



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

RECEIVED

NOV 15 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

November 15, 2012

Dale Galassie, Chair  
c/o Courtney Avery  
Health Facilities Services Review Board  
525 West Jefferson Street  
Springfield, Illinois 62761

**RE: Project No.:** 12-074 Jacksonville Developmental Center  
**Permit Holder:** Department of Human Services'  
Division of Developmental Disabilities  
**Permit Amount:** No Cost

Dear Chairman Galassie:

On behalf of the State of Illinois Department of Human Services' Division of Developmental Disabilities (DDD), I am requesting a permit renewal for Project No. 12-074 in accordance with Section 1130.740 of the Illinois Health Facilities and Services Review Board administrative rules. A state voucher of \$1,000 is attached for the required application fee.

The Health Facilities and Services Review Board approved Project No. 12-074 on October 30, 2012.

**The Requested Project Completion Date**

As identified during the October 30, 2012 hearing, the project's original anticipated completion date of October 31<sup>st</sup> 2012 was not achievable and a projected new completion date of November 21, 2012 was set. While numerous transitions have successfully occurred since the Board's October 30 hearing, given the remaining transitions, I am respectfully requesting an extension of the Project Completion Date to December 3, 2012.

**Current Status of the Project**

After November 21, 2012, DDD anticipates that approximately 23 individuals will remain at the Jacksonville Developmental Center and thus the project will be 87% complete.

**Reason for Renewal Request**

The Governor is committed to developing a person-centered plan for each Jacksonville Developmental Center resident based on their individual needs and capabilities. Initially, some guardians were resistant to engaging in transition planning, which delayed transition planning efforts for their family members. As the closing date for the facility has drawn closer some of these guardians have now engaged in the planning process, which has delayed the transition of the few remaining residents beyond November 21. DDD is pleased that we continue to have dedicated providers expanding their services to accommodate individualized transitions to the community, by December 3, 2012.

I appreciate your attention in this matter. If you require any further information in considering this request, please contact me a (217) 524-7065.

Sincerely,

Kevin Casey, Director  
Division of Developmental Disabilities

cc: Michelle R.B. Saddler, Secretary  
Brian Dunn  
Michael Constantino

# Invoice Voucher

The preparation instructions for vendors are on the back of the last copy.

Department of Human Services  
 Division of Developmental Disabilities  
 319 E. Madison  
 Springfield, IL 62701

Name and Location of State Agency or Institution

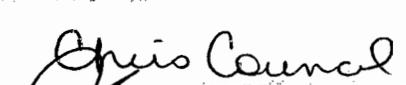
VENDOR AND STATE AGENCY SEE IMPORTANT INSTRUCTIONS ON BACK OF COPIES 6 AND 7 FOR COMPLETION OF BOX 3.  PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.  Disposition of Copies: 1- Comptroller 2- Agency 3- Agency 4- Remittance Copy 5- Agency 6- Agency 7- Retained by Vendor	2. Taxpayer Identification Number  010632628	Important See instructions on back of page 7 for completion of box 2.	4. Voucher No. _____ 5. Voucher Date _____
	3. Vendor or Payee LAST NAME FIRST NAME MIDDLE INITIAL OR BUSINESS NAME  IL Department of Public Health 525 W. Jefferson Street, 2nd Floor Springfield, IL 62761 Attn: Bonnie Hills	6. Appropriation Account Code 240011200	7. Invoice Number _____ 8. Invoice Date _____

10. Indicate Beginning and Ending Date of Service and GAAP Code. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount
Payment of fee for Certificate of Need Permit for the closure of Jacksonville Developmental Health Center Located at 1201 S. Main, Jacksonville, IL 62650  Service Date: November 21, 2012				\$1,000 00

18. Exp. Obj.	19. Exp. Amount	Comp. Use Only	Org: 4400 CCTR: 44001 SPGM: SD17	15. Subtotal	\$1,000 00
1285	1,000 00		22. Obligation No.	24. Payment Amount	
				16. Discount / Deduction	
20. Total Exp.	1,000 00		25. Total Payment Amount	17. Total Amount	\$1,000.00

26. For Agency Use Only

Approved for Payment:


 Date: 11/13/12  
 Receiving Officer:  Date: 11/13/12  
 Head of Unit or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Certification of Receiving Agency:

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5-1 of an Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1969, as amended, have been met.

Date: \_\_\_\_\_ Agency Head (Signature): \_\_\_\_\_