16-042

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED

OCT 07 2016

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: *Fresenius Kidney Care Paris Community*			
Street Address: *721 E. Court Street, Suite B*			
City and Zip Code: *Paris 61944*			
County: *Edgar*	Health Service Area 4	Health Planning Area:	

Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Paris, LLC d/b/a Fresenius Kidney Care Paris Community*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant

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

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

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

Co-Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

Name: *Lori Wright*
Title: *Senior CON Specialist*
Company Name: *Fresenius Kidney Care*
Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515*
Telephone Number: *630-960-6807*
E-mail Address: *lori.wright@fmc-na.com*
Fax Number: *630-960-6812*

Additional Contact

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

Name: *Michael Graves*
Title: Regional *Vice President*
Company Name: *Fresenius Kidney Care*
Address: *1320 City Center Drive, Ste 250, Carmel, IN 46032*
Telephone Number: *317-564-2228*
E-mail Address: *michael.graves@fmc-na.com*
Fax Number: *317-564-2247*

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: *Lori Wright*
Title: *Senior CON Specialist*
Company Name: *Fresenius Kidney Care*
Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515*
Telephone Number: *630-960-6807*
E-mail Address: *lori.wright@fmc-na.com*
Fax Number: *630-960-6812*

Additional Contact

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

Name: *Clare Ranalli*
Title: *Attorney*
Company Name: *McDermott, Will & Emery*
Address: *227 W. Monroe Street, Suite 4700, Chicago, IL 60606*
Telephone Number: *312-984-3365*
E-mail Address: *cranalli@mwe.com*
Fax Number: *312-984-7500*

Site Ownership

Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Paris Community Hospital*
Address of Site Owner: *721 E. Court Street, Suite A, Paris, IL 61944*
Street Address or Legal Description of Site: *721 E. Court Street, Suite B, Paris, IL 61944*

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: *Fresenius Medical Care Paris, LLC d/b/a Fresenius Kidney Care Paris Community*
Address: *920 Winter Street, Waltham, MA 02451*

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

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

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

Organizational Relationships

Provide (for each co-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 #2005-5 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 #2005-5 **(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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
- ☐ Non-substantive

2. Narrative Description

Provide in the space below, 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.

Fresenius Medical Care Paris, LLC, proposes to establish an 8-station in-center hemodialysis facility, Fresenius Kidney Care Paris Community, located at 721 E. Court Street, Suite B, Paris. The facility will be in leased space in Paris Community Hospital. The interior will be built out by the applicant.

The site is located in HSA 4.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NON-CLINICAL**	**TOTAL**
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	528,000	352,000	880,000
Contingencies	54,000	36,000	90,000
Architectural/Engineering Fees	58,200	38,800	97,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	200,000	65,000	265,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space 1,115,000 or Equipment 156,250	825,250	446,000	1,271,250
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	1,665,450	937,800	$2,603,250
SOURCE OF FUNDS	**CLINICAL**	**NON-CLINICAL**	**TOTAL**
Cash and Securities	840,200	491,800	1,332,000
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	825,250	446,000	1,271,250
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	1,665,450	937,800	$2,603,250

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 $ 96,628.

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): September 30, 2018

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
■ Project obligation 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

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 department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-Center Hemodialysis	$1,665,450		3,000		3,000		
Total Clinical	$1,665,450		3,000		3,000		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room, Home Therapies)	$937,800		2,000		2,000		
Total Non-clinical	$937,800		2,000		2,000		
TOTAL	**$2,603,250**		**5,000**		**5,000**		

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of *Fresenius Medical Care Paris, LLC* * 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

PRINTED NAME Bryan Mello

Assistant Treasurer

PRINTED TITLE

Notarization:
this 22 day of Sept 2016

C Wynelle Scenna

Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of *Fresenius Medical Care Holdings, 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE	SIGNATURE
PRINTED NAME: Maria T. C. Notar	PRINTED NAME: Dean Mello
PRINTED TITLE: Assistant Treasurer	PRINTED TITLE: Assistant Treasurer
Notarization: Subscribed and sworn to before me this _____ day of _____ 2016	Notarization: Subscribed and sworn to before me this 27 day of Sept 2016
Signature of Notary	Signature of Notary
Seal	Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

*Insert 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been 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.

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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 1110.234 - 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.**

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;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

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

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	MET 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 – THERE IS NO UNFINISHED SHELLSPACE***

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot 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 are 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 – THERE IS NO UNFINISHED SHELLSPACE***

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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
■ In-Center Hemodialysis	0	8

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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

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

VIII. - 1120.120 - Availability of Funds

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

1,332,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
N/A	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.
N/A	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
1,271,250	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
N/A	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;
N/A	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
N/A	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,603,250	**TOTAL FUNDS AVAILABLE**	

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

IX. 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-37, 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.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio	***APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.***			
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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

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

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		176.00			3,000			528,000	528,000
Contingency		18.00			3,000			54,000	54,000
Total Clinical		**$194.00**			**3,000**			**$582,000**	**$582,000**
Non Clinical		176.00			2,000			352,000	352,000
Contingency		18.00			2,000			36,000	36,000
Total Non		**$194.00**			**2,000**			**388,000**	**388,000**
TOTALS		**$194.00**			**5,000**			**$970,000**	**$970,000**

* 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
Net Revenue	$398,570,288	$411,981,839	$438,247,352
Charity *(# of self-pay patients)	499	251	195
Charity (cost in dollars)	$5,346,976	$5,211,664	$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396
Medicaid (revenue)	$31,373,534	$22,027,882	$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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 44.

CHARITY CARE			
	2013	**2014**	**2015**
Net Patient Revenue	$398,570,288	$411,981,839	$438,247,352
Amount of Charity Care (charges)	$5,346,976	$5,211,664	$2,983,427
Cost of Charity Care	$5,346,976	$5,211,664	$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

APPEND DOCUMENTATION AS ATTACHMENT-41, 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 attachments included as part of the project's application for permit:

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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
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Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: *Fresenius Medical Care Paris, LLC d/b/a Fresenius Kidney Care Paris Community**
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant

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

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

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

Certificate of Good Standing for Fresenius Medical Care Paris, LLC on following page.

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02541*
Telephone Number: *781-669-9000*

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

Type of Ownership – Co-Applicant

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

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

File Number 0553785-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

FRESENIUS MEDICAL CARE PARIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 6TH *day of* OCTOBER *A.D.* 2016 .

Authentication #: 1628002086 verifiable until 10/06/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT 1

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Paris Community Hospital*
Address of Site Owner: *721 E. Court Street, Suite A, Paris, IL 61944*
Street Address or Legal Description of Site: *721 E. Court Street, Suite B, Paris, IL 61944*

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Site Owner
ATTACHMENT – 2

FRESENIUS KIDNEY CARE

September 30, 2016

Mr. Ollie Smith
President & CEO
Paris Community Hospital
721 E. Court Street
Paris, IL 61944

RE: 721 E Court Street
Suite B
Paris, IL 61944

Dear Ollie,

FRESENIUS KIDNEY CARE is pleased to present the following Letter of Intent.

LANDLORD:	Paris Community Hospital 721 E Court Street Paris, IL 61944.
TENANT:	Fresenius Kidney Care or its affiliates.
LOCATION:	721 E Court Street Suite B Paris, IL 61944
INITIAL SPACE REQUIREMENTS:	Approximately 5,000 sq.ft.
PRIMARY TERM:	An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
DELIVERY OF PREMISES:	Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.
OPTIONS TO RENEW:	Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon 90% of market rent. Tenant shall provide six months (6) sixty (60) days' prior written notification of its desire to exercise the option.

FRESENIUS KIDNEY CARE

RENTAL RATE:	$20.00 psf Net.
ESCALATION:	$.50 psf beginning in the second lease year.
LANDLORD BASE BUILDING WORK:	Landlord shall deliver the premises with the following base building items in place. 1. 2 inch water service. Minimum dynamic pressure of 60 psi. 2. 800 amp 3 phase electrical service. 3. 4 inch dedicated sewer line out with positive invert. 4. 24 tons of HVAC service with humidity controls and fresh air. 5. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls. 6. Entire building must sprinklered.
RENT ABATEMENT:	N/A
USE:	FRESENIUS KIDNEY CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS KIDNEY CARE may operate on the Premises, at FRESENIUS KIDNEY CARE 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
CONTRACTOR FOR TENANT IMPROVEMENTS:	FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.
DELIVERIES:	FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.
EMERGENCY GENERATOR:	FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the

	Premises in a location to be mutually agreed upon between the parties.
SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS:	FRESENIUS KIDNEY CARE will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.
PARKING:	Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense). FMC will need at least 45 parking stalls.
BUILDING CODES:	FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.
CORPORATE IDENTIFICATION:	Tenant shall have signage rights in accordance with local code.
COMMON AREA EXPENSES AND REAL ESTATE TAXES:	Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its propionate share of the leased premises associated with the building.
ASSIGNMENT/ SUBLETTING:	FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.
MAINTENANCE:	Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and

roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES: Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER: At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to

	restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.
ZONING AND RESTRICTIVE COVENANTS:	Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic
FLOOD PLAIN:	Landlord confirms that the property and premises is not in a Flood Plain.
CAPITALIZATION TEST:	Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.
FINANCING:	Landlord will provide a non-disturbance agreement.
EXCLUSIVITY	Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.
ENVIRONMENTAL:	Landlord will provide all environmental soil tests to tenant.
DRAFT LEASE:	FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.
LEASE EXECUTION:	Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.
LEASE SECURITY:	Financials will be provided to the Landlord.
CONFIDENTIAL:	The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease,

and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is January 2017.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,

Loren Guzik
Real Estate Transaction Manager
Fresenius Kidney Care
3500 Lacey
Suite 900
Downers Grove, IL 60515
M: 773.474.1034

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

Operating Identity/Licensee

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

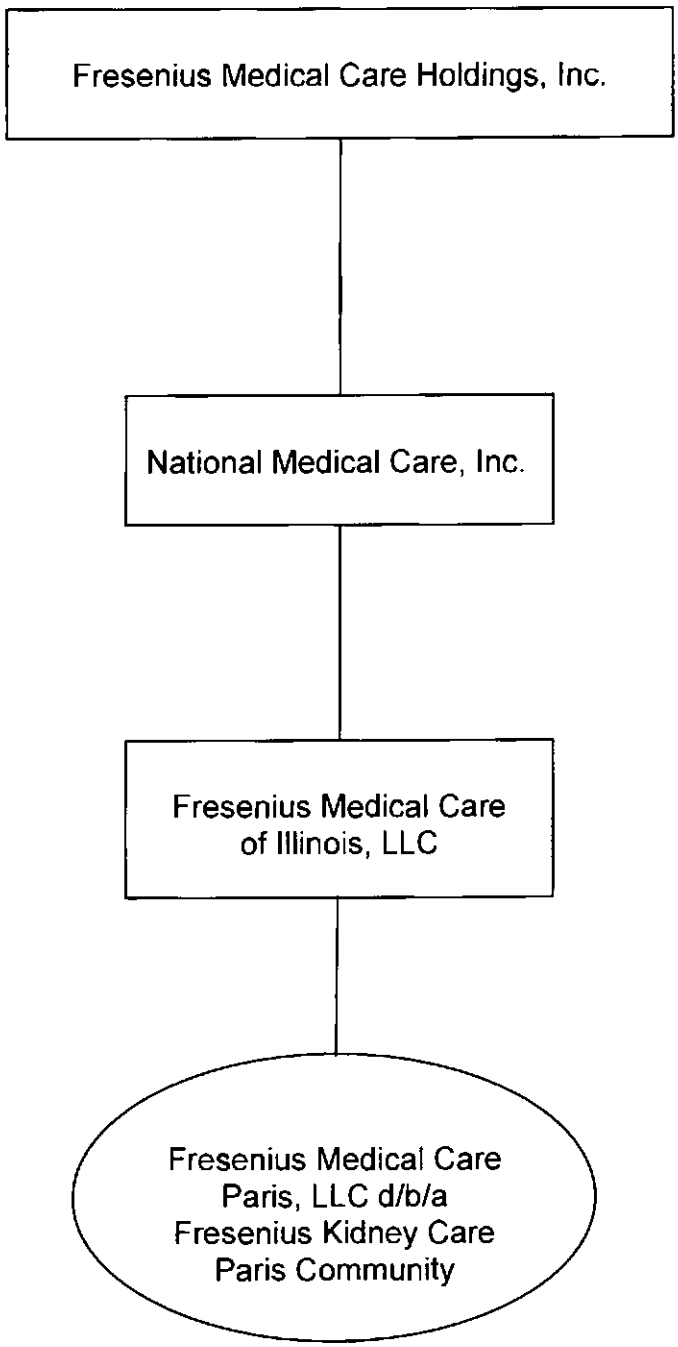
Exact Legal Name: *Fresenius Medical Care Paris, LLC d/b/a Fresenius Kidney Care Paris Community**

Address: *920 Winter Street, Waltham, MA 02451*

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

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

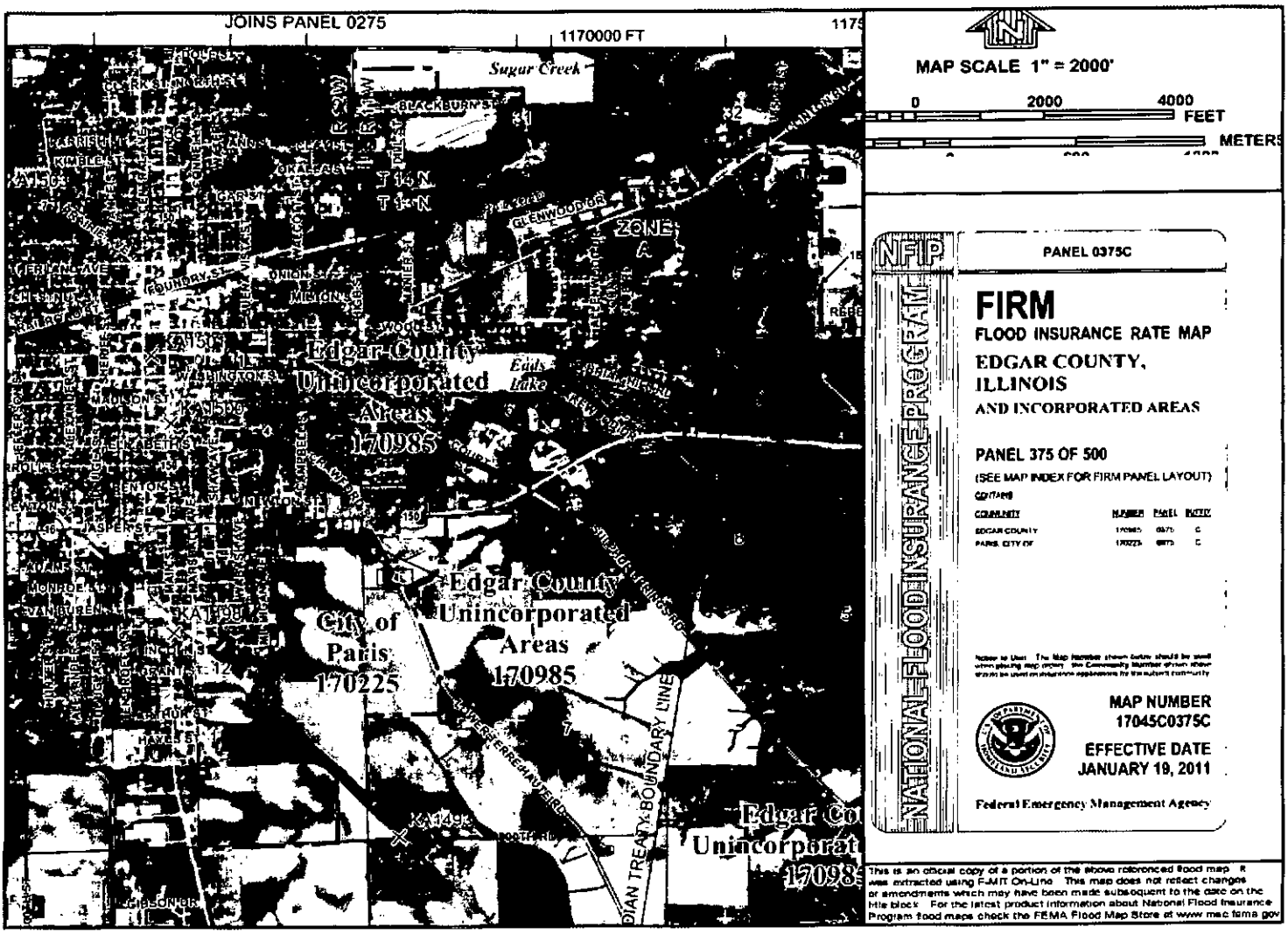
***Certificate of Good Standing at Attachment – 1.**



Org Chart
ATTACHMENT - 4

Flood Plain Requirements

The proposed site for Fresenius Kidney Care Paris Community complies with the requirements of Illinois Executive Order #2005-5. The site, 721 E. Court Street, Suite B, Paris, is not located in a flood plain.



Flood Plain Determination
ATTACHMENT - 5

Illinois Historic Preservation Agency

FAX (217) 524-7525

1 Old State Capitol Plaza • Springfield, Illinois 62701–1507 • (217) 782–4836 • TTY (217) 524–7128

Edgar County
Paris
CON - Lease to Establish an 8-Station Dialysis Facility
721 E. Court St., Suite B
IHPA Log #009092616

October 4, 2016

Lori Wright
Fresenius Kidney Care
3500 Lacey Road
Downers Grove, IL 60515

Dear Ms. Wright:

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 contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

Printed on Recycled Paper

Historical Determination
ATTACHMENT 6

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	44,000
Temp Facilities, Controls, Cleaning, Waste Management	2,200
Concrete	11,300
Masonry	13,400
Metal Fabrications	6,600
Carpentry	77,350
Thermal, Moisture & Fire Protection	15,700
Doors, Frames, Hardware, Glass & Glazing	60,300
Walls, Ceilings, Floors, Painting	142,000
Specialities	11,000
Casework, Fl Mats & Window Treatments	5,250
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	281,600
Wiring, Fire Alarm System, Lighting	169,700
Miscelleanous Construction Costs	39,600
Total	**880,000**

Contingencies	**$90,000**

Architecture/Engineering Fees	**$97,000**

Moveable or Other Equipment	
Dialysis Chairs	20,000
Clinical Furniture & Equipment	25,000
Office Equipment & Other Furniture	25,000
Water Treatment	120,000
TVs & Accessories	20,000
Telephones	15,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	10,000
	$265,000

Fair Market Value of Leased Space and Equipment	
FMV Leased Space (5,000 GSF)	1,115,000
FMV Leased Dialysis Machines	143,250
FMV Leased Office Equipment	13,000
	$1,271,250

Grand Total	**$2,603,250**

Itemized Costs

ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#14-012	Fresenius Medical Care Gurnee	Relo/Expansion	12/31/2016	Open 3/21/16 awaiting CMS certification
#14-019	Fresenius Medical Care Summit	Establishment	12/31/2016	Open 8/03/16 awaiting CMS certification
#13-040	Fresenius Medical Care Lemont	Establishment	09/30/2016	Open 7/06/16 awaiting CMS certification
#14-026	Fresenius Kidney Care New City	Establishment	09/30/2017	Opening 10/2016
#14-047	Fresenius Kidney Care Humboldt Park	Establishment	12/31/2016	Opening 12/2016
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016	Opened 9/19/2016
#15-028	Fresenius Kidney Care Schaumburg	Establishment	02/28/2017	Obligated/Bidding/Permitting Phase
#15-036	Fresenius Kidney Care Zion	Establishment	06/30/2017	Obligated/Bidding/Permitting Phase
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2017	Bidding/Permitting Phase
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Lease Negotiations/Space Plans

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-Center Hemodialysis	$1,665,450		3,000		3,000		
Total Clinical	$1,665,450		3,000		3,000		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room, Home Therapies)	$937,800		2,000		2,000		
Total Non-clinical	$937,800		2,000		2,000		
TOTAL	**$2,603,250**		**5,000**		**5,000**		

Fresenius Kidney Care

Fresenius Kidney Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

Quality Measures – Fresenius Kidney Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

INITIATIVES that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

Diabetes Care Partnership - Fresenius Kidney Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised $22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another $25,000 annually to the NKFI and another $5,000 in downstate Illinois.

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deefield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Facility List
ATTACHMENT - 11

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	-	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

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Treatment Options Program

For People with Chronic Kidney Disease

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Welcome to the Treatment Options Program

Over the next hour you will learn:

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by you physician with Chronic Kidney Disease(CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure"and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle

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Your Kidneys and What They Do

- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
  - Filter your blood to remove waste and excess fluid;
  - Control the making of red blood cells;
  - Help control blood pressure;
  - Help control the amounts of calcium, potassium, and phosphorus in the body.

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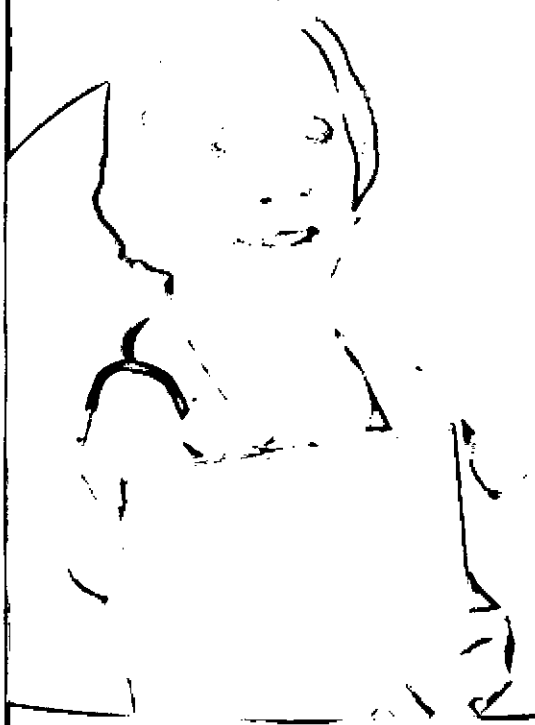
What is Chronic Kidney Disease (CKD)?



CKD is a progressive disease that advances from Stage I through Stage V.

Stage V CKD or **End-Stage Renal Disease (ESRD)** is commonly referred to as "kidney failure."

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.

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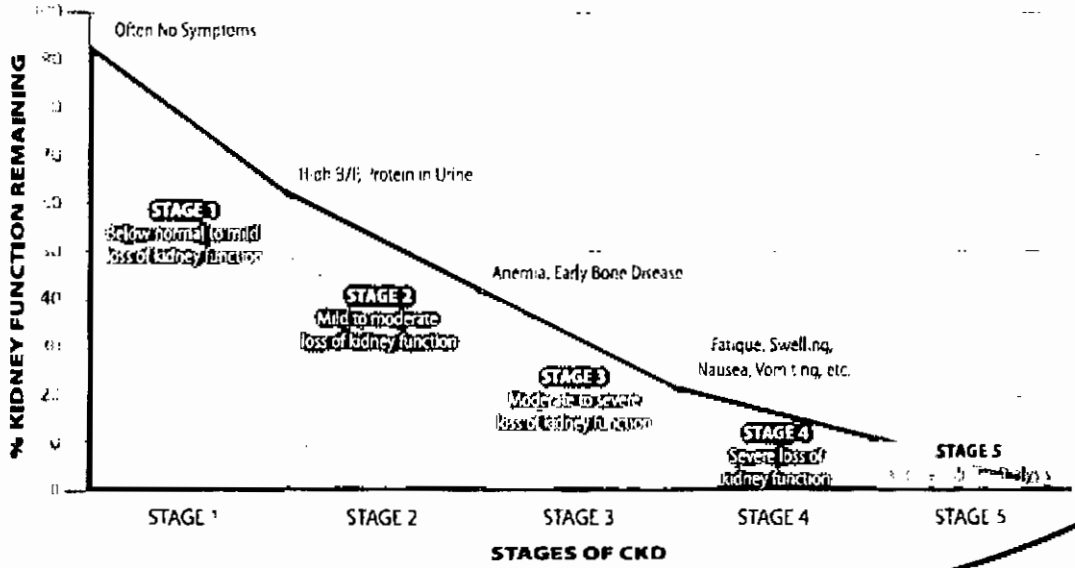
The progression of CKD



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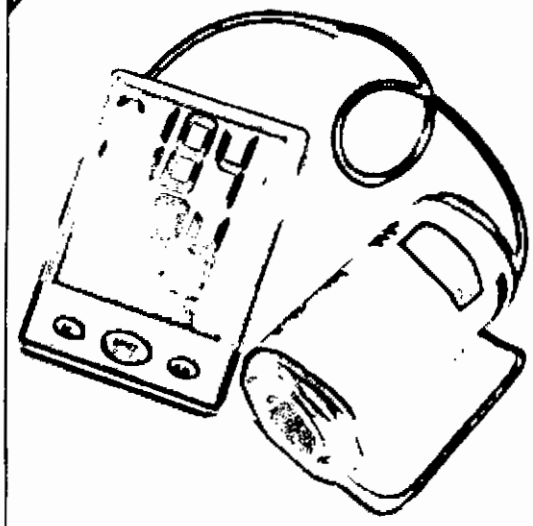
Common Causes of Chronic Kidney Disease (CKD):



- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown

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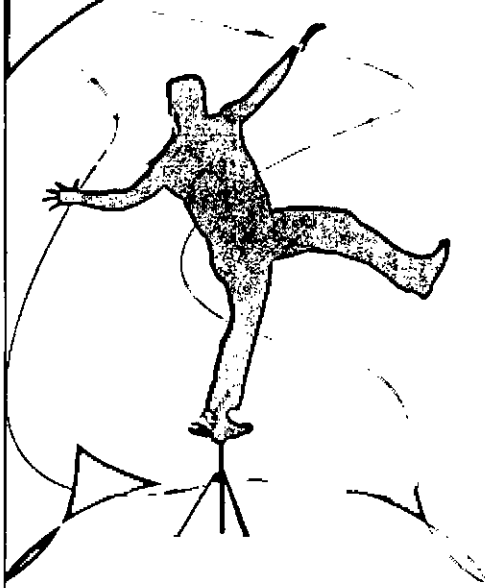
What Happens to Your Body with Chronic Kidney Disease?



- Build up of fluid (water) and waste products in your blood
  - Causes swelling and generally not feeling well
- Chemical imbalances
  - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
  - Control your blood pressure
  - Build red blood cells
  - Keep your bones strong

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Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness

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If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease*.
- A recent study reported over 358,000 people in the US were on dialysis.
- Roughly 16,000 (or 5%) of these people received a kidney transplant***
- The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation**

* NHANES (1999-2004)
** USRDS (2006 data report)
*** 2007 OPTN/SRTR Annual Report 1997-2006. HHS/HRSA/HSB/DOT

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People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.

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If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
- You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
- Managing your disease well helps determine the quality of your life.
- You have the right not to accept treatment for your kidney failure (ESRD).

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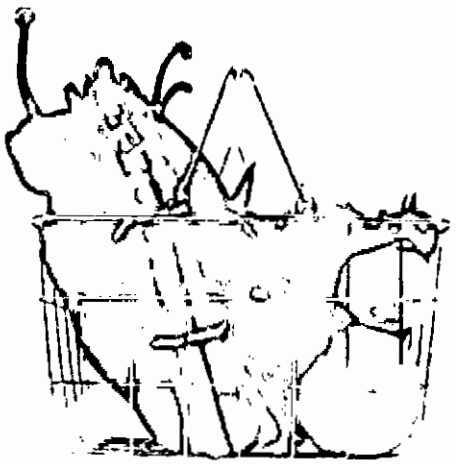
Managing Your CKD



Diet & Medication

- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
  - Control blood pressure
  - Make red blood cells
  - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

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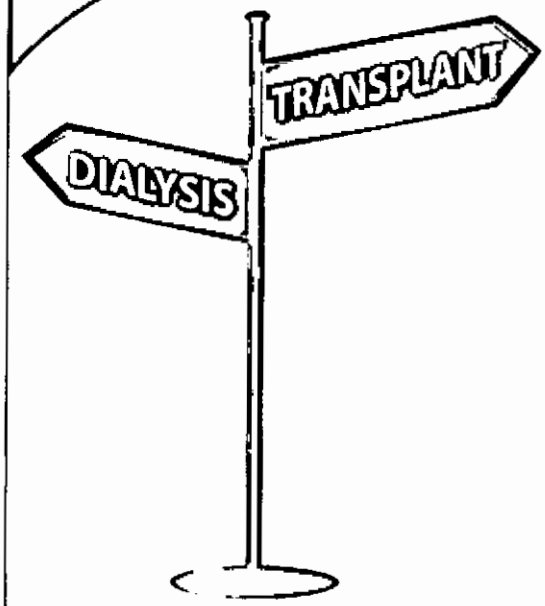
Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the "Gold Standard"
- Kidney Dialysis

  Two types of treatments to remove excess fluid and waste from your blood
  - Peritoneal Dialysis (PD)
  - Hemodialysis (HD)

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The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the "Gold Standard" because it is the treatment that comes closest to "normal" kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.

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A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.

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Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
  - Living donor:
    - Relatives (usually the closest match)
    - Non-relative (spouse, friend)
  - Non-Living donor:
    - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two

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Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
  - Diet
  - Activity
- Watch for signs of potential problems.

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Kidney Transplant Option

- Closest treatment to "normal" kidney function
- Fewer dietary and fluid restrictions
- Allows you to maintain your normal schedule & activities

- Risks associated with surgery and kidney rejection
- Daily medications may have side effects and can be costly
- Must take medications and follow up with physician for life of the kidney
- May be placed on a waiting list for an extended period of time

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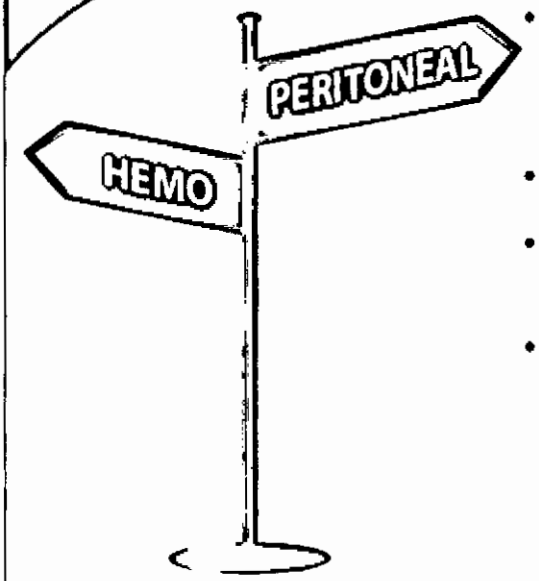
The Dialysis Options



- There are two types of dialysis:
  - Peritoneal dialysis
  - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.

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Hemodialysis

- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time

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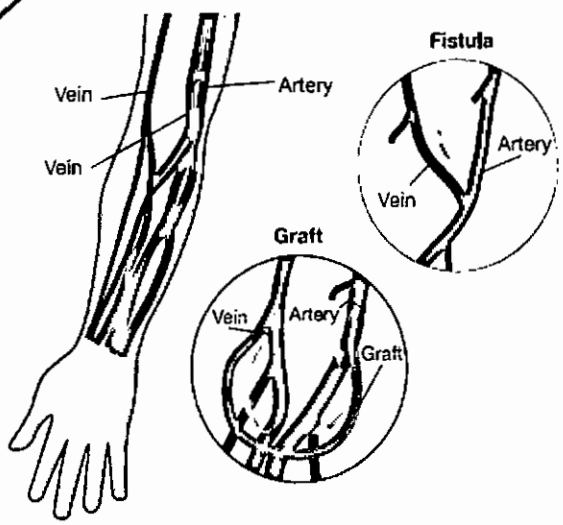
treatment Options Program

Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A **fistula**, the 1st choice, is a surgical connection of your artery and your vein.
- A **graft**, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A **catheter** is a temporary tubing inserted through the skin and sutured into place.

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In-Center Hemodialysis Option

- Treatments are done by trained dialysis nurses and technicians.
  - You are on a fixed schedule for your treatments, and changes may be difficult.
    - You must travel to/from the dialysis center.
    - Treatments are usually done 3 times each week.
    - No equipment or supplies needed at home.
    - Opportunity for regular social interaction with other dialysis patients.
    - Treatments usually last 3.5-4.0 hours each.

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In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
- Allows you to work, go to school, or participate in other activities during the day
- Provides more treatment over a longer period of time
- Useful when needing to remove large amounts of fluid
- Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area

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In-Center Hemodialysis Considerations

- Therapy performed by trained clinicians
- No equipment or supplies needed at home
- Opportunity for more frequent social interaction with other dialysis patients

- Patient must travel to the clinic usually 3 times per week
- Patients are on a fixed schedule to receive their therapy

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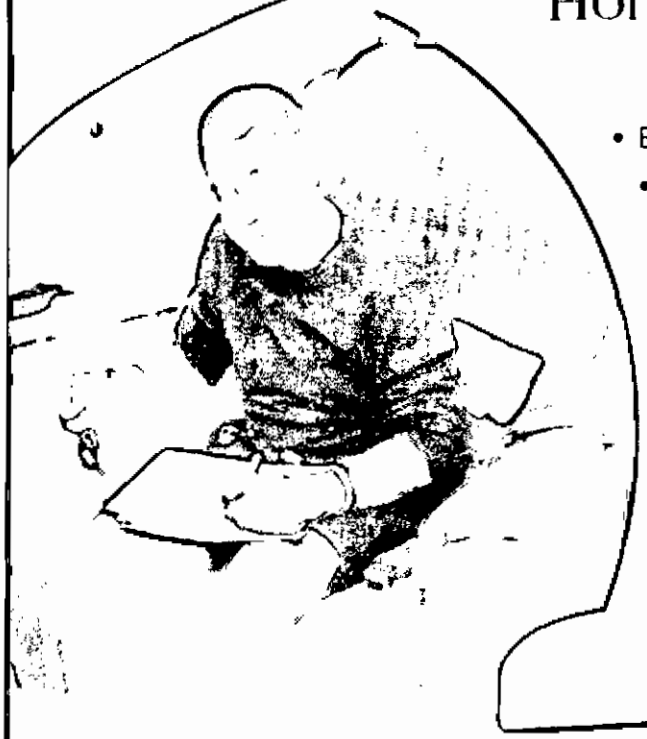
Home Hemodialysis Option



- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center

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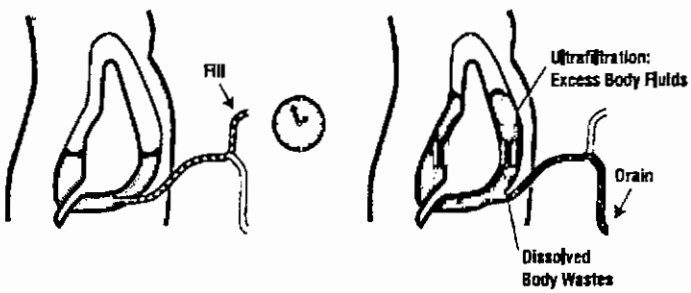
Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

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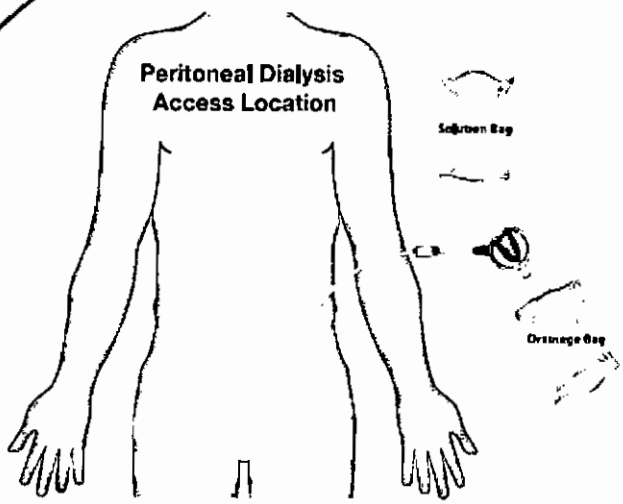
Treatment Options Program

Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used

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Treatment Options Program

Two types of PD

1. **Continuous Ambulatory Peritoneal Dialysis (CAPD)**

- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange

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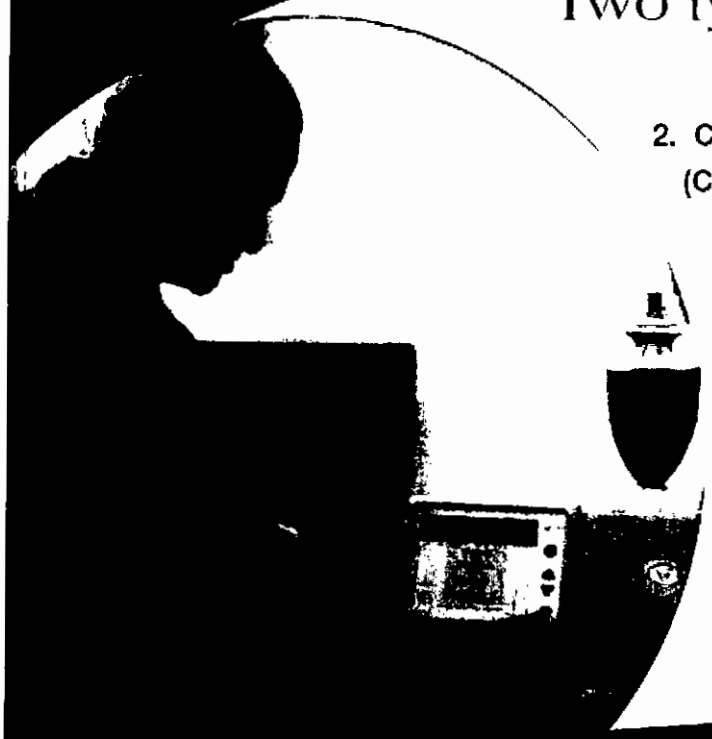
Two types of PD



2. Continuous Cycling Peritoneal Dialysis (CCPD)

- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime

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Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
- More flexible dialysis treatment schedule
- Allows independence and a more normal (working) lifestyle
- Gentle treatment more like "normal" kidney function
- A bloodless form of treatment with no needles required

- Treatment needs to be performed every day
- Risk of infection
- External catheter
- Need storage space in home for supplies
- Larger people may need to do more exchanges

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Treatment Options Program

Dialysis Options Comparison

Advantages	IN-CENTER HD	IN-CENTER NHD	HOME HD	HOME PD
Treatment Time Flexibility			√	√
Treatment Location Flexibility			√	√
Treatment Duration Flexibility				√
Reduced Clinic Visit Time			√	√
Reduced Clinic Travel Time			√	√
Reduced Clinic Travel Costs			√	√
No treatment partner needed	√	√		√
Greater Privacy			√	√
Greater Social Interaction with Other Dialysis Patients	√			

Advantages	IN-CENTER HD	IN-CENTER NHD	HOME HD	HOME PD
Perform treatments during nightly sleep		√	√	√
Improved availability during work hours		√	√	√
Bloodless access				√
More independent lifestyle			√	√
Greater treatment supervision	√	√		
No supply delivery & storage needs	√	√		
No routine needle sticks				√
Greater Travel options				√
No additional electrical/plumbing	√	√		√

Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.

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TOP education

Treatment Options Program

People Like You

Shad Ireland's kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.

Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

Mickey Sledge developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

Lori Hartwell, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.

Certification & Authorization

Fresenius Medical Care Paris, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Paris, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

ATTACHMENT - 11

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: _____

ITS: Maria T. C. Notar
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2016

_____
Signature of Notary

Seal

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

ATTACHMENT - 11

Criterion 1110.230 – Purpose of Project

The purpose of this project is to provide access to dialysis services to Edgar County, in HSA 4, **where there are no dialysis facilities and no dialysis facilities located within 45-minutes travel time of Paris, where the proposed facility will be located.** Paris is also a Federally Designated Medically Underserved Area.

The market to be served by the Paris Community dialysis facility is a rural area along the Indiana/Illinois border of central Illinois. Currently, Dr. Gera's (nephrologist who treats our patients in the Paris area) dialysis patients living in this area are travelling well over 30 minutes to dialyze in Indiana. These patients would be better served by a facility in Paris, Illinois where they see their nephrologist and utilize other healthcare services at Paris Community Hospital.

The closest dialysis facilities to the Paris location are 45 minutes away whether in Illinois or Indiana. ESRD patients in the Paris area do not have reasonable access to dialysis services.

The proposed facility will bring services to a medically underserved area where residents experience low income and high rates of Medicaid eligibility as well as lack of any insurance coverage. Fresenius Kidney Care treats all patients regardless of ability to pay and assists patients in securing some type of coverage.

The goal of Fresenius Kidney Care is to establish dialysis services in an area where there currently is no access within a reasonable distance.

(Demographic data contained in the application was taken from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml. Clinic utilization from HFSRB and ESRD zip code census was received from The Renal Network.)

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

There is no project of a lesser scope that would address the lack of access to dialysis services in the Paris area, since there are no facilities within 30-minutes travel time. Doing nothing will not address the absence of services in Paris or Edgar County.

B. Pursuing a joint venture or similar arrangement

The ownership of this facility is structured so that at a later date if there was the desire to form a joint venture a partner would be able to invest in the facility. Fresenius Kidney Care, however, always maintains control of its facilities.

C. Utilizing other health care resources

There are no other resources available.

- The only alternative that will provide access to dialysis services to Paris/Edgar County is to establish the Paris Community facility. The cost of this project is $2,603,250.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	$0	This alternative would not address the lack of access in Paris/Edgar County.	No effect	Continued hardship on patients with no access to dialysis services and unreasonable transportation costs travelling to Indiana.
Joint Venture	$2,603,250	The facility will have the same access whether a JV or not.	The facility will have the same quality whether a JV or not.	Cost of a JV is no different although costs would be shared between members.
Utilize Area Providers	$0	There are currently no providers within 30-minutes of Paris or in Edgar County to utilize. Patients must travel 45 minutes or more for treatment.	Quality at the Fresenius clinics in Indiana where many area patients now go is excellent.	No financial cost to Fresenius Kidney Care Patients have higher transportation travelling out of area.
Establish Fresenius Kidney Care Paris Community	$2,603,250	Access to dialysis services will be established in Paris/Edgar County where there is currently none. Patients will have greatly reduced travel times.	Patient clinic quality will be above standards similar to other Fresenius Illinois clinics. Patient satisfaction and quality of life would improve with access to dialysis near their homes and in their State of residence.	The cost is only to Fresenius Kidney Care who is able to meet all of its obligations and is willing to invest in this underserved market.

3. **Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.**

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	3,000 (8 Stations)	3,600 – 5,200 BGSF	None	Yes
Non-clinical	2,000	N/A	N/A	N/A

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 3,000 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	**HISTORICAL UTILIZATION**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
Upon Opening/Certification	IN-CENTER HEMODIALYSIS	Not Applicable New Facility	42%	80%	No
YEAR 1	IN-CENTER HEMODIALYSIS		63%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		88%	80%	Yes

Dr. Gera, the referring physician, and his practice have 188 pre-ESRD patients who reside in Illinois along the central Illinois/Indiana border and 23 hemodialysis patients dialyzing at the two Fresenius Terre Haute facilities. Taking into account 20 expected transfers from the Terre Haute clinics and an additional 30 pre-ESRD patients identified to be referred to the Paris facility in the first two years it is operating, the facility is expected to reach the State utilization target of 80%. Calculation included taking into account for yearly patient attrition.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Kidney Care Paris Community dialysis facility is located in Edgar County in HSA 4. HSA 4 is comprised of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion Counties. According to the September 2016 inventory there is an excess of 7 stations in this HSA.

There are currently no dialysis clinics in Edgar County and none within 30 minutes of Paris.

2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents in central Illinois living along the Indiana border near Paris, Illinois. Paris is in HSA 4 (Edgar County). 100% of the patients identified who reside in the Paris area and who could be served by the Paris facility reside in HSA 4.

County	HSA	# Pre-ESRD & Transfer Patients Who Will Be Referred to Fresenius Kidney Care Paris Community*
Edgar	4	31 Pts. 62%
Clark	4	17 Pts. 36%
Vermillion	4	1 Pts. 1%
Coles	4	1 Pts. 1%

*Of the total 188 pre-ESRD patients identified it is expected that 30 would begin dialysis during the first two years of operation of the Paris facility. 20 additional patients are expected to transfer from Fresenius dialysis centers in Indiana.

Internal Medicine Nephrology, Inc.
Kidney Disease, Transplant & Hypertension Specialists

Raj Jeevan, M.D., F.A.C.P.
Manish Gera, M.d., F.A.C.P., F.A.S.N.
Rakesh Kumar, M.d., M.s.

1625 North 4th Street
Terre Haute, IN 47804

Phone (812) 232-8716
Fax (812) 232-7768

September 26, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am a board certified and licensed nephrologist practicing in the Terre Haute, Indiana and Paris Illinois area. I practice with Internal Medicine Nephrology, Inc. along with three other nephrologists, Raj Jeevan, Rakesh Kumar and Gaurav Chaudhary. We currently treat almost 200 dialysis patients in the Paris/Terre Haute area at the two Terre Haute, Indiana Fresenius clinics. We also have over 200 patients with CKD (Chronic Kidney Disease) who reside in Illinois near the central Illinois/Indiana border that we see in our Paris office. These patients are going to require life-saving dialysis in the next 1 to 3 years. I am asking the Board to approve the dialysis clinic Fresenius Kidney Care proposes to locate at Paris Community Hospital in Illinois to provide much improved access to dialysis services for these rural Illinois patients who will otherwise be required to travel out of state.

In the past 12 months IMN has referred 82 patients for dialysis to Fresenius Kidney Care Terre Haute North and South clinics in Indiana. Several of these patients reside in Illinois, but travel long distances to Indiana because there are no clinics to send them to along the State border. There are currently 23 dialysis patients who reside in Illinois who would be better served by the proposed clinic in Paris where they see their nephrologists and utilize other healthcare services.

IMN nephrologists in this region were treating 170 in-center hemodialysis patients at the end of 2013, 168 patients at the end of 2014, 177 patients at the end of 2015, and 178 patients at the end of June 2016 as reported to The Renal Network. We currently are seeing over 200 CKD patients that reside in the zip codes surrounding the proposed Paris facility. Of these I expect approximately 30 to be referred to the new facility in the first two years it is in operation. I also expect that 20 of the current ESRD patients dialyzing in Indiana will transfer the Paris facility upon its opening.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other pending or approved CON application.

Sincerely,

Manish Gera, M.D.

Manish Gera, M.D.

Notarization:

Subscribed and sworn to before me

this 29th day of Sept, 2016

ANITA G BALDWIN
Vigo County
My Commission Expires
September 14, 2024

Anita G Baldwin

Signature of Notary Anita G. Baldwin

Seal

NEW ESRD REFERRALS OF IMN

Fresenius Kidney Care Terre Haute North		
New to ESRD 9/1/15 -8/31/16		
	Zip Code	Patients
Indiana	47802	2
	47803	1
	47804	2
	47805	5
	47807	1
	47834	3
	47842	4
	47853	1
	47854	1
	47862	1
	47879	1
	47885	1
	47928	1
Illinois	**61944**	**8**
Total		**32**

Fresenius Kidney Care Terre Haute South		
New to ESRD 9/1/15 -8/31/16		
	Zip Code	Patients
Indiana	47441	2
	47802	13
	47803	5
	47804	2
	47805	3
	47807	2
	47834	4
	47838	1
	47842	2
	47847	1
	47848	1
	47858	1
	47862	1
	47872	1
	47874	1
	47876	2
	47882	1
	47885	2
Illinois	61944	3
	62441	2
Total Illinois		**5**
Total Pts		**50**

PRE-ESRD & TRANSFER PATIENTS IDENTIFIED

Zip Code	Pre-ESRD
61870	**1**
61912	**1**
61917	**3**
61924	**11**
61933	**2**
61943	**2**
61944	**99**
62420	**11**
62423	**5**
62441	**40**
62442	**9**
62474	**3**
62477	**1**
Total	**188**

Zip Code	Transfer Patients
61846	1
61924	1
61944	13
62420	1
62441	3
62477	1
Total	**20**

IN-CENTER HEMODIALYSIS PATIENTS OF IMN

Fresenius Kidney Care Terre Haute North					
State	Zip Code	2013	2014	2015	2016
Indiana	46158	1	0	0	0
	46171	1	1	1	1
	47802	5	3	8	7
	47803	12	8	5	7
	47804	9	9	14	12
	47805	6	8	8	8
	47807	9	11	11	12
	47831	1	2	2	1
	47834	12	9	10	10
	47836	1	1	1	1
	47837	1	3	3	3
	47842	6	6	7	8
	47851	0	0	1	0
	47853	0	0	1	1
	47854	1	1	1	2
	47857	1	1	0	0
	47859	1	0	0	0
	47862	2	3	3	3
	47872	2	3	2	3
	47874	2	2	4	3
	47879	0	0	1	0
	47885	8	6	6	7
	47928	1	1	1	0
	47932	0	0	1	1
	47966	0	2	1	1
Total Indiana		**82**	**80**	**92**	**91**

Illinois	61846	1	1	1	1
	61924	1	1	2	1
	61944	10	9	7	12
	62420	1	1	1	1
	62423	0	1	1	1
	62441	1	3	4	3
	62477	0	1	1	1
Total Illinois		**14**	**17**	**17**	**20**

Grand Total		**96**	**97**	**109**	**111**

Fresenius Kidney Care Terre Haute South					
State	Zip Code	2013	2014	2015	2016
Indiana	46408	0	1	1	1
	47424	0	1	0	0
	47801	1	1	1	1
	47802	32	29	29	27
	47803	5	5	6	6
	47804	4	3	2	3
	47807	6	7	6	7
	47834	1	1	3	5
	47841	2	1	2	2
	47842	0	0	1	1
	47847	0	0	1	1
	47850	4	2	3	2
	47871	1	1	1	1
	47872	0	0	1	1
	47876	0	0	1	2
	47879	2	2	0	0
	47881	1	1	0	0
	47882	7	8	2	0
	47885	2	3	5	4
Total Indiana		**68**	**66**	**65**	**64**

Illinois	61944	3	1	1	2
	62420	1	1	2	1
	62441	2	3	0	0
Total Illinois		**6**	**5**	**3**	**3**

Total Pts	**74**	**71**	**68**	**67**

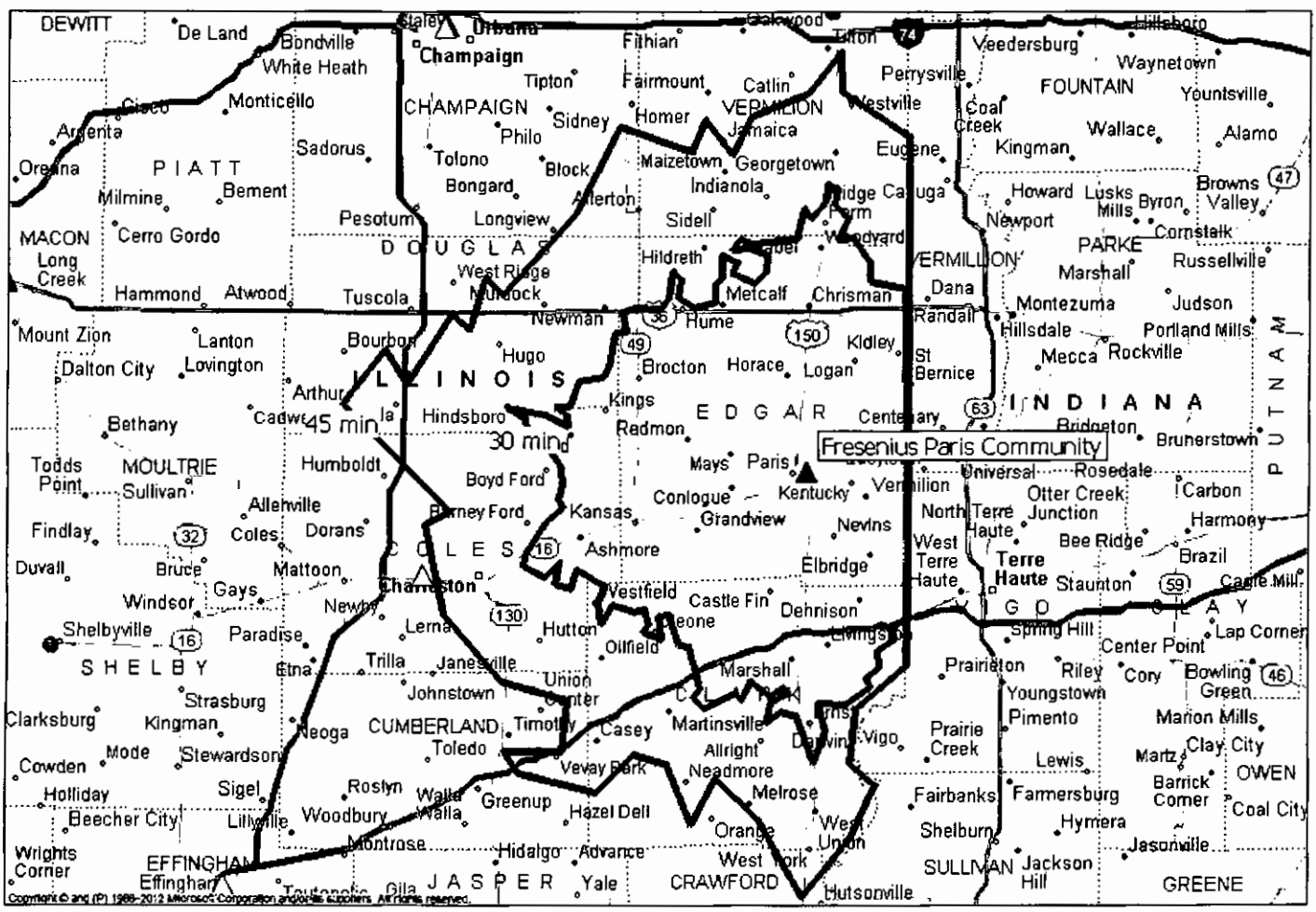
Service Accessibility – Service Restrictions

The proposed Fresenius Kidney Care Paris Community dialysis facility will be located in Paris, Edgar County in HSA 4 where there is an excess of 7 ESRD stations according to the September 2016 inventory. However, there are no dialysis clinics within 45-minutes travel time of Paris, which is in a Federally Designated Medically Underserved Area. This HSA is comprised of the counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermillion along the central Illinois/Indiana border. This project will establish access to dialysis services in an area where there is an absence of the service.

Besides being a medically underserved area and the absence of dialysis services within 45-minutes travel time of Paris, the area population has limitations due to payor status and high poverty rates. Almost ¼ of the residents of Paris are living below the poverty level and 10% have no health insurance. Nearly half are covered by a public form of health insurance.

Area	Public Health Insurance	No Health Insurance	Income Below Poverty
Paris	47%	10%	24%
Edgar County	42%	9%	18%

There are no ESRD facilities within 45 minutes of Paris.



U S Department of Health & Human Services

HRSA Health Resources & Services Administration Data Warehouse

Find Shortage Areas by Address Results

Input address: 721 court street, paris, Illinois
Geocoded address: 721 E Court St, Paris, Illinois, 61944

Start Over

HPSA Data as of 9/22/2016
MUA Data as of 9/22/2016

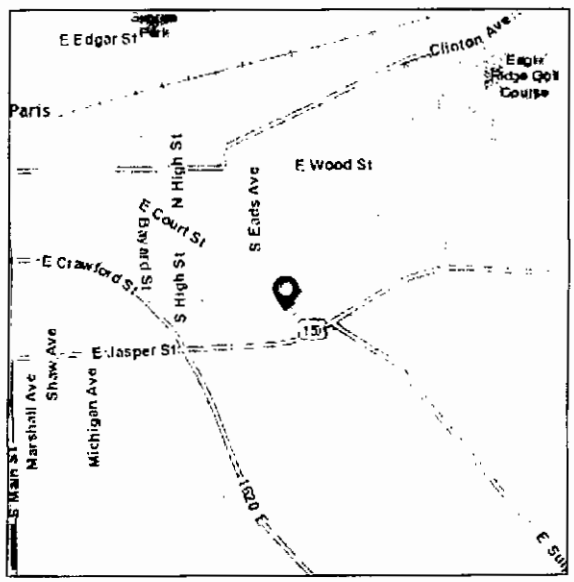
[+] More about this address

In a Dental Health HPSA: Yes
HPSA Name: Medicaid Eligible - Edgar County
ID: 6179991753
Designation Type: Hpsa Population
Status: Designated
Score: 11
Designation Date: 03/22/2001
Last Update Date: 09/11/2013

In a Mental Health HPSA: Yes
HPSA Name: Catchment Area 03-07-07
ID: 7179991747
Designation Type: Hpsa Geographic
Status: Designated
Score: 14
Designation Date: 07/19/2001
Last Update Date: 04/23/2014

In a Primary Care HPSA: Yes
HPSA Name: Low Income - Clark/Edgar Counties
ID: 11799917Q9
Designation Type: Hpsa Population
Status: Designated
Score: 14
Designation Date: 08/14/2012
Last Update Date: 04/18/2014

In a MUA/P: Yes
Service Area Name: Edgar County
ID: 07875
Designation Type: Medically Underserved Area



Click on the image to see an expanded map view.

Note: The address entered is geocoded and then compared against the HPSA and MUA/P data in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

AMERICAN FactFinder

DP03 | SELECTED ECONOMIC CHARACTERISTICS

2010-2014 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Paris city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	7,014	+/-191	7,014	(X)
In labor force	4,139	+/-241	59.0%	+/-3.4
Civilian labor force	4,139	+/-241	59.0%	+/-3.4
Employed	3,558	+/-259	50.7%	+/-3.7
Unemployed	581	+/-182	8.3%	+/-2.6
Armed Forces	0	+/-15	0.0%	+/-0.4
Not in labor force	2,875	+/-264	41.0%	+/-3.4
Civilian labor force	4,139	+/-241	4,139	(X)
Percent Unemployed	(X)	(X)	14.0%	+/-4.3
Females 16 years and over	3,729	+/-160	3,729	(X)
In labor force	1,968	+/-169	52.8%	+/-4.1
Civilian labor force	1,968	+/-169	52.8%	+/-4.1
Employed	1,745	+/-185	46.8%	+/-4.7
Own children under 6 years	734	+/-131	734	(X)
All parents in family in labor force	551	+/-149	75.1%	+/-14.7
Own children 6 to 17 years	921	+/-147	921	(X)
All parents in family in labor force	646	+/-158	70.1%	+/-13.0
COMMUTING TO WORK				
Workers 16 years and over	3,485	+/-258	3,485	(X)
Car, truck, or van -- drove alone	2,862	+/-258	82.1%	+/-4.8
Car, truck, or van -- carpooled	415	+/-167	11.9%	+/-4.6
Public transportation (excluding taxicab)	22	+/-27	0.6%	+/-0.8
Walked	75	+/-48	2.2%	+/-1.4
Other means	18	+/-22	0.5%	+/-0.6
Worked at home	93	+/-49	2.7%	+/-1.5
Mean travel time to work (minutes)	18.7	+/-3.7	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	3,558	+/-259	3,558	(X)

Subject	Paris city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Management, business, science, and arts occupations	670	+/-157	18.8%	+/-4.0
Service occupations	756	+/-174	21.2%	+/-4.4
Sales and office occupations	804	+/-183	22.6%	+/-5.2
Natural resources, construction, and maintenance occupations	345	+/-113	9.7%	+/-3.1
Production, transportation, and material moving occupations	983	+/-219	27.6%	+/-6.1
INDUSTRY				
Civilian employed population 16 years and over	3,558	+/-259	3,558	(X)
Agriculture, forestry, fishing and hunting, and mining	166	+/-100	4.7%	+/-2.8
Construction	102	+/-58	2.9%	+/-1.6
Manufacturing	1,038	+/-216	29.2%	+/-6.1
Wholesale trade	25	+/-28	0.7%	+/-0.8
Retail trade	443	+/-157	12.5%	+/-4.5
Transportation and warehousing, and utilities	174	+/-89	4.9%	+/-2.5
Information	21	+/-22	0.6%	+/-0.6
Finance and insurance, and real estate and rental and leasing	128	+/-63	3.6%	+/-1.8
Professional, scientific, and management, and administrative and waste management services	154	+/-73	4.3%	+/-2.0
Educational services, and health care and social assistance	651	+/-173	18.3%	+/-4.4
Arts, entertainment, and recreation, and accommodation and food services	323	+/-144	9.1%	+/-4.0
Other services, except public administration	159	+/-80	4.5%	+/-2.2
Public administration	174	+/-109	4.9%	+/-3.0
CLASS OF WORKER				
Civilian employed population 16 years and over	3,558	+/-259	3,558	(X)
Private wage and salary workers	3,031	+/-267	85.2%	+/-5.1
Government workers	415	+/-185	11.7%	+/-5.0
Self-employed in own not incorporated business workers	102	+/-44	2.9%	+/-1.3
Unpaid family workers	10	+/-15	0.3%	+/-0.4
INCOME AND BENEFITS (IN 2014 INFLATION-ADJUSTED DOLLARS)				
Total households	3,922	+/-172	3,922	(X)
Less than $10,000	564	+/-168	14.4%	+/-4.0
$10,000 to $14,999	307	+/-98	7.8%	+/-2.5
$15,000 to $24,999	594	+/-156	15.1%	+/-3.9
$25,000 to $34,999	424	+/-135	10.8%	+/-3.4
$35,000 to $49,999	577	+/-164	14.7%	+/-4.2
$50,000 to $74,999	757	+/-175	19.3%	+/-4.5
$75,000 to $99,999	310	+/-106	7.9%	+/-2.7
$100,000 to $149,999	307	+/-126	7.8%	+/-3.2
$150,000 to $199,999	39	+/-44	1.0%	+/-1.1
$200,000 or more	43	+/-47	1.1%	+/-1.2
Median household income (dollars)	36,224	+/-3,539	(X)	(X)
Mean household income (dollars)	48,813	+/-5,964	(X)	(X)
With earnings	2,804	+/-178	71.5%	+/-4.2
Mean earnings (dollars)	47,502	+/-6,233	(X)	(X)
With Social Security	1,455	+/-174	37.1%	+/-3.8
Mean Social Security income (dollars)	15,829	+/-1,300	(X)	(X)
With retirement income	615	+/-117	15.7%	+/-3.1
Mean retirement income (dollars)	22,194	+/-5,629	(X)	(X)
With Supplemental Security Income	175	+/-95	4.5%	+/-2.4
Mean Supplemental Security Income (dollars)	7,042	+/-1,067	(X)	(X)
With cash public assistance income	103	+/-57	2.6%	+/-1.4

Subject	Paris city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean cash public assistance income (dollars)	2,341	+/-872	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	925	+/-219	23.6%	+/-5.2
Families	2,526	+/-209	2,526	(X)
Less than $10,000	207	+/-121	8.2%	+/-4.5
$10,000 to $14,999	98	+/-63	3.9%	+/-2.5
$15,000 to $24,999	401	+/-128	15.9%	+/-5.0
$25,000 to $34,999	298	+/-116	11.8%	+/-4.4
$35,000 to $49,999	369	+/-110	14.6%	+/-4.3
$50,000 to $74,999	546	+/-145	21.6%	+/-5.6
$75,000 to $99,999	312	+/-111	12.4%	+/-4.4
$100,000 to $149,999	241	+/-110	9.5%	+/-4.3
$150,000 to $199,999	23	+/-34	0.9%	+/-1.3
$200,000 or more	31	+/-42	1.2%	+/-1.6
Median family income (dollars)	45,395	+/-5,579	(X)	(X)
Mean family income (dollars)	56,559	+/-8,201	(X)	(X)
Per capita income (dollars)	22,319	+/-2,667	(X)	(X)
Nonfamily households	1,396	+/-226	1,396	(X)
Median nonfamily income (dollars)	18,910	+/-3,840	(X)	(X)
Mean nonfamily income (dollars)	31,673	+/-6,379	(X)	(X)
Median earnings for workers (dollars)	24,816	+/-2,757	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	44,188	+/-5,788	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	30,300	+/-6,239	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	8,533	+/-274	8,533	(X)
With health insurance coverage	7,661	+/-391	89.8%	+/-3.2
With private health insurance	5,138	+/-425	60.2%	+/-4.9
With public coverage	4,032	+/-470	47.3%	+/-4.8
No health insurance coverage	872	+/-271	10.2%	+/-3.2
Civilian noninstitutionalized population under 18 years	1,852	+/-182	1,852	(X)
No health insurance coverage	98	+/-106	5.3%	+/-5.7
Civilian noninstitutionalized population 18 to 64 years	5,108	+/-179	5,108	(X)
In labor force:	3,910	+/-239	3,910	(X)
Employed:	3,344	+/-263	3,344	(X)
With health insurance coverage	3,016	+/-278	90.2%	+/-3.0
With private health insurance	2,481	+/-296	74.2%	+/-5.9
With public coverage	631	+/-179	18.9%	+/-5.2
No health insurance coverage	328	+/-98	9.8%	+/-3.0
Unemployed:	566	+/-180	566	(X)
With health insurance coverage	321	+/-124	56.7%	+/-16.9
With private health insurance	154	+/-97	27.2%	+/-14.9
With public coverage	179	+/-72	31.6%	+/-11.8
No health insurance coverage	245	+/-134	43.3%	+/-16.9
Not in labor force:	1,198	+/-228	1,198	(X)
With health insurance coverage	997	+/-230	83.2%	+/-8.6
With private health insurance	523	+/-146	43.7%	+/-9.8
With public coverage	576	+/-181	48.1%	+/-9.8
No health insurance coverage	201	+/-104	16.8%	+/-8.6

Subject	Paris city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	17.1%	+/-5.2
With related children under 18 years	(X)	(X)	28.4%	+/-8.0
With related children under 5 years only	(X)	(X)	37.5%	+/-17.1
Married couple families	(X)	(X)	10.5%	+/-4.9
With related children under 18 years	(X)	(X)	18.0%	+/-9.3
With related children under 5 years only	(X)	(X)	35.3%	+/-24.0
Families with female householder, no husband present	(X)	(X)	37.9%	+/-17.0
With related children under 18 years	(X)	(X)	51.6%	+/-19.8
With related children under 5 years only	(X)	(X)	66.9%	+/-37.2
All people	(X)	(X)	24.2%	+/-4.6
Under 18 years	(X)	(X)	33.5%	+/-8.5
Related children under 18 years	(X)	(X)	32.3%	+/-8.1
Related children under 5 years	(X)	(X)	43.1%	+/-16.3
Related children 5 to 17 years	(X)	(X)	26.7%	+/-9.8
18 years and over	(X)	(X)	21.7%	+/-4.3
18 to 64 years	(X)	(X)	23.6%	+/-5.0
65 years and over	(X)	(X)	15.6%	+/-6.5
People in families	(X)	(X)	19.1%	+/-5.2
Unrelated individuals 15 years and over	(X)	(X)	42.0%	+/-7.0

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2010-2014 tables, industry data in the multiyear files (2010-2014) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at http://www.census.gov/people/io/methodology/.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see http://www.census.gov/hhes/www/hlthins/publications/coverage_edits_final.pdf for more details. The corresponding 2008 data table in American FactFinder does not incorporate these edits and is therefore not comparable to this table in 2009, 2010, 2011, or 2012. Select geographies of 2008 data comparable to the 2009, 2010, 2011, and 2012 tables are accessible at http://www.census.gov/hhes/www/hlthins/data/acs/2008/re-run.html.

The health insurance coverage category names were modified in 2010. See ACS Health Insurance Definitions for a list of the insurance type definitions.

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

DP03

SELECTED ECONOMIC CHARACTERISTICS
2010-2014 American Community Survey 5-Year Estimates

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Versions of this table are available for the following years:

2014
2013
2012
2011
2010

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Subject	Edgar County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	14,715	+/-69	14,715	(X)
In labor force	8,785	+/-284	59.7%	+/-2.0
Civilian labor force	8,785	+/-284	59.7%	+/-2.0
Employed	7,795	+/-331	53.0%	+/-2.3
Unemployed	990	+/-206	6.7%	+/-1.4
Armed Forces	0	+/-17	0.0%	+/-0.2
Not in labor force	5,930	+/-300	40.3%	+/-2.0
Civilian labor force	8,785	+/-284	8,785	(X)
Percent Unemployed	(X)	(X)	11.3%	+/-2.3
Females 16 years and over	7,574	+/-60	7,574	(X)
In labor force	3,973	+/-200	52.5%	+/-2.6
Civilian labor force	3,973	+/-200	52.5%	+/-2.6
Employed	3,576	+/-250	47.2%	+/-3.2
Own children under 6 years	1,187	+/-112	1,187	(X)
All parents in family in labor force	823	+/-141	69.3%	+/-10.3
Own children 6 to 17 years	2,479	+/-95	2,479	(X)
All parents in family in labor force	1,642	+/-194	66.2%	+/-8.0
COMMUTING TO WORK				
Workers 16 years and over	7,548	+/-332	7,548	(X)
Car, truck, or van -- drove alone	6,275	+/-332	83.1%	+/-2.3
Car, truck, or van -- carpooled	802	+/-167	10.6%	+/-2.2
Public transportation (excluding taxicab)	28	+/-28	0.4%	+/-0.4
Walked	120	+/-57	1.6%	+/-0.7
Other means	70	+/-37	0.9%	+/-0.5
Worked at home	253	+/-75	3.4%	+/-1.0
Mean travel time to work (minutes)	22.6	+/-2.1	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	7,795	+/-331	7,795	(X)
Management, business, science, and arts occupations	2,029	+/-244	26.0%	+/-2.8
Service occupations	1,335	+/-186	17.1%	+/-2.1
Sales and office occupations	1,770	+/-218	22.7%	+/-2.7
Natural resources, construction, and maintenance occupations	833	+/-142	10.7%	+/-1.8
Production, transportation, and material moving occupations	1,828	+/-252	23.5%	+/-3.3
INDUSTRY				
Civilian employed population 16 years and over	7,795	+/-331	7,795	(X)
Agriculture, forestry, fishing and hunting, and mining	585	+/-129	7.5%	+/-1.6
Construction	388	+/-94	5.0%	+/-1.2
Manufacturing	1,813	+/-252	23.3%	+/-3.2
Wholesale trade	167	+/-73	2.1%	+/-0.9
Retail trade	823	+/-186	10.6%	+/-2.4
Transportation and warehousing, and utilities	448	+/-115	5.7%	+/-1.5
Information	45	+/-28	0.6%	+/-0.4
Finance and insurance, and real estate and rental and leasing	352	+/-94	4.5%	+/-1.2
Professional, scientific, and management, and administrative and waste management services	375	+/-103	4.8%	+/-1.3
Educational services, and health care and social assistance	1,651	+/-259	21.2%	+/-3.0
Arts, entertainment, and recreation, and accommodation and food services	429	+/-155	5.5%	+/-1.9
Other services, except public administration	363	+/-114	4.7%	+/-1.4
Public administration	356	+/-132	4.6%	+/-1.7
CLASS OF WORKER				
Civilian employed population 16 years and over	7,795	+/-331	7,795	(X)
Private wage and salary workers	6,323	+/-337	81.1%	+/-3.1
Government workers	1,020	+/-235	13.1%	+/-2.9
Self-employed in own not incorporated business workers	431	+/-100	5.5%	+/-1.3
Unpaid family workers	21	+/-21	0.3%	+/-0.3
INCOME AND BENEFITS (IN 2014 INFLATION-ADJUSTED DOLLARS)				
Total households	7,912	+/-186		
Less than $10,000	815	+/-172		

Service Accessibility
ATTACHMENT 26b-5

Subject	Edgar County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
$10,000 to $14,999	540	+/-125	6.8%	+/-1.6
$15,000 to $24,999	1,053	+/-180	13.3%	+/-2.2
$25,000 to $34,999	940	+/-159	11.9%	+/-2.0
$35,000 to $49,999	1,150	+/-202	14.5%	+/-2.6
$50,000 to $74,999	1,489	+/-214	18.8%	+/-2.7
$75,000 to $99,999	757	+/-138	9.6%	+/-1.7
$100,000 to $149,999	863	+/-177	10.9%	+/-2.2
$150,000 to $199,999	178	+/-77	2.2%	+/-1.0
$200,000 or more	127	+/-67	1.6%	+/-0.8
Median household income (dollars)	43,075	+/-2,816	(X)	(X)
Mean household income (dollars)	57,095	+/-3,945	(X)	(X)
With earnings	5,790	+/-235	73.2%	+/-2.4
Mean earnings (dollars)	55,369	+/-3,679	(X)	(X)
With Social Security	2,950	+/-198	37.3%	+/-2.3
Mean Social Security income (dollars)	16,729	+/-712	(X)	(X)
With retirement income	1,305	+/-140	16.5%	+/-1.8
Mean retirement income (dollars)	24,599	+/-6,312	(X)	(X)
With Supplemental Security Income	328	+/-103	4.1%	+/-1.3
Mean Supplemental Security Income (dollars)	7,842	+/-821	(X)	(X)
With cash public assistance income	144	+/-61	1.8%	+/-0.8
Mean cash public assistance income (dollars)	2,784	+/-898	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	1,508	+/-237	19.1%	+/-2.8
Families	5,435	+/-269	5,435	(X)
Less than $10,000	317	+/-124	5.8%	+/-2.2
$10,000 to $14,999	196	+/-79	3.6%	+/-1.5
$15,000 to $24,999	628	+/-141	11.6%	+/-2.5
$25,000 to $34,999	616	+/-128	11.3%	+/-2.3
$35,000 to $49,999	840	+/-146	15.5%	+/-2.7
$50,000 to $74,999	1,124	+/-175	20.7%	+/-3.1
$75,000 to $99,999	726	+/-142	13.4%	+/-2.7
$100,000 to $149,999	726	+/-164	13.4%	+/-2.9
$150,000 to $199,999	155	+/-74	2.9%	+/-1.3
$200,000 or more	107	+/-63	2.0%	+/-1.2
Median family income (dollars)	52,092	+/-4,275	(X)	(X)
Mean family income (dollars)	66,785	+/-5,058	(X)	(X)
Per capita income (dollars)	25,018	+/-1,722	(X)	(X)
Nonfamily households	2,477	+/-256	2,477	(X)
Median nonfamily income (dollars)	22,268	+/-4,569	(X)	(X)
Mean nonfamily income (dollars)	32,405	+/-3,811	(X)	(X)
Median earnings for workers (dollars)	27,099	+/-1,736	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	47,826	+/-5,101	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	31,883	+/-2,355	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	17,897	+/-127	17,897	(X)
With health insurance coverage	16,274	+/-311	90.9%	+/-1.6
With private health insurance	11,652	+/-513	65.1%	+/-2.9
With public coverage	7,518	+/-498	42.0%	+/-2.7
No health insurance coverage	1,623	+/-279	9.1%	+/-1.6
Civilian noninstitutionalized population under 18 years	3,914	+/-13	3,914	(X)
No health insurance coverage	153	+/-103	3.9%	+/-2.6
Civilian noninstitutionalized population 18 to 64 years	10,665	+/-51	10,665	(X)
In labor force:	8,243	+/-272	8,243	(X)
Employed:	7,311	+/-323	7,311	(X)
With health insurance coverage	6,573	+/-347	89.9%	+/-1.8
With private health insurance	5,839	+/-358	79.9%	+/-3.1
With public coverage	923	+/-194	12.6%	+/-2.6
No health insurance coverage	738	+/-128	10.1%	+/-1.8
Unemployed:	932	+/-199	932	(X)
With health insurance coverage	614	+/-140	65.9%	+/-11.1
With private health insurance	311	+/-113	33.4%	+/-10.1
With public coverage	315	+/-84	33.8%	+/-8.6
No health insurance coverage	318	+/-138	34.1%	+/-11.1
Not in labor force:	2,422	+/-275	2,422	(X)
With health insurance coverage	2,008	+/-255	82.9%	+/-4.9
With private health insurance	1,133	+/-184	46.8%	+/-6.1
With public coverage	1,028	+/-198	42.4%	+/-5.8
No health insurance coverage	414	+/-129	17.1%	+/-4.9
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	12.8%	+/-2.8
With related children under 18 years	(X)	(X)	22.7%	+/-4.8
With related children under 5 years only	(X)	(X)	34.1%	+/-13.9

Subject	Edgar County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Married couple families	(X)	(X)	7.9%	+/-2.6
With related children under 18 years	(X)	(X)	13.9%	+/-5.3
With related children under 5 years only	(X)	(X)	30.0%	+/-17.3
Families with female householder, no husband present	(X)	(X)	31.5%	+/-10.6
With related children under 18 years	(X)	(X)	42.9%	+/-13.0
With related children under 5 years only	(X)	(X)	63.7%	+/-31.5
All people	(X)	(X)	17.7%	+/-2.7
Under 18 years	(X)	(X)	25.2%	+/-5.6
Related children under 18 years	(X)	(X)	24.6%	+/-5.4
Related children under 5 years	(X)	(X)	35.7%	+/-11.8
Related children 5 to 17 years	(X)	(X)	20.7%	+/-5.4
18 years and over	(X)	(X)	15.7%	+/-2.4
18 to 64 years	(X)	(X)	16.8%	+/-2.8
65 years and over	(X)	(X)	12.0%	+/-3.6
People in families	(X)	(X)	14.0%	+/-3.0
Unrelated individuals 15 years and over	(X)	(X)	34.4%	+/-4.6

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Explanation of Symbols:
An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
An '(X)' means that the estimate is not applicable or not available.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2010-2014 tables, industry data in the multiyear files (2010-2014) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at http://www.census.gov/people/io/methodology/.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see http://www.census.gov/hhes/www/hlthins/publications/coverage_edits_final.pdf for more details. The corresponding 2008 data table in American FactFinder does not incorporate these edits and is therefore not comparable to this table in 2009, 2010, 2011, or 2012. Select geographies of 2008 data comparable to the 2009, 2010, 2011, and 2012 tables are accessible at http://www.census.gov/hhes/www/hlthins/data/acs/2008/re-run.html.

The health insurance coverage category names were modified in 2010. See ACS Health Insurance Definitions for a list of the insurance type definitions.

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Unnecessary Duplication/Maldistribution

1. (A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care Paris Community is 1 station per 33,499 residents according to the 2010 census. The State ratio is 1 station per 2,943 residents (based on 2015 census projections and the September 2016 Board station inventory).

   There are no ESRD facilities located within 30-minutes travel time of Fresenius Paris Community dialysis facility.

Population Within 30-Minutes Travel Time

ZIP Code	Population
61870	1,327
61912	1,344
61917	591
61924	2,449
61932	456
61933	1,141
61940	258
61943	1,637
61944	12,908
62423	724
62441	7,395
62442	2,421
62474	848
Total	**33,499**

2. The facility will address the current absence of services within a 30 minute radius of the proposed location. Fresenius Kidney Care Paris Community therefore will not have an adverse effect on any other ESRD provider.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Manish Gera is currently the Medical Director for Fresenius Medical Care Terre Haute South and will also be the Medical Director for the proposed Fresenius Kidney Care Paris Community facility. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- Three Registered Nurses
- 6 Patient Care Technicians

3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

Staffing
ATTACHMENT – 26e

CURRICULUM VITAE

NAME:	Manish Gera, M.D.
DATE OF BIRTH:	December 29, 1970
SEX:	Male
MARITAL STATUS:	Married
OFFICE ADDRESS:	1625 N. 4th St., Terre Haute, IN. 47804
	557 W. Broadway St., Shelburn, IN. 47879

EDUCATION:

SCHOOL	YEARS ATTENDED	DEGREE
Salwan Public School Rajinder Nagar, India	9/1974 to 9/1989	Senior/School
SN Medical College	10/1989 to 12/1995	MBBS

TRAINING:

Fellowship-GSVM Medical College - Kanpur U.P. India
Internal Medicine 6/1996 to 8/1999
Fellowship- RML Hospital - New Delhi, India
Internal Medicine 8/1999 to 6/2000
Internship - Metropolitan Hosp. – New York, NY
Internal Medicine 7/2000 to 6/2001
Residency – Metropolitan Hosp. - New York, NY
Internal Medicine 7/2001 to 6/2003
Fellowship – Metropolitan Hosp. – New York, NY
Nephrology 7/2003 to 6/2005
Fellowship - Mayo Clinic - Rochester, MN
Transplant 7/2005 to 6/2006

CERTIFICATIONS:

ECFMG - 0-534-751-3 December 27, 1996
American Board of Internal Medicine #220189
2013 thru 2023
American Board of Internal Medicine #220189
Nephrology 2015 thru 2025

CV – Manish Gera, M.D.

PUBLICATIONS: Published Review Article titled "Hypertension-Endocrinal and Metabolic Interactions" in the Journal of *Internal Medicine of India*, Vol. 2. No. 1., Jan-Mar 1999.

Review article titled "Obesity" in *Journal of Internal Medicine of India*, Vol. 2 No. 1, Jan-Mar 1999.

Review article titled "Cardiac Rehabilitation" in *CME booklet* Association of Physicians of India Conference (state level) 1997.

MEMBERSHIPS: American Medical Association

American Society of Transplantation

American College of Physicians

American Society of Nephrology

National Kidney Foundation

EXPERIENCE: Internist-Nephrologist
Internal Medicine Nephrology, Inc.
Terre Haute, Indiana
8/1/2006 – present

Medical Staff-
Union Hospital
Terre Haute, Indiana 2006 - present

Terre Haute Regional Hospital
Terre Haute, Indiana 2006 - present

Sullivan County Community Hospital
Sullivan, Indiana 2006 - present

West Central Community Hospital
Clinton, Indiana 2006 - present

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Paris Community facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

Fresenius Kidney Care Paris Community will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Paris facility, just as they currently are able to at all Fresenius Kidney Care facilities.

Signature

Michael Graves
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 28 day of Sept, 2016

Signature of Notary

Seal

HEATHER L SNELL
NOTARY PUBLIC
SEAL
STATE OF INDIANA
MY COMMISSION EXPIRES JUNE 22, 2023

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Fresenius Kidney Care Paris Community facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Kidney Care utilizes a patient data tracking system in all of its facilities.

- These support services are will be available at Fresenius Kidney Care Paris Community during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories

- The following services will be provided via referral to Paris Community Hospital:

  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

Signature

Michael Graves/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 22 day of September, 2016

Signature of Notary

Seal

HEATHER L SNELL
NOTARY PUBLIC
SEAL
STATE OF INDIANA
MY COMMISSION EXPIRES JUNE 22, 2023

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Kidney Care Paris Community is located in rural eastern Illinois in the town of Paris. A minimum of six dialysis stations is required to establish an in-center hemodialysis center outside of a MSA. Fresenius Kidney Care Paris Community will have 8 dialysis stations thereby meeting this requirement.

AFFILIATION AGREEMENT

This AGREEMENT made as of this 3rd day of October, 2016 ("Effective Date"), between Paris Community Hospital (hereinafter referred to as "Hospital") and Fresenius Medical Care Paris, LLC d/b/a Fresenius Kidney Care Paris Community (hereinafter referred to as "Company").

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, the hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Emergency Room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient LongTerm Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Company, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.

2. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.

3. Company shall keep medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, Company shall provide complete copies of all medical records

of a patient treated by Company who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,

5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:

   a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;

   b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;

   c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and

   d. Blood Bank services to be performed by the Hospital.

6. Company shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.

7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.

8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to

the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.

9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.
   In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.

10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.

11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.

12. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than $1,000,000 per occurrence, $3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.

15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

Paris Community Hospital
721 E. Court Street
Paris, IL 61944
Attn: Ollie Smith, CEO

To Company:

Fresenius Medical Care
3500 Lacey Road, Suite 900
Downers Grove, IL 60515
Attn: Lori Wright

With a copy to:

Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451-1457
Attn: Corporate Legal Department

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.

18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where Company is located, without respect to its conflicts of law rules.

19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

20. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

Hospital:	**Company:**
By: Oliver M. Smith	By: Michael A. Graves
Name: Oliver M. Smith	Name: Michael A. Graves
Title: Pres + CEO	Title: RVP

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Indiana Region of Fresenius Kidney Care. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Kidney Care Paris Community, I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care Paris Community in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;

2. Fresenius Kidney Care hemodialysis patients in Illinois have achieved adequacy outcomes of:

    - 90% of patients had a URR $\geq$ 65%
    - 96% of patients had a Kt/V $\geq$ 1.2

    and same is expected for Fresenius Kidney Care Paris Community.

Signature

Michael Graves/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 29 day of September, 2016

Signature of Notary

Seal

HEATHER L SNELL
NOTARY PUBLIC
SEAL
STATE OF INDIANA
MY COMMISSION EXPIRES JUNE 22, 2023

FRESENIUS KIDNEY CARE

September 30, 2016

Mr. Ollie Smith
President & CEO
Paris Community Hospital
721 E. Court Street
Paris, IL 61944

RE: 721 E Court Street
Suite B
Paris, IL 61944

Dear Ollie,

FRESENIUS KIDNEY CARE is pleased to present the following Letter of Intent.

LANDLORD:	Paris Community Hospital 721 E Court Street Paris, IL 61944.
TENANT:	Fresenius Kidney Care or its affiliates.
LOCATION:	721 E Court Street Suite B Paris, IL 61944
INITIAL SPACE REQUIREMENTS:	Approximately 5,000 sq.ft.
PRIMARY TERM:	An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
DELIVERY OF PREMISES:	Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.
OPTIONS TO RENEW:	Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon 90% of market rent. Tenant shall provide six months (6) sixty (60) days' prior written notification of its desire to exercise the option.

RENTAL RATE:	$20.00 psf Net.
ESCALATION:	$.50 psf beginning in the second lease year.
LANDLORD BASE BUILDING WORK:	Landlord shall deliver the premises with the following base building items in place. 1. 2 inch water service. Minimum dynamic pressure of 60 psi. 2. 800 amp 3 phase electrical service. 3. 4 inch dedicated sewer line out with positive invert. 4. 24 tons of HVAC service with humidity controls and fresh air. 5. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls. 6. Entire building must sprinklered.
RENT ABATEMENT:	N/A
USE:	FRESENIUS KIDNEY CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS KIDNEY CARE may operate on the Premises, at FRESENIUS KIDNEY CARE 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
CONTRACTOR FOR TENANT IMPROVEMENTS:	FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.
DELIVERIES:	FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.
EMERGENCY GENERATOR:	FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the

	Premises in a location to be mutually agreed upon between the parties.
SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS:	FRESENIUS KIDNEY CARE will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.
PARKING:	Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense). FMC will need at least 45 parking stalls.
BUILDING CODES:	FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.
CORPORATE IDENTIFICATION:	Tenant shall have signage rights in accordance with local code.
COMMON AREA EXPENSES AND REAL ESTATE TAXES:	Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its propionate share of the leased premises associated with the building.
ASSIGNMENT/ SUBLETTING:	FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.
MAINTENANCE:	Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and

roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to

	restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.
ZONING AND RESTRICTIVE COVENANTS:	Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic
FLOOD PLAIN:	Landlord confirms that the property and premises is not in a Flood Plain.
CAPITALIZATION TEST:	Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.
FINANCING:	Landlord will provide a non-disturbance agreement.
EXCLUSIVITY	Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.
ENVIRONMENTAL:	Landlord will provide all environmental soil tests to tenant.
DRAFT LEASE:	FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.
LEASE EXECUTION:	Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.
LEASE SECURITY:	Financials will be provided to the Landlord.
CONFIDENTIAL:	The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease,

and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is January 2017.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,

Loren Guzik
Real Estate Transaction Manager
Fresenius Kidney Care
3500 Lacey
Suite 900
Downers Grove, IL 60515
M: 773.474.1034

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island. 2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		176.00			3,000			528,000	528,000
Contingency		18.00			3,000			54,000	54,000
Total Clinical		**$194.00**			**3,000**			**$582,000**	**$582,000**
Non Clinical		176.00			2,000			352,000	352,000
Contingency		18.00			2,000			36,000	36,000
Total Non		**$194.00**			**2,000**			**388,000**	**388,000**
TOTALS		**$194.00**			**5,000**			**$970,000**	**$970,000**

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense:	$514,253
Estimated Medical Supplies:	$106,777
Estimated Other Supplies (Exc. Dep/Amort):	$541,901
	$1,162,930
Estimated Annual Treatments:	5,990
Cost Per Treatment:	$194.15

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2019

Depreciation/Amortization:	$117,265
Interest	$0
Capital Costs:	$117,265
Treatments:	5,990
Capital Cost per Treatment	$19.58

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Paris, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: _____

Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: _____

Title: ria T. C. Notar
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2016

_____
Signature of Notary

Seal

By: _____

Title: Bryan Mello
~~Assistant Treasurer~~

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Paris, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: _____

ITS: _____

Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: _____

ITS: Maria T. C. Notar
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2016

_____
Signature of Notary

Seal

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 27 day of Sept, 2016

C. Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Safety Net Impact Statement

The establishment of the Fresenius Kidney Care Paris Community dialysis facility will not have any impact on safety net services in Edgar County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network, National Kidney Foundation and American Kidney Fund.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Kidney Care facilities in Illinois.

CHARITY CARE			
	2013	**2014**	**2015**
Net Revenue	$398,570,288	$411,981,839	$438,247,352
Charity *			
(# of self-pay patients)	499	251[1]	195[2]
Charity (cost In dollars)	$5,346,976	$5,211,664	$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%
MEDICAID			
	2013	**2014**	**2015**
Medicaid (# of patients)	1,660	750	396[3]
Medicaid (revenue)	$31,373,534	$22,027,882	$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

Note:

1) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.

2) Charity (self-pay) patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

3) Medicaid number of patients is decreasing as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible or are able to purchase insurance on the Healthcare Marketplace with premiums paid for by The American Kidney Fund. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented for ESRD only. Also, the American Kidney Fund funds health insurance premiums for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage on the Healthcare Marketplace funded by AKF. The applicants donate to the AKF to support its initiatives as do most dialysis providers.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively with the patient to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2013	**2014**	**2015**
Net Patient Revenue	**$398,570,288**	**$411,981,839**	**$438,247,352**
Amount of Charity Care (charges)	$5,346,976	$5,211,664	$2,983,427
Cost of Charity Care	$5,346,976	$5,211,664	$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

Charity Care Information
ATTACHMENT – 41

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers assist patients in purchasing insurance on the Healthcare Marketplace and then connects patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.
In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of $75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation

will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

Internal Medicine Nephrology, Inc.
Kidney Disease, Transplant & Hypertension Specialists

Raj Jeevan, M.D., F.A.C.P.
Manish Gera, M.d., F.A.C.P., F.A.S.N.
Rakesh Kumar, M.d., M.s.

1625 North 4th Street
Terre Haute, IN 47804

Phone (812) 232-8716
Fax (812) 232-7768

September 20, 2016

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am a board certified and licensed nephrologist practicing in the Terre Haute, Indiana and Paris Illinois area. I practice with Internal Medicine Nephrology, Inc. along with three other nephrologists, Raj Jeevan, Rakesh Kumar and Gaurav Chaudhary. We currently treat almost 200 dialysis patients in the Paris/Terre Haute area at the two Terre Haute, Indiana Fresenius clinics. We also have over 200 patients with CKD (Chronic Kidney Disease) who reside in Illinois near the central Illinois/Indiana border that we see in our Paris office. These patients are going to require life-saving dialysis in the next 1 to 3 years. I am asking the Board to approve the dialysis clinic Fresenius Kidney Care proposes to locate at Paris Community Hospital in Illinois to provide much improved access to dialysis services for these rural Illinois patients who will otherwise be required to travel out of state.

In the past 12 months IMN has referred 82 patients for dialysis to Fresenius Kidney Care Terre Haute North and South clinics in Indiana. Several of these patients reside in Illinois, but travel long distances to Indiana because there are no clinics to send them to along the State border. There are currently 23 dialysis patients who reside in Illinois who would be better served by the proposed clinic in Paris where they see their nephrologists and utilize other healthcare services.

IMN nephrologists in this region were treating 170 in-center hemodialysis patients at the end of 2013, 168 patients at the end of 2014, 177 patients at the end of 2015, and 178 patients at the end of June 2016 as reported to The Renal Network. We currently are seeing over 200 CKD patients that reside in the zip codes surrounding the proposed Paris facility. Of these I expect approximately 30 to be referred to the new facility in the first two years it is in operation. I also expect that 20 of the current ESRD patients dialyzing in Indiana will transfer the Paris facility upon its opening.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other pending or approved CON application.

Sincerely,

Manish Gera, M.D.

Manish Gera, M.D.

Notarization:

Subscribed and sworn to before me

this 29th day of Sept, 2016

ANITA G BALDWIN
Vigo County
My Commission Expires
September 14, 2024

Signature of Notary Anita G Baldwin

Seal

NEW ESRD REFERRALS OF IMN

Fresenius Kidney Care Terre Haute North		
New to ESRD 9/1/15 -8/31/16		
	Zip Code	Patients
Indiana	47802	2
	47803	1
	47804	2
	47805	5
	47807	1
	47834	3
	47842	4
	47853	1
	47854	1
	47862	1
	47879	1
	47885	1
	47928	1
Illinois	**61944**	**8**
	Total	**32**

Fresenius Kidney Care Terre Haute South		
New to ESRD 9/1/15 -8/31/16		
	Zip Code	Patients
Indiana	47441	2
	47802	13
	47803	5
	47804	2
	47805	3
	47807	2
	47834	4
	47838	1
	47842	2
	47847	1
	47848	1
	47858	1
	47862	1
	47872	1
	47874	1
	47876	2
	47882	1
	47885	2
Illinois	61944	3
	62441	2
Total Illinois		5
	Total Pts	50

PRE-ESRD & TRANSFER PATIENTS IDENTIFIED

Zip Code	Pre-ESRD
61870	**1**
61912	**1**
61917	**3**
61924	**11**
61933	**2**
61943	**2**
61944	**99**
62420	**11**
62423	**5**
62441	**40**
62442	**9**
62474	**3**
62477	**1**
Total	**188**

Zip Code	Transfer Patients
61846	1
61924	1
61944	13
62420	1
62441	3
62477	1
Total	**20**

IN-CENTER HEMODIALYSIS PATIENTS OF IMN

Fresenius Kidney Care Terre Haute North					
State	Zip Code	2013	2014	2015	2016
Indiana	46158	1	0	0	0
	46171	1	1	1	1
	47802	5	3	8	7
	47803	12	8	5	7
	47804	9	9	14	12
	47805	6	8	8	8
	47807	9	11	11	12
	47831	1	2	2	1
	47834	12	9	10	10
	47836	1	1	1	1
	47837	1	3	3	3
	47842	6	6	7	8
	47851	0	0	1	0
	47853	0	0	1	1
	47854	1	1	1	2
	47857	1	1	0	0
	47859	1	0	0	0
	47862	2	3	3	3
	47872	2	3	2	3
	47874	2	2	4	3
	47879	0	0	1	0
	47885	8	6	6	7
	47928	1	1	1	0
	47932	0	0	1	1
	47966	0	2	1	1
Total Indiana		**82**	**80**	**92**	**91**
Illinois	61846	1	1	1	1
	61924	1	1	2	1
	61944	10	9	7	12
	62420	1	1	1	1
	62423	0	1	1	1
	62441	1	3	4	3
	62477	0	1	1	1
Total Illinois		**14**	**17**	**17**	**20**
Grand Total		**96**	**97**	**109**	**111**

Fresenius Kidney Care Terre Haute South					
State	Zip Code	2013	2014	2015	2016
Indiana	46408	0	1	1	1
	47424	0	1	0	0
	47801	1	1	1	1
	47802	32	29	29	27
	47803	5	5	6	6
	47804	4	3	2	3
	47807	6	7	6	7
	47834	1	1	3	5
	47841	2	1	2	2
	47842	0	0	1	1
	47847	0	0	1	1
	47850	4	2	3	2
	47871	1	1	1	1
	47872	0	0	1	1
	47876	0	0	1	2
	47879	2	2	0	0
	47881	1	1	0	0
	47882	7	8	2	0
	47885	2	3	5	4
Total Indiana		**68**	**66**	**65**	**64**
Illinois	61944	3	1	1	2
	62420	1	1	2	1
	62441	2	3	0	0
Total Illinois		**6**	**5**	**3**	**3**
	Total Pts	**74**	**71**	**68**	**67**