The structural, mechanical, and electrical tie-ins required for this expansion will have to be coordinated with the operations of the existing Cancer Institute departments, which must remain in operation during the construction period.
- This project will need to be phased so the construction can take place around the existing Cancer Institute, which will remain in operation during construction.

In addition, the construction must include additional infection control measures.

- The construction will take place in the locations currently occupied by entrances, ambulance driveway, and dock. Special care will need to be taken to always maintain access to these locations during construction.

VIII.D. Projected Operating Costs

Projected Operating Costs Per Treatment/Visit =
 FY24 Operating Expenses/FY24 Treatment/Visit
 FY24 = First complete fiscal year of operating the project

FY24 Operating Expenses:	
Salaries	\$ 95,456,000
Benefits	35,183,000
Supplies	<u>69,925,000</u>
	\$200,564,000

As an outpatient facility, there is no way to calculate Equivalent Patient Days
 Therefore, this analysis used Projected FY24 Treatments/Visits

	<u>FY24</u>
Radiation Therapy Treatments	13,597
Medical Oncology Infusion Treatments	23,931
Rehabilitation Visits	3,223
Clinical Lab:	
Phlebotomy Station Visits	24,003
Tests Processed	65,852
Blood Bank	770
Pharmacy:	
Infusions Prepared	133,128
Doses Dispensed	<u>45,844</u>
Total Treatments/Visits	310,348

Projected Operating Costs Per Treatment/Visit =
 FY24 Operating Expenses/FY24 Treatments/Visits =

$$\frac{\$200,564,000}{310,348} = \$ 646.26$$

VIII.E. Total Effect of the Project on Capital Costs

Projected Capital Costs Per Treatment/Visit =
 FY24 Capital Costs/FY24 Treatment/Visit
 FY24 = First complete fiscal year of operating the project

FY24 Capital Costs:	
Depreciation	\$20,781,000
Amortization	51,800
Interest	<u>5,054,000</u>
	\$25,886,800

As an outpatient facility, there is no way to calculate Equivalent Patient Days
 Therefore, this analysis used Projected FY24 Treatments/Visits

	<u>FY24</u>
Radiation Therapy Treatments	13,597
Medical Oncology Infusion Treatments	23,931
Rehabilitation Visits	3,223
Clinical Lab:	
Phlebotomy Station Visits	24,003
Tests Processed	65,852
Blood Bank	770
Pharmacy:	
Infusions Prepared	133,128
Doses Dispensed	<u>45,844</u>
Total Treatments/Visits	310,348

Projected Capital Costs Per Treatment/Visit =
 FY24 Capital Costs/FY24 Treatments/Visits =

$$\frac{\$25,886,800}{310,348} = \$ 83.41$$

CHARITY CARE INFORMATION

XII.
Charity Care Information

1. SIH Cancer Institute is owned and operated by Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale (Memorial Hospital of Carbondale).

The amount of charity care for the last 3 audited fiscal years for Memorial Hospital of Carbondale reported in its Illinois Department of Public Health (IDPH) Annual Hospital Questionnaires, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

MEMORIAL HOSPITAL OF CARBONDALE

	FY2016	FY2017	FY2018
Net Patient Revenue	\$258,229,548	\$285,176,982	\$293,268,000
Amount of Charity Care (charges)	\$9,189,530	\$11,345,939	\$13,604,469
Cost of Charity Care	\$2,627,241	\$2,862,683	\$3,498,770

2. This chart reports data for Memorial Hospital of Carbondale, which is an assumed name (d/b/a) of Southern Illinois Hospital Services.

The charity costs and patient revenue are only for Memorial Hospital of Carbondale and are not consolidated with any other entities that are part of Southern Illinois Hospital Services or its parent, Southern Illinois Healthcare.

3. Because Memorial Hospital of Carbondale is an existing facility, the data are reported for the latest three audited fiscal years.