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February 6, 2015

RECEIVED

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

FEDERAL EXPRESS

Michael Constantino
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Name Change (Proj. No. 15-003)

Dear Mr. Constantino:

Please allow this letter to serve as official notice of our request to change the name of our proposed dialysis facility in Proj. No. 15-003 from Danville Dialysis to Vermilion County Dialysis.

Attached please find replacement pages that reflect the new proposed name of Vermilion County Dialysis from the original submitted application. These include:

- Page 1 Application Page 1
- Page 2 Application Page 2
- Page 3 Application Page 3
- Page 27 Attachment 1 – Identification, General Information, and Certification Applicants
- Page 110 Attachment 12 – Background, Purpose of Project, and Alternatives
- Page 121 Attachment 13 – Background, Purpose of Project and Alternatives
- Page 127 Attachment 26 – Service Specific Review Criteria
- Page 128 Attachment 26 – Service Specific Review Criteria
- Page 129 Attachment 26 – Service Specific Review Criteria
- Page 132 Attachment 26 – Service Specific Review Criteria

Michael Constantino

February 6, 2015

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- Page 135 Attachment 26 – Service Specific Review Criteria
- Page 144 Attachment 26E – Certification of Support Services
- Page 145 Attachment 26E – Certification of Support Services
- Page 158 Attachment 26G – In-Center Hemodialysis Assurances
- Page 159 Attachment 26G – In-Center Hemodialysis Assurances
- Page 206 Attachment 39C – Economic Feasibility Review Criteria
- Page 209 Attachment 40 – Safety Net Impact Statement
- Page 211 Appendix 1 – Physician Referral Letter
- Page 212 Appendix 1 – Physician Referral Letter
- Page 213 Appendix 1 – Physician Referral Letter

If you need any additional information or have any questions regarding the status of the project, please feel free to contact me.

Sincerely,



Timothy V. Tincknell

cc: Cindy Emley, DaVita Healthcare Partners Inc.
Anne Cooper, Polsinelli PC

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Vermilion County Dialysis		
Street Address: 22 West Newell Road		
City and Zip Code: Danville, Illinois 61834		
County: Vermilion	Health Service Area: 4	Health Planning Area: 4

Applicant /Co-Applicant Identification

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

Exact Legal Name: DaVita HealthCare Partners Inc.
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" 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 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: Tim Tincknell
Title: Administrator
Company Name: DaVita HealthCare Partners Inc.
Address: 1333 North Kingsbury Street, Suite 305 Chicago, Illinois 60642
Telephone Number: 312-649-9289
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Additional Contact

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

Name: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 2930 South Montvale Drive, Suite A
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Vermilion County Dialysis		
Street Address: 22 West Newell Road		
City and Zip Code: Danville, Illinois 61834		
County: Vermilion	Health Service Area: 4	Health Planning Area: 4

Applicant /Co-Applicant Identification

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

Exact Legal Name: Total Renal Care Inc.
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

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

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Additional Contact

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Name: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 2930 South Montvale Drive, Suite A
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Vermilion County Dialysis		
Street Address: 22 West Newell Road		
City and Zip Code: Danville, Illinois 61834		
County: Vermilion	Health Service Area: 4	Health Planning Area: 4

Applicant /Co-Applicant Identification

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

Exact Legal Name: Genesis KC Development LLC
Address: 2000 16 th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 th Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" 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 organized and the name and address of each partner specifying whether each is a general or limited partner.

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Company Name: DaVita HealthCare Partners Inc.
Address: 2930 South Montvale Drive, Suite A
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc., Total Renal Care Inc., and Genesis KC Development LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care Inc. will be the operator of Vermilion County Dialysis. Vermilion County Dialysis is a trade name of Total Renal Care Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware is attached.

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Danville community. There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

Dr. Abdel-Moneim Mohamad Abdou Attia's practice, within the Division of Nephrology of the Carle Physician Group, treated 238 CKD patients in the first half of 2014, with 196 of the patients residing within approximately 20 minutes of Danville. 139 of these Stage 3, 4, and 5 CKD patients actually live in Danville. See Appendix 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Attia anticipates that at least 39 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Danville community who suffer from ESRD. The proposed Vermilion County Dialysis will accept all patients who are clinically appropriate for in-center hemodialysis, regardless of their insurance status and whether they have a permanent access. The facility will also serve the respite needs of DaVita's Danville home hemodialysis (HHD) and peritoneal dialysis (PD) patients requiring an in-center treatment. In approximately 2 ½ years, DaVita has grown its Danville home program to 19 PD and 5 HHD patients. When an in-center treatment is needed, these patients must drive 40 minutes each way to Champaign. Establishment of a local in-center hemodialysis facility will reduce the travel burden tremendously on this already over-taxed patient population.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 20 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 30 minutes normal travel time to Hoopston, IL.
 - Northeast approximately 15 minutes normal travel time to Illiana, IL.
 - East approximately 10 minutes normal travel time to the IN border.
 - Southeast approximately 20 minutes normal travel time to I-136 and the IN border.
 - South approximately 25 minutes normal travel time to Georgetown, IL.
 - Southwest approximately 30 minutes normal travel time to Fairmount, IL.
 - West approximately 30 minutes normal travel time to Ogden, IL.
 - Northwest approximately 30 minutes normal travel time to Penfield, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the community of Danville and the immediately surrounding areas.

Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered two options prior to determining to establish an 8-station dialysis facility. The options considered are as follows:

1. Utilize Existing Facilities.
2. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish an 8-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing Facilities

3. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Danville community. There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

Additionally, Dr. Attia's practice, within the Division of Nephrology of the Carle Physician Group, treated 238 CKD patients in the first half of 2014, with 196 of the patients residing within approximately 20 minutes of Danville. 139 of these Stage 3, 4, and 5 CKD patients actually live in Danville. See Appendix 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Attia anticipates that at least 39 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The facility will also serve the respite needs of DaVita's Danville home hemodialysis (HHD) and peritoneal dialysis (PD) patients requiring an in-center treatment. In approximately 2 ½ years, DaVita has grown its Danville home program to 19 PD and 5 HHD patients. When an in-center treatment is needed, these patients must drive 40 minutes each way to Champaign. Establishment of a local in-center hemodialysis facility will reduce the travel burden tremendously on this already over-taxed patient population.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Danville community who suffer from ESRD. The proposed Vermilion County Dialysis will accept all patients who are clinically appropriate for in-center hemodialysis, regardless of their insurance status and whether they have a permanent access. Additionally, the facility will serve the respite needs of DaVita's 5 home hemodialysis (HHD) and 19 peritoneal dialysis (PD) patients residing in Danville. When in-center treatment is needed, these patients must drive 40 minutes each way to Champaign. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish an 8-station dialysis facility to be located at 22 West Newell Road, Danville, IL 61832. There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

Dr. Attia is currently treating 59 combined Stage 4 and 5 CKD patients who reside within approximately 20 minutes of the proposed facility. Their condition is advancing to ESRD to where they will likely initiate dialysis within the next 12 to 24 months. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that at least 39 of these patients will initiate dialysis within 12 to 24 months following project completion.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Danville community who suffer from ESRD. The proposed Vermilion County Dialysis will accept all patients who are clinically appropriate for in-center hemodialysis, regardless of their insurance status and whether they have a permanent access. The facility will also serve the respite needs of DaVita's Danville home hemodialysis (HHD) and peritoneal dialysis (PD) patients requiring an in-center treatment. In approximately 2 ½ years, DaVita has grown its Danville home program to 19 PD and 5 HHD patients. When an in-center treatment is needed, these patients must drive 40 minutes each way to Champaign. Establishment of a local in-center hemodialysis facility will reduce the travel burden tremendously on this already over-taxed patient population

Importantly, the prevalence of ESRD will continue to increase for the foreseeable future. Based upon data from the U.S. Centers for Disease Control and Prevention, 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups, like low income African-Americans and Hispanics, will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that

¹⁰ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

¹¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the Danville community and the surrounding area. There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

Additionally, Dr. Attia is currently treating 59 combined Stage 4 and 5 CKD patients who reside within approximately 20 minutes of the proposed facility. Their condition is advancing to ESRD to where they will likely initiate dialysis within the next 12 to 24 months. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that at least 39 of these patients will initiate dialysis within 12 to 24 months following project completion.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Attia and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(b)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60963	4
61811	1
61832	31
61833	1
61834	7
61846	9
61858	3
61883	3
Total	59

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to improve access to life-sustaining dialysis for residents in the Danville community and the surrounding area. There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

utilization of existing and approved facilities is 61.4%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 84.5% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	69,522	19	1:3,659
State	12,830,632	4,151	1:3,091

b. Historic Utilization of Existing Facilities

There is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation. The proposed Vermilion County Dialysis will improve the health of these patients as they can better manage their disease and their lives when their dialysis facility is close to home.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish an 8-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 39 patient referrals. Dr Attia is presently treating 196 Stage 3, 4, and 5 pre-ESRD patients who all reside within approximately 20 minutes of the proposed facility, with 70.9% (or 139 of these 196 patients) living in Danville, the city of the proposed site. As set forth above in Table 1110.230(b)(2), 59 patients have reached the stage 4 or 5 level of CKD and 38 of these 59 patients, or 64.4%, reside in Danville. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that at least 39 of the 59 Stage 4 and Stage 5 patients will initiate dialysis within 12 to 24 months following project completion.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the average utilization of the existing facility within the geographical service area is 61.4%. The current ratio of stations to population in the GSA is below the State average and there is sufficient patient population to justify the need for the proposed facility. Dr Attia is presently treating 196 pre-ESRD patients who all reside within 20 minutes of the proposed facility. With 70.9% or 139 of these 196 Stage 3, 4, or 5 CKD patients living within Danville, the chosen city for the proposed site, this warrants the establishment of a new dialysis facility.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Abdel-Moneim Mohamad Abdou Attia, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Attia's curriculum vitae is attached at Attachment – 26C.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:
 - Administrator
 - Registered Nurse (1.5 FTE)
 - Patient Care Technician (3.5 FTE)
 - Biomedical Technician (0.2 FTE)
 - Social Worker (licensed MSW) (0.4 FTE)
 - Registered Dietitian (0.4 FTE)
 - Administrative Assistant (1 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.
 - c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from Arturo Sida, Vice President, Associate General Counsel of DaVita HealthCare Partners Inc. and Total Renal Care Inc., attached at Attachment – 26E, Vermilion County Dialysis will maintain an open medical staff.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

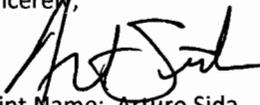
Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Vermilion County Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes a dialysis electronic data system;
- Vermilion County Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,


Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This ___ day of _____ 2015

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

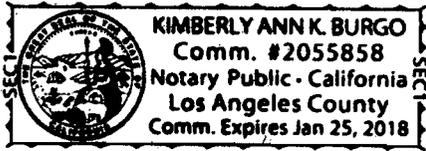
On February 5, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared ** Arturo Sida **

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter to K. Olson re Certificate of Support (Vermilion County Dialysis)

Document Date: February 5, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator

Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

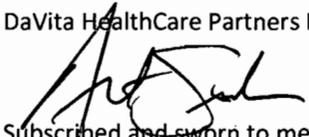
Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Vermilion County Dialysis expects to achieve and maintain 80% target utilization; and
- Vermilion County Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.


Subscribed and sworn to me

This ___ day of _____, 2015

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

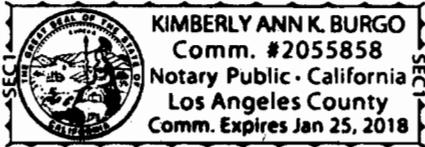
On February 5, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared **** Arturo Sida ****

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT (Vermilion County Dialysis)

Title or Type of Document: Letter to K. Olson re In-Center Hemodialysis Assurances
Document Date: February 5, 2015 Number of Pages: 1 (one)
Signer(s) if Different Than Above: _____
Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____
 Individual
 Corporate Officer

(Title(s))
 Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		$6.64\% - 9.98\% \times$ $(\$1,633,163 + \$161,043) =$ $6.64\% - 9.98\% \times$ $\$1,794,206 =$ $\$119,135 - \$179,061$	
Consulting and Other Fees	\$212,659	No State Standard	No State Standard
Moveable Equipment	\$400,672	$\$50,601.13 \text{ per station} \times 8$ stations $\$50,601.13 \times 8 =$ $\$404,809$	Meets State Standard

1. New construction costs and contingencies exceed the Board standard by \$112.35 per GSF (or \$469,995). This is due to the fact the Applicants will develop and construct the facility themselves. Generally, when a dialysis project involves new construction, a third party developer will build the facility and lease it to the dialysis provider. In fact, within the last three years, no dialysis applicant has proposed a project where it will build and own its dialysis facility. As a result, the costs to build the core and shell are the developer's costs and captured in the fair market value of the leased space, which is a non-reviewable cost. In this case, the cost to build the core and shell will be borne by the Applicants and reflected in the new construction contract and contingency costs. Importantly, the overall costs to build the proposed Vermilion County Dialysis (\$3,058,862) is consistent with the project costs of other recently approved dialysis projects, e.g., Tinley Park Dialysis - \$3,665,882, FMC New City - \$5,375,998, Belvidere Dialysis - \$2,776,771.

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2013 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on April 24, 2014 as part of Applicants' application for Proj. No. 14-016. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2013. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), there is currently one existing dialysis facility within 30 minutes of the proposed Vermilion County Dialysis, which was operating at 61.4% for the quarter ending September 30, 2014. Despite the low utilization, access issues exist within the Danville community. Specifically, no existing facility will admit patients without insurance or do not have a permanent access, i.e., AV fistula. These patients must travel 40 minutes to Champaign three times per week for their dialysis treatment. Dialysis is very taxing on the body and frequently leaves patients feeling tired and nauseous. As a result, many patients are reliant on family or friends to transport them to or from their dialysis appointments. Patients are generally at the facility for four to five hours per treatment, which means their caregiver must either wait for them or make two round trips from Danville to Champaign. Additionally, they may have to miss treatments, which results in involuntary non-compliance, when they cannot arrange for transportation.

Additionally, Dr. Attia has identified 196 patients from his practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 20 minute commute of the proposed facility. At least 39 of these patients will be referred to the Proposed Facility within 12 to 24 months. This represents an 81.3% utilization rate, which exceeds the State's 80% standard. As such, the proposed facility is necessary to improve access to dialysis for patients residing in Danville and the surrounding area. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Vermilion County Dialysis. As such, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2011	2012	2013
Charity (# of patients)	96	152	187
Charity (cost in dollars)	\$830,580	\$1,199,657	\$2,175,940
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	729	651	679
Medicaid (revenue)	\$14,585,645	\$11,387,229	\$10,371,416

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Abdel-Moneim Mohamad Abdou Attia projecting 39 pre-ESRD patients will be referred to Vermilion County Dialysis within the next 12 to 24 months.

Abdel-Moneim Attia, M.D.
Carle Physician Group
611 W. Park Street
Urbana, IL 61801

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I am pleased to support DaVita's establishment of Vermilion County Dialysis. The proposed 8-station chronic renal dialysis facility, to be located at 22 West Newell Road, Danville, Illinois 61834 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the Danville community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

I have identified 196 patients from my practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 20 minute commute of the proposed facility. Importantly, 139 of these 196 patients reside in the City of Danville and 59 are at Stage 4 or 5 CKD. Conservatively, I predict at least 39 of these patients will progress to dialysis within the next 12 to 24 months. My large Danville patient base and the lengthy commute some patients are presently making to the Champaign area for treatment demonstrate considerable demand for this facility. The site of the proposed facility is close to Interstate 74 (I-74) and will provide better access to my patients residing in the greater Danville area.

A list of patients who have received care at existing facilities in the area over the past 3 1/2 years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 1/2 years is provided at Attachment – 2. The list of zip codes for the 59 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Vermilion County Dialysis.

Sincerely,



Abdel-Moneim Attia, M.D.
Nephrologist
Carle Physician Group
611 W. Park Street
Urbana, IL 61801

Subscribed and sworn to me

This 5 day of February, 2015

Notary Public:

