STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

April 25, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

John P. Kniery
Health Care Consultant
Foley & Associates, Inc.
133 South 4th Street, Suite 200
Springfield, Illinois 62701

Re: Additional Information - Project #15-044

John:

I was reviewing the transcripts from the February 2016 meeting and I want to make sure we get what I believe were concerns expressed by the Board members addressed before the June 2016 State Board Meeting.

1. The referral letters did not provide the name of the facility to which the residents had been referred from July 2014 thru June 2015 or the zip code of the resident. Please provide an explanation of why this could not be provided.

2. Please provide the expected payor mix for the proposed facility and the expected average length of stay.

3. Please provide the number of beds that are going to be Medicare certified if any.

4. Please provide the number of beds that will be Medicaid certified if any.

5. Please provide a draft admission policies and a draft charity care policy.

6. Please provide a copy of the lease for the facility.

7. Please provide information on what is included in the dedicated dialysis unit and radiology services.

8. If Medicare and Medicaid certification will be sought, if approved, how long after licensing will Medicare and Medicaid provider numbers be obtained. Additionally will Medicare and Medicaid certification be maintained throughout the operation of the facility no matter the owner.

Should you have any questions or concerns please contact Mike Constantino or George Roate of my staff at Mike.Constantino@illinois.gov or George.Roate@illinois.gov or 217.782.3516

Sincerely,

Mike Constantino

Mike Constantino
Project Reviewer