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## Transcript of **Full Meeting**

**Date:** March 29, 2016

**Case:** State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

OPEN SESSION - MEETING

Bolingbrook, Illinois 60490

Tuesday, March 29, 2016

10:01 a.m.

BOARD MEMBERS PRESENT:

KATHY OLSON, Chairperson

JOHN HAYES, Vice Chairman

SENATOR BRAD BURZYNSKI

JUSTICE ALAN GREIMAN

JOHN MC GLASSON, SR.

Job No. 93890A

Pages: 1 - 198

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, FAPR

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EX OFFICIO MEMBERS PRESENT:

BILL DART, IDPH

ARVIND K. GOYAL, IHFS

ALSO PRESENT:

JUAN MORADO, JR., General Counsel

JEANNIE MITCHELL, Assistant General Counsel

COURTNEY AVERY, Administrator

MICHAEL CONSTANTINO, IDPH Staff

GEORGE ROATE, IDPH Staff

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P R O C E E D I N G S

CHAIRWOMAN OLSON: The meeting will come to order, please.

May I have a roll call.

MR. ROATE: Thank you, Madam Chair.

Mr. Sewell is absent.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, sir.

MR. ROATE: Joel Johnson is absent.

Justice Greiman.

MEMBER GREIMAN: Here.

MR. ROATE: Dale Galassie is absent.

Senator Demuzio is absent.

Senator Burzynski.

MEMBER BURZYNSKI: Here.

MR. ROATE: Mr. Hayes.

VICE CHAIRMAN HAYES: Here.

MR. ROATE: Madam Chair Olson.

CHAIRWOMAN OLSON: Here.

MR. ROATE: That's five in attendance.

CHAIRWOMAN OLSON: Thank you.

May I have a motion to approve today's agenda, the March 29th agenda. May I have a motion.

VICE CHAIRMAN HAYES: So moved.

1 MEMBER BURZYNSKI: Second.

2 CHAIRWOMAN OLSON: All those in favor  
3 say aye.

4 (Ayes heard.)

5 CHAIRWOMAN OLSON: The motion passes. The  
6 agenda is approved.

7 May I have a motion to approve the  
8 February 16th, 2016, meeting transcript.

9 VICE CHAIRMAN HAYES: So moved.

10 MEMBER BURZYNSKI: Second.

11 CHAIRWOMAN OLSON: All those in favor  
12 say aye.

13 (Ayes heard.)

14 CHAIRWOMAN OLSON: The motion passes. The  
15 transcript is approved.

16 The next order of business is executive  
17 session. We'll have a brief executive session for a  
18 legal update.

19 May I have a motion to go into closed  
20 session pursuant to Section 2(c)(1), 2(c)(5),  
21 2(c)(11), and 2(c)(21) of the Open Meetings Act.

22 VICE CHAIRMAN HAYES: So moved.

23 MEMBER BURZYNSKI: Second.

24 CHAIRWOMAN OLSON: All those in favor

1 say aye.

2 (Ayes heard.)

3 CHAIRWOMAN OLSON: Opposed, like sign.

4 (No response.)

5 CHAIRWOMAN OLSON: The motion passes. We  
6 are now in executive session for about 10 minutes --  
7 all right -- 15 --

8 MS. MITCHELL: 15.

9 CHAIRWOMAN OLSON: -- so I need the room  
10 cleared at this point.

11 (At 10:02 a.m. the Board adjourned into  
12 executive session. Open session proceedings  
13 resumed at 10:22 a.m. as follows:)

14 CHAIRWOMAN OLSON: We're back in session.  
15 Are there motions to come out of the executive  
16 session?

17 MR. MORADO: Yes, there are.

18 VICE CHAIRMAN HAYES: So moved.

19 CHAIRWOMAN OLSON: We don't have the motion  
20 yet.

21 MR. MORADO: Yes, we have a few motions,  
22 Madam Chair.

23 I'd be seeking a motion to refer Decatur  
24 Memorial Hospital, Project 14-046, to legal counsel

1 for further investigation.

2 CHAIRWOMAN OLSON: May I have a motion to  
3 refer Project 14-046, Decatur Memorial Hospital, for  
4 legal counsel.

5 MEMBER BURZYNSKI: So moved.

6 VICE CHAIRMAN HAYES: Second.

7 CHAIRWOMAN OLSON: And may I have a voice  
8 vote. All those in favor say aye.

9 (Ayes heard.)

10 CHAIRWOMAN OLSON: Opposed, like sign.

11 (No response.)

12 CHAIRWOMAN OLSON: The motion passes.

13 MR. MORADO: Next, Madam Chair, we're going  
14 to be asking for the approval of final order on the  
15 Little Company of Mary Hospital and Health Centers,  
16 Chicago, and that's HFSRB 16-02.

17 CHAIRWOMAN OLSON: May I have a motion to  
18 approve the final order on HFSRB 16-02.

19 MEMBER GREIMAN: So moved.

20 MEMBER BURZYNSKI: Second.

21 VICE CHAIRMAN HAYES: Second.

22 CHAIRWOMAN OLSON: All those in favor  
23 say aye.

24 (Ayes heard.)

1 CHAIRWOMAN OLSON: Opposed, like sign.

2 (No response.)

3 CHAIRWOMAN OLSON: The motion passes.

4 MR. MORADO: And this is a notice. We don't  
5 necessarily need an order on this, but this is  
6 notice that amendments have been made to the consent  
7 agreements on the following projects: Ottawa  
8 Pavilion, HFSRB 12-09 and 14-01. The project  
9 numbers associated with that are 09-048 and 12-063.  
10 And, finally, on Advanced Ambulatory Surgical  
11 Treatment Center, which is HFPB 07-023. The project  
12 number on that was 96-041.

13 CHAIRWOMAN OLSON: Thank you, Juan.

14 The next order of business is public  
15 participation guidelines.

16 Juan.

17 MR. MORADO: So you may have noticed that on  
18 our website we recently published the new, updated  
19 guidelines for public participation at HFSRB  
20 meetings. We removed a few of the previous rules  
21 and fine-tuned a couple others.

22 We have copies available if anyone would  
23 like to see them. Again, they have also been posted  
24 on our website for some time now.

1 I'd be seeking a motion to approve these  
2 public participation guidelines effective  
3 March 29th, 2016.

4 CHAIRWOMAN OLSON: May I have a motion to  
5 approve the new public participation guidelines  
6 effective March 29th, 2016.

7 MEMBER BURZYNSKI: So moved.

8 CHAIRWOMAN OLSON: And a second, please.

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: All those in favor  
11 say aye.

12 (Ayes heard.)

13 CHAIRWOMAN OLSON: Opposed, like sign.

14 (No response.)

15 CHAIRWOMAN OLSON: The motion passes and the  
16 new public participation guidelines are now in  
17 effect.

18 The next order of business is public  
19 participation.

20 Jeannie.

21 MS. MITCHELL: You're going to be called in  
22 groups of five. Please come up when you are called.  
23 You do not have to speak in the order in which you  
24 are called.

1 First one up is Yoni Danieli for O'Fallon  
2 Dialysis. The next names I'm going to call are for  
3 the project concerning Franciscan St. James Health,  
4 Senator Toi W. Hutchinson, Debbie Meyers-Martin,  
5 Michael Fagan, and Edsel Campbell.

6 CHAIRWOMAN OLSON: And just a reminder: You  
7 will each be given two minutes, at which point Juan  
8 will, in his outside voice, tell you your time is up  
9 and you will conclude your remarks.

10 Thank you.

11 Please make sure you tell us which project  
12 you're testifying on.

13 MS. MITCHELL: And please remember to spell  
14 your name for the court reporter before you begin  
15 speaking. You may begin.

16 CHAIRWOMAN OLSON: The first person may  
17 begin.

18 MR. DANIELI: Good morning. My name is  
19 Yoni Danieli; Y-o-n-i; last name, D-a-n-i-e-l-i.

20 I'm giving public participation on behalf of  
21 Project 16-004 on behalf of Peg Sebastian, CEO of  
22 St. Elizabeth's Hospital, which is in Belleville,  
23 Illinois.

24 "Dear Ms. Avery: As the chief executive

1 officer of HSHS St. Elizabeth's Hospital, I am  
2 writing in support of O'Fallon Dialysis, Project  
3 No. 16-004. The proposed project will establish a  
4 12-station dialysis facility at 1941 Frank Scott  
5 Parkway East, less than 2 miles from our new  
6 hospital campus in O'Fallon. The proposed dialysis  
7 facility will address the growing need for dialysis  
8 services in the O'Fallon community.

9 "From 2000 to 2010 the population of  
10 O'Fallon increased nearly 30 percent. The 65-plus  
11 age cohort had a similar increase, rising from  
12 1,941 patients to 2,554. With the rise in obesity,  
13 diabetes, and hypertension in middle-aged and older  
14 adults, chronic kidney disease is a substantial  
15 concern for the elderly with both an increasing  
16 incidence of treated kidney failure with dialysis  
17 as well as a higher prevalence of earlier stages  
18 of CKD.

19 "There is currently one dialysis facility in  
20 O'Fallon, and it is operating above the State's  
21 utilization standard. While there are a total of  
22 six dialysis facilities within 30 minutes of  
23 O'Fallon, average utilization is 80 percent.  
24 Importantly, the patient census at the existing

1 facilities has increased over 10 percent from  
2 December 2013 to December 2015. Importantly, this  
3 projected growth is anticipated to continue for the  
4 foreseeable future as more high-risk individuals  
5 obtain better access to primary care and kidney  
6 screening through mental through -- through health  
7 reform initiatives like the Affordable Care Act.  
8 Accordingly, without additional stations in the  
9 service area, there will be insufficient capacity to  
10 accommodate this new influx of patients.

11 "Finally, the February 17th, 2016, revised  
12 need determination for end stage renal dialysis  
13 stations states that there is a need for 13 stations  
14 in Health Service Area 11. This project will help  
15 meet some of that calculated need.

16 "I urge the Illinois Health Facilities and  
17 Services Review Board to support the proposed  
18 project.

19 "Sincerely, Peg Sebastian."

20 CHAIRWOMAN OLSON: Thank you.

21 I'm going to remind those at the table to  
22 speak directly into the microphone. They can't hear  
23 in the back over the refrigeration units that are  
24 running, so if you could speak directly into the

1 microphone.

2 Next.

3 DR. FAGAN: My name is Michael Fagan,  
4 F-a-g-a-n, speaking on behalf of Franciscan  
5 St. James.

6 I'm a board member at Franciscan St. James.  
7 I'm a practicing dentist in --

8 CHAIRWOMAN OLSON: They still can't hear in  
9 the back. Can you pull that really close, please.

10 Thank you.

11 DR. FAGAN: I'm a board member at Franciscan  
12 St. James. I'm a practicing dentist in Chicago  
13 Heights.

14 I was born in St. James. My father started  
15 clinical labs in St. James, and I'm in favor of this  
16 project. I believe the cost incurred in medicine  
17 has been a major project. I believe this project  
18 will help to provide high-quality care in the south  
19 suburban area and it will lower costs.

20 The Sisters of St. Francis have made  
21 100-plus years of commitments to the south suburban  
22 Chicago area. I see no reason why they shouldn't  
23 continue with those commitments and they will  
24 perform.

1 Thank you.

2 CHAIRWOMAN OLSON: Thank you, Doctor.

3 Pull that close.

4 MR. CAMPBELL: Okay. My name is Ed Campbell,  
5 C-a-m-p-b-e-l-l.

6 I'm director of marketing for Awakened  
7 Alternatives, Incorporated. We are a health care  
8 management company focused on serving Medicaid,  
9 Medicare, and commercial payer markets. We provide  
10 private duty discharge services to the Illinois  
11 managed Medicaid carriers and coordination care  
12 services to the medically fragile children in the  
13 State's DSCC program.

14 We have served the southland community for  
15 over 24 years and actively support advocacy  
16 initiatives that address Chicago southland health  
17 issues. We support the Franciscan St. James Health  
18 restructuring plan to reorganize in the manner in  
19 which it provides health care services in the south  
20 suburban Chicago community.

21 We support the consolidation of inpatient  
22 services considering the fact that the two hospitals  
23 currently are less than 5 miles apart from one  
24 another and quality care can be consolidated to one

1 campus with newer infrastructure and available space  
2 for expansion.

3 St. James Health System needs to be  
4 competitive with other southland hospital systems  
5 engaged in partnership programs that will expand  
6 their influence in the southland. We believe that  
7 enhancing and expanding the Olympia Fields campus'  
8 range of available services helps to attract the  
9 best providers and new clients.

10 We believe that the St. James management  
11 team is proposing a thoughtful and compassionate  
12 plan for change that builds on the current health  
13 care trends of emphasizing improved access to  
14 preventative and primary services. Their community  
15 pledge of making St. James Health one of the best  
16 hospital systems in the southland is in line with  
17 "best of services" that you associate with the best  
18 health care institutions.

19 MR. MORADO: Please conclude your comments.

20 MR. CAMPBELL: Thank you.

21 A single Olympia Fields hospital campus  
22 receiving significant capital infusion will elevate  
23 the level of service across the service area and  
24 create best-in-class departments. I think that this

1 should attract providers and new clients alike.

2 Thank you.

3 CHAIRWOMAN OLSON: Thank you.

4 Next.

5 SENATOR HUTCHINSON: Good morning. My name  
6 is Toi Hutchinson. I'm the State Senator of the  
7 40th District, and I represent both campus, both the  
8 Chicago Heights campus as well as the Olympia Fields  
9 campus.

10 I come today to state my support for the  
11 project, especially after we've gone through a very  
12 rigorous public discussion phase across the  
13 communities. You will hear from a number of people  
14 who will talk about the specifics of the plan.  
15 I know you have that before you, so I will talk to  
16 you about what was the political reality on the  
17 ground and the fact that I am very proud to say that  
18 St. James listened to concerns of the community.

19 Those concerns of the community were  
20 necessary to be raised. When you have one of the  
21 largest and biggest employers in a community  
22 changing the way they do business as significantly  
23 as this proposal was initially stated, it excited a  
24 lot of fear as to how people would access the kind

1 of care that they need. And in the best tradition  
2 of people coming together and raising their voices,  
3 we were able to negotiate through as much of that as  
4 we could, and that was no small feat, considering  
5 the very different demographic realities of both  
6 towns.

7 So I come to you as one who -- the COE was  
8 uniquely impacting part of my district with a  
9 certificate of exemption. And while I have my own  
10 issues of making it easier to stop services than it  
11 is to create services, it did bring us to the table  
12 so that we could talk about how better to do this.

13 The plan that we have now, I think, as  
14 amended -- is what we say in the legislature -- even  
15 when there was opposition before, when you make  
16 certain amendments, when you add certain  
17 considerations, when you listen to the voices of  
18 opposition, it becomes better.

19 So I want to assure you that the communities  
20 have done the work they needed to to come together  
21 and talk about how best the delivery of health care  
22 could be. And that's why I came today, to say that  
23 I strongly support this initiative and the best  
24 thing in the world that could happen to the

1 southland region is health care delivery that is at  
2 a higher class of service than we've seen before,  
3 and I think that's what we get with this plan.

4 So thank you for your time and for listening  
5 to my statement.

6 CHAIRWOMAN OLSON: Thank you, Senator.  
7 I know I would like to hear more about that whole  
8 process because I think the Board applauds those  
9 kinds of working-together situations. So,  
10 hopefully, we'll hear more.

11 MS. MEYERS-MARTIN: Good morning, everyone.  
12 I'm Debbie Meyers-Martin. I'm the Village president  
13 in Olympia Fields.

14 So on behalf of the entire Village of  
15 Olympia Fields and our board of trustees, I would  
16 like to offer our wholehearted support for the  
17 Franciscan St. James strategic restructuring plan.

18 The plan is well thought out and is in the  
19 best interests of upgrading health care delivery  
20 services not only to Olympia Fields but our entire  
21 southland region.

22 Due to the generosity and commitment of the  
23 Franciscan Sisters and their confidence in the  
24 Chicago southland, we have the opportunity to take

1 two quality hospitals and transform them into an  
2 exceptional level of health care that this region  
3 has not seen before. The \$137 million investment  
4 represents one of the largest economic investments  
5 in the Chicago southland in decades.

6 Additionally, it has been clearly stated  
7 that on a number of occasions -- on a number of  
8 occasions that Franciscan St. James in Chicago  
9 Heights will be including their access to our  
10 outpatient services and primary care and doubling  
11 the size of their urgent care facility, which will  
12 be staffed by physicians 24/7.

13 For the last 18 months, Mr. Kimmel, the CEO  
14 of Franciscan St. James, has been working with our  
15 elected officials, my office, and our economic  
16 development committee in the Village of Olympia  
17 Fields in educating our citizens on the proposed  
18 consolidation and restructuring as well as  
19 soliciting feedback and suggestions to improve and  
20 enhance the overall plan.

21 It is commendable that Mr. Kimmel has  
22 pledged to meet with every fire, EMS, and police  
23 department throughout our region to refine and  
24 improve this plan through the critique and

1 recommendations of our communities' public safety  
2 professionals.

3 So, therefore, I respectfully ask the  
4 Illinois Health Facilities and Review Board approve  
5 the Franciscan St. James strategic restructuring  
6 plan, and I thank you very much for your time.

7 CHAIRWOMAN OLSON: Thank you.

8 Thank you, all.

9 MS. MITCHELL: The next five are also for  
10 the Franciscan St. James Health project.

11 First -- the next five are for the  
12 Franciscan St. James Health projects, also. Please  
13 come up, Dr. Kathryn Burke, Joyce Morgan Michael,  
14 Janice Coffey, Representative Anthony DeLuca, and  
15 Johanna Ryan.

16 Again, you do not have to speak in the order  
17 in which you are called. Please spell your name  
18 before you begin speaking, and you have two minutes  
19 to speak. And don't forget to sign in.

20 THE COURT REPORTER: I need their papers.  
21 When they're reading from papers, I need their  
22 papers.

23 DR. BURKE: Kathryn Burke, B-u-r-k-e.

24 I'm Dr. Kathryn Burke, in support of the

1 consolidation.

2 I grew up in Olympia Fields. I was a nurse  
3 at Olympia Fields' osteopathic hospital and did my  
4 physician training at St. James. 17 years ago  
5 I appeared before this very committee supporting  
6 merger of St. James and Olympia Fields campuses.

7 In the interim, I have worked arduously as a  
8 family medicine physician, as director of medical  
9 education in a teaching hospital, and as a board  
10 member, side by side with the Sisters of  
11 St. Francis, to fulfill their mission in the south  
12 suburbs while this mission becomes more and more  
13 difficult. Our medical staff is 432 physicians  
14 strong, sharing in the Sisters' mission. Our  
15 primary care base is growing exponentially as the  
16 Sisters target the importance of prevention and  
17 population health.

18 As a physician, our most precious commodity  
19 is time. The consolidation of the two campuses  
20 allows physicians more time with their patients,  
21 less commuting, less variation in processes. For  
22 physicians, the consolidation of duplicative service  
23 means one hospital, one ICU, one ob, one telemetry  
24 unit, lending itself to efficiency. At the end of

1 the day, this is about the Sisters' mission.

2 Thank you.

3 CHAIRWOMAN OLSON: Thank you, Doctor.

4 Next.

5 REPRESENTATIVE DE LUCA: Good morning. My  
6 name is Anthony DeLuca, and I'm the State  
7 Representative for the 80th District, which includes  
8 Chicago Heights and Olympia Fields. And I'm here in  
9 support of the proposed plan, and I have submitted  
10 my letter of support this morning.

11 Over the last several months, our  
12 communities have been through a lot, a lot of  
13 turmoil, and it was really because of fear,  
14 confusion, and uncertainty about how our health care  
15 needs may be negatively impacted by the St. James  
16 reorganization.

17 What's unfortunate is this process, which  
18 really complicated the communication, all appears to  
19 be the result of the unintended consequences of a  
20 new State law which sailed through Springfield  
21 without opposition or any real concern.

22 As a resident of Chicago Heights and the  
23 former mayor, I had serious concerns with the  
24 hospital proposal. In fact, I'm officially recorded

1 as opposing the original proposal, and, in my  
2 remarks at the COE hearing and subsequent  
3 correspondence thereafter, I stated what I could  
4 support. My recorded opposition was a necessary  
5 step in the negotiation process with the hospital.

6 However, because negotiations between the  
7 hospital officials and the community stakeholders  
8 have gone well and reached common ground, the  
9 amended plan before us is substantially similar to  
10 what I had previously stated I could support.

11 Therefore, I remove my opposition, and I urge the  
12 Board to approve the certificate of need for  
13 St. James Hospital.

14 Thank you.

15 CHAIRWOMAN OLSON: Thank you.

16 Next.

17 MS. COFFEY: I'm short even sitting down.

18 Good morning. My name is Jan Coffey,  
19 C-o-f-f-e-y.

20 I am in favor of this proposal, and I have  
21 been actively involved with St. James for  
22 25-plus years as a volunteer. I am now president of  
23 the auxiliary. Our entire auxiliary is very  
24 supportive of the new structure plan and looking

1 forward to the changes.

2 St. James has played a very vital part in my  
3 family's life. St. James has always been there as a  
4 safe haven of health care for our entire family, for  
5 all of our community. They have been there for us.  
6 The Sisters have never faltered in delivering health  
7 care to our community for the past 104-plus years.  
8 Care has been extended to anyone and everyone, no  
9 matter of ability to pay or not.

10 St. James has always provided state-of-the-  
11 art health care no matter what the cost or the  
12 circumstances. They have been there for our  
13 community, and they're committed to remain there for  
14 our community.

15 I wholeheartedly support this restructuring.  
16 Thank you for your time.

17 CHAIRWOMAN OLSON: Thank you.

18 Next.

19 MS. MORGAN MICHAEL: Good morning. My name  
20 is Joyce Morgan Michael, and I am here as a citizen  
21 of Chicago Heights.

22 Beginning in 1969, Franciscan St. James has  
23 been our hospital of choice. We chose Franciscan  
24 St. James due to the excellent reputation of the

1 hospital and the physicians that have chosen to  
2 practice at this hospital.

3 Franciscan St. James holds a very dear place  
4 in my heart, caring for my late husband physically,  
5 emotionally, and spiritually. My daughter's recent  
6 breast cancer surgery and follow-up treatment was  
7 beyond words.

8 Our family chooses to live and work in  
9 Chicago Heights. Our business has been located in  
10 Chicago Heights since 1969, and we do not plan to  
11 move. We plan to remain in Chicago Heights. Having  
12 to travel 10 minutes to reach the Olympia Fields  
13 facility will not be a hardship. Keep in mind we,  
14 as citizens of Chicago Heights, travel more than  
15 10 minutes for shopping, movies, and other  
16 entertainment venues.

17 As a resident and business owner in Chicago  
18 Heights, we ask the Board to consider all the good  
19 things that Franciscan St. James has done and will  
20 continue to do for our community and approve the  
21 Chicago Heights and Olympia Fields project.

22 And I thank you so much for allowing me to  
23 speak today.

24 CHAIRWOMAN OLSON: Thank you.

1 Next.

2 MS. RYAN: Good morning. My name is  
3 Johanna Ryan.

4 I'm the director of human resources at  
5 Bimba Manufacturing. I am here to represent Patrick  
6 Ormsby. Pat is the president of Bimba Manufacturing.  
7 He's also a member of the board of directors of the  
8 Franciscan St. James Foundation, which raises money  
9 to help the hospital.

10 Bimba Manufacturing is an employee-owned  
11 company with about 600 employees. Our corporate  
12 headquarters are in University Park, about 7 miles  
13 south of Franciscan St. James' Olympia Fields  
14 campus, where we have about 300 employees.

15 Since many of our employees use Franciscan  
16 St. James, as well any injured employees requiring  
17 emergency treatment, we are in favor of the  
18 restructuring plan because it will make Franciscan  
19 St. James in Olympia Fields a better hospital.  
20 Also, because Franciscan St. James is one of our  
21 largest employers in the area, it is important to  
22 the entire area that they do whatever is necessary  
23 to have financial stability and remain viable.

24 As a longtime resident of the area, Pat has

1 a keen appreciation for St. James in Chicago Heights  
2 and a soft spot in his heart for it as three of his  
3 children were born there. He understands the  
4 emotion surrounding the restructuring plan, but he  
5 believes it is an excellent strategic plan, designed  
6 to enhance the capabilities of Franciscan St. James,  
7 which will benefit the southland community for many  
8 years to come.

9 Thank you.

10 CHAIRWOMAN OLSON: Thank you.

11 Thank you, all.

12 MS. MITCHELL: The next five, also for  
13 Franciscan St. James, are Anthony Panici, Mayor  
14 David Gonzalez, James Taylor, Michael Macellaio, and  
15 Chief Apostle Dr. William McCoy.

16 THE COURT REPORTER: If they're reading from  
17 something, I need their documents, please.

18 CHAIRWOMAN OLSON: If you're reading from  
19 something, would you please hand your document to  
20 Mike as you leave for the court reporter's benefit.

21 Thank you.

22 THE COURT REPORTER: Thank you.

23 MS. MITCHELL: Again, please don't forget to  
24 sign in and spell your name before you begin

1 speaking.

2 CHAIRWOMAN OLSON: And who's the fifth  
3 person? We only have four.

4 MS. MITCHELL: I called Anthony Panici,  
5 Mayor Gonzalez, James Taylor, Michael Macellaio, and  
6 Chief Apostle Dr. William McCoy.

7 CHAIRWOMAN OLSON: So if this person is not  
8 here, they will not have testimony today?

9 MS. MITCHELL: Correct.

10 CHAIRWOMAN OLSON: Please go ahead. Pull  
11 the microphone close to you.

12 MR. TAYLOR: Yes. Good morning. My name is  
13 James Taylor, and I am the co-owner and publisher of  
14 the South Suburban News, the Chicago Gospel Tribune,  
15 as well as the Kankakee edition.

16 And for many, many years we've covered  
17 Franciscan St. James in an effort to bring attention  
18 to many of the accomplishments that they've made,  
19 including their fast care facility as well as their  
20 continued efforts to bring physicians to the area.

21 We strongly support the plan to realign and  
22 reorganize services that will affect the communities  
23 in the southland in general. I believe their  
24 hundred-plus years of commitment to the area

1 suggests that their longevity is almost  
2 unquestionable in terms of providing that service.  
3 Because they serve a very diverse population and  
4 continue to have that commitment, I feel it is in  
5 the best interests of that community that this plan  
6 be approved.

7 Thank you.

8 CHAIRWOMAN OLSON: Thank you.

9 Next.

10 MR. MACELLAIO: Good morning. My name is  
11 Mike Macellaio. I'm with the Chicago and Cook  
12 County Building and Construction Trades Council.  
13 We serve 24 affiliated local unions in the  
14 Cook County region.

15 We're here to strongly support the projects  
16 at St. James, both Chicago Heights and Olympia  
17 Fields. We know that the Olympia Fields project  
18 represents one of the largest construction projects  
19 in the past several years, total value for both at  
20 around \$137 million.

21 These projects don't only support  
22 construction jobs; they support several other jobs  
23 in the community, you know, service maintenance jobs  
24 as well as restaurant and other industries that can

1 benefit from such programs.

2 So we would just ask that you -- we strongly  
3 urge you to support this, and we greatly appreciate  
4 your efforts on this, approving the project.

5 CHAIRWOMAN OLSON: Thank you.

6 Next.

7 MR. PANICI: Good morning. My name is  
8 Anthony Panici, P-a-n-i-c-i. I'm here in support of  
9 the St. James project.

10 Not only was I born at the hospital, I have  
11 a very large family who have lived in Chicago  
12 Heights and have no problem with the emergency room  
13 being at the Olympia Fields campus. It's not that  
14 far away.

15 I think making the merger and reorganizing  
16 the health care structure that they have proposed  
17 makes perfect sense. Not only will it be a little  
18 more -- it's vital to the services. They can focus  
19 on what they're doing, but they can also, I think,  
20 reach out further and have more service for the  
21 public.

22 Being a pharmacist, I have a clinical  
23 consulting service; I do a lot of nursing home  
24 consulting. We do see a lot of residents on the

1 south side that go to different hospitals. I think  
2 this should be a very good project for the community  
3 as well as all the employers.

4 I applaud the Sisters for what they've been  
5 through, and I think it's wonderful that they keep  
6 adding to the community and doing what they're  
7 doing.

8 Thank you very much.

9 CHAIRWOMAN OLSON: Thank you.

10 Next?

11 MAYOR GONZALEZ: Good morning, Board. Mayor  
12 David A. Gonzalez, City of Chicago Heights, also a  
13 member of the health task force representing the  
14 Village of Crete, Steger, South Chicago Heights,  
15 Glenwood, Sauk Village, and Ford Heights.

16 I do appreciate you giving me the time to  
17 speak today. I know we've had some discussions with  
18 the certificate of exemption. And as Representative  
19 DeLuca said, the law did change, and I know that  
20 it's a difficult decision when -- that the Board has  
21 to sometimes honor that certificate of exemption  
22 because it is a completed -- the application is  
23 complete.

24 There is -- I truly believe there is an

1 emotional part of it but not the emotional part  
2 where I've lived in Chicago Heights my whole life  
3 and I was born there. The emotional part comes from  
4 understanding when I was -- had my 1- or 2-year-old  
5 and needed that emergency room because we were  
6 uninsured at the time, and our community looks at  
7 those emergency rooms sometimes as their only way of  
8 primary care.

9 So that is the emotional part for me, when  
10 we represent a community that has over 68 percent of  
11 the patients that are coming in there are on  
12 Medicaid, Medicare, and uninsured and how those  
13 services are still going to be delivered to a  
14 community that is in need. We also have the  
15 transport issue with our seniors and, also, these  
16 people that are on Medicaid.

17 I have been a member of the tollway for over  
18 five years, and as a board director we have made  
19 some easy decisions by planting milkweed for the  
20 monarch butterflies, giving grants to the wetlands.  
21 But one of the hardest decisions that I've made on  
22 the board of -- on the tollway is, when we're  
23 expanding that tollway, we have to take people's  
24 homes -- and it's for the betterment of the

1 community -- and to see those people that sometimes  
2 are underwater.

3 And what we had to do was we had to make  
4 certain adjustments so they wouldn't -- so we could  
5 minimize that impact on those people that we were  
6 affecting.

7 And, here, we're going to be affecting a lot  
8 of people with this consolidation, and I do ask  
9 that -- when I saw the staff report, that there was  
10 some question about eliminating or not giving  
11 Olympia Fields that 56 beds, and I just want to ask  
12 the Board that -- you can also minimize that impact  
13 by allowing -- if the certificate of exemption has  
14 to be passed -- allowing the Olympia Fields campus  
15 to assume those discontinued services at the Chicago  
16 Heights campus so our residents and our region is  
17 impacted less.

18 And in the end -- you started with  
19 850 unused beds, and even with the limitation of  
20 312 beds at St. James and adding 56 to Olympia  
21 Fields, you still will have 30 percent reduction in  
22 the beds.

23 So I do support the certificate of need for  
24 the expansion of Olympia Fields due to the

1 certificate of exemption being accepted.

2 Thank you.

3 CHAIRWOMAN OLSON: Thank you.

4 Thank you, all.

5 Next.

6 MS. MITCHELL: The next five are also for  
7 the Franciscan St. James Health projects.

8 Please come up, Dr. Lance T. Wallace;  
9 Winston Drain; Dr. Mark A. Fritsch; Nick DiGiovanni,  
10 Jr.; and Dr. Karen Nichols.

11 And please sign in, please spell your name  
12 before you begin speaking, and if you have -- if you  
13 are reading from a written statement, if you could  
14 please provide that to Mr. Mike Constantino for the  
15 benefit of the court reporter.

16 CHAIRWOMAN OLSON: You may begin. Whoever's  
17 ready, go ahead.

18 DR. WALLACE: Good morning. My name is  
19 Lance Wallace, and I am a practicing internist in  
20 the south suburbs of Chicago.

21 I've practiced in the south suburbs for over  
22 21 years. I worked closely with the Franciscans  
23 during that time. I'm also the medical director for  
24 performance improvement and quality assurance at

1 Franciscan St. James.

2           You know, I live in the south suburbs. I've  
3 lived there for 21 years. The south suburbs, in  
4 terms of its total population, is probably the  
5 sickest group of patients in the Chicago  
6 metropolitan area.

7           Now, the Sisters of St. Francis have  
8 invested a lot of money into building a population  
9 management network to improve health outcomes for  
10 these patients. Many of my patients are medically  
11 complex, suffering from multiple medical illnesses,  
12 including diabetes with complications, heart  
13 disease, kidney failure, severe osteoarthritis,  
14 strokes or residual problems, cancer, et cetera.

15           Many of these patients require  
16 hospitalization. Many of these patients, you know,  
17 they want to be in a center that can provide them  
18 comprehensive medical care so they don't have to go  
19 to another hospital for surgery or another hospital  
20 for rehab.

21           It also makes me more efficient as a  
22 physician, being able to be in one setting where  
23 I can follow a patient through these different  
24 levels of care that they may need. You know, the

1 patients psychologically -- seeing their primary  
2 care physicians they have the best relationship with  
3 helps them have a better outcome and better  
4 experience when they're in a hospital.

5 And I wholeheartedly support the expansion  
6 of Franciscan St. James because it's going to allow  
7 me to provide better care to my patients. It's  
8 going to remove some of the logistical barriers that  
9 take me away from the patients' bedside.

10 And, you know, most importantly, the  
11 citizens of the south suburbs, you know, due to the  
12 great economic disenfranchised community, they  
13 deserve this level of health care.

14 Thank you very much.

15 CHAIRWOMAN OLSON: Thank you, Doctor.

16 Next.

17 Next.

18 MR. DI GIOVANNI: Go ahead.

19 DR. FRITSCH: Good morning. I'm Dr. Mark  
20 Fritsch, F-r-i-t-s-c-h.

21 And I'm president of a 24-physician practice  
22 and medical director of pathology and the clinical  
23 laboratories at Franciscan St. James Health's  
24 Chicago Heights campus, where I've served in that

1 capacity for 24 years and, also, served a term as  
2 medical staff president.

3 Before coming to St. James in 1991,  
4 I practiced pathology for over six years at  
5 two other Franciscan Alliance hospitals in Indiana.  
6 As a result of these nearly 32 years working at a  
7 Franciscan Alliance facility, I feel qualified to  
8 vouch for the deep commitment and loyalty the  
9 Sisters of St. Francis demonstrate in their mission  
10 to serve their communities and provide quality  
11 health care to all. I profoundly respect their  
12 dedication, including their strong desire to  
13 continue to serve everyone in need of health care  
14 in the south suburbs, regardless of their ability  
15 to pay.

16 Having spent 25 years in the Chicago Heights  
17 campus, I also feel qualified to speak for myself  
18 and many physician colleagues in saying that the  
19 Sisters and this hospital's administration have  
20 invested an extraordinary amount of resources in  
21 providing excellent health care to our communities.  
22 Realistically, the only way they can continue to  
23 serve the south suburbs is by way of implementation  
24 of this very well-conceived and intelligent

1 consolidation plan.

2 I'm absolutely convinced that this plan will  
3 help me and my physician colleagues provide health  
4 care to our communities at an even higher level of  
5 quality. For the sake of our patients, I feel that  
6 this plan simply must be approved.

7 Thank you for your time.

8 CHAIRWOMAN OLSON: Thank you, Doctor.

9 Next.

10 Sir?

11 MR. DI GIOVANNI: Good morning. My name is  
12 Nick DiGiovanni, Jr. It's D-i-capital  
13 G-i-o-v-a-n-n-i. I am a lifelong resident of  
14 southland Chicago, a business employer, and I'm here  
15 today to ask that you indulge yourselves in support  
16 of our consolidation plan.

17 I am a managing partner of RevMD Partners,  
18 which has over 550 employees, most of which are in  
19 the southland Chicago area. And having had our  
20 business and also being involved in the health care  
21 business, I'm very familiar with institutions  
22 literally all throughout the United States and have  
23 had the opportunity to visit over 2,000 facilities  
24 in my 42-year career in health care.

1 I acknowledge the most important role the  
2 Sisters have played in the southland of Chicago and  
3 continue to provide health care services to our  
4 community. They've been a very important cog and  
5 never faltered in their commitment to the south side  
6 of Chicago, which is really important to all the  
7 businesses there.

8 I understand cost of modernization because  
9 of my relationship in the health care industry, and  
10 it's not just something that the Sisters of  
11 St. Francis have had to undertake, but this is  
12 literally happening, as probably all of you know,  
13 throughout the entire United States.

14 It's a new way of providing health care and  
15 the most cost-effective ways to do it, and many,  
16 many hospitals are faced with very, very similar  
17 types of decisions.

18 I know most of our employees use the Chicago  
19 Heights facility in terms of the ER, but I don't see  
20 going to Olympia Fields as being a, you know, big  
21 disruption, in particular, to use that facility.

22 So I -- again, I ask you for your strong  
23 support of this initiative, and I know you'll make  
24 all of our employees very happy if this thing

1 passes.

2 Thank you very much.

3 CHAIRWOMAN OLSON: Thank you.

4 Next.

5 DR. NICHOLS: Good morning. I'm Dr. Karen

6 Nichols.

7 I'm the dean of the Chicago College of  
8 Osteopathic Medicine at Midwestern University. Our  
9 mission is to teach, to heal, to serve, and it  
10 aligns perfectly with the mission of the Sisters of  
11 St. Francis, so, therefore, I speak strongly in  
12 support of the restructuring that is planned for the  
13 St. James facilities.

14 Our institution at Midwestern University  
15 started in 1900, and we expanded into the southland  
16 area, providing medical care and medical education,  
17 in 1978. That has continued with our association  
18 with the Sisters of St. Francis. We have trained  
19 literally thousands of osteopathic physicians at the  
20 St. James facilities. They have, in many cases,  
21 come from the southland, have been trained in the  
22 southland, and continue to practice in the  
23 southland.

24 We feel that this is a very wise and

1 thoughtful restructuring plan, including the  
2 investment, as has been mentioned, of over a hundred  
3 million dollars in the St. James facilities. This  
4 will allow the continuation of the long history of  
5 wonderful patient care and medical education, and,  
6 again, we stand in strong support of this  
7 restructuring proposal.

8 Thank you.

9 CHAIRWOMAN OLSON: Thank you.

10 Sir.

11 MR. DRAIN: Good morning.

12 CHAIRWOMAN OLSON: Good morning.

13 MR. DRAIN: My name is Winston Drain.

14 That's D-r-a-i-n. I've been a businessman in the  
15 southland for over 20 years --

16 CHAIRWOMAN OLSON: Can you pull your mic a  
17 little closer, Winston?

18 Just right -- is that a better one?

19 MR. DRAIN: My name is Winston Drain,  
20 D-r-a-i-n. I've been a businessman in the southland  
21 for over 20 years.

22 This is a political year. Affordable health  
23 care reform is under attack. Fortunately, the  
24 Sisters had the foresight and the vision to fulfill

1 their mission by expanding their services with  
2 modernized technology and innovation in the  
3 southland. St. James currently carries all  
4 insurance. They recently just completed the  
5 CountyCare insurance contract, which will enable  
6 them to serve more residents.

7 It would be nice to have a hospital in your  
8 community but that's not practical with St. James'  
9 aging care facility. This will allow residents to  
10 be seen quicker, which makes the drive to Olympia  
11 Fields, 10 minutes' drive, not an issue.

12 Thereby, I would like to support -- I'm  
13 asking to give my support on behalf of the  
14 St. Francis St. James expansion.

15 CHAIRWOMAN OLSON: Thank you, sir.

16 Thank you, all.

17 MS. MITCHELL: Will the next five please  
18 come up for, also, the Sisters of St. James Health  
19 project, Raul Garza; Andrew D. Singleton, Jr.;  
20 Dr. Daniel Netluch; Jairo Bispo Cruz.

21 And for Alden Estates-Courts in New Lenox,  
22 please come up, Margo McDermed.

23 Again, please sign in and spell your name  
24 before you begin speaking.

1 CHAIRWOMAN OLSON: We'll finish St. James  
2 first. Wasn't there more than two?

3 MS. MITCHELL: There were. Again, for  
4 St. James, there are -- there is Raul Garza;  
5 Andrew Singleton, Jr.; Dr. Daniel Netluch; and  
6 Jairo Bispo Cruz.

7 CHAIRWOMAN OLSON: Okay. We're going to go  
8 with two.

9 Gentlemen.

10 MR. SINGLETON: Yes. Good morning. I'm  
11 Reverend Andrew Singleton, Jr., spelled  
12 S-i-n-g-l-e-t-o-n.

13 I am the senior pastor and founder of  
14 Victory Apostolic Church that's located in Matteson,  
15 Illinois. It is also adjacent to Olympia Fields,  
16 and, in addition, I reside in Olympia Fields. The  
17 first 12 years of our church were located in Chicago  
18 Heights, so I'm very familiar with Chicago Heights,  
19 as well.

20 I am in favor of the consolidation move to  
21 Olympia Fields, and I feel that the residents of  
22 Chicago Heights will be well taken care of through  
23 both the urgent care that will be there and primary  
24 care physicians. I've talked with officials from

1 the community and from St. James Hospital that have  
2 assured me that the people in Chicago Heights will  
3 get the transportation that is so necessary for them  
4 to get from Chicago Heights to Olympia Fields for  
5 those that have a difficult way of getting there.

6 Finally, I think it speaks very well to  
7 St. James to find a way to continue to show care and  
8 compassion to the people because they had, as you  
9 know, a huge financial deficit. And for them to  
10 find this creative and very doable means of  
11 continuing the services in the Chicago southland  
12 I think speaks very well to the Sisters.

13 So, again, I am full of support of this  
14 consolidated move.

15 CHAIRWOMAN OLSON: Thank you.

16 Next. Sir, go ahead.

17 MR. CRUZ: My name is Jairo Cruz, C-r-u-z.

18 I've been practicing cardiology at  
19 Franciscan St. James Health for the last 36 years.  
20 I practiced at both Chicago Heights and Olympia  
21 Fields campus, and I am in complete support of the  
22 project of consolidation.

23 I'm here to address the emergency room  
24 issue. Just to give you an example, about

1 eight years ago a decision was made to consolidate  
2 the cardiology services, including cardiac  
3 catheterization, in the Olympia Fields hospital, one  
4 service.

5 That meant that the area EMS squads would  
6 bring all suspected cardiology patients, including  
7 those in cardiac arrest, to Olympia Fields. That  
8 process has worked well, eliminated the need to  
9 initially transport a patient to Chicago Heights and  
10 then transport them again to Olympia Fields.  
11 They've had no problems for the last eight years.

12 With the closure of Chicago Heights  
13 Hospital, I see no patient care-related reason for  
14 not bringing all true emergency room patients --  
15 those requiring intervention -- directly to the  
16 Olympia Fields ER, where a full complement of  
17 services, including the surgical suite, are  
18 available.

19 I beg this illustrious Board to heartily  
20 support the Sisters of St. Francis.

21 Thank you.

22 CHAIRWOMAN OLSON: Thank you.

23 Next.

24 MS. MITCHELL: Please say which project

1 you're speaking on.

2 REPRESENTATIVE MC DERMED: Good morning. My  
3 name is Margo McDermed. I am here for Alden  
4 Estates-Courts of New Lenox, 15-051.

5 My name is Margo McDermed, M-c-D-e-r-m-e-d,  
6 as in "David." I'm a State Representative for  
7 District 37. I've lived in the Lincoln-Way area for  
8 38 years. This is the Frankfort, Mokena, New Lenox  
9 area.

10 I was thrilled when I heard Alden was  
11 planning a skilled nursing facility for New Lenox.  
12 Of course, as the local State rep, I'm always in  
13 favor of any facility that brings this many jobs to  
14 the district. Much more importantly and much more  
15 personally, I want to talk to you this morning about  
16 how important this is to the residents of my area.

17 I am at that age where my parents are all  
18 eligible for this type of facility and my friends  
19 are all in need of knee and hip replacements. We're  
20 aging baby boomers.

21 In my area there is nowhere to get skilled  
22 nursing service for our parents or ourselves. We  
23 have to either go to Joliet or Orland Park. They're  
24 at least 30 minutes away in light traffic, more in

1 busy times. Furthermore, there are waiting lists.

2 How do I know this? I do not believe a  
3 quarter has gone by in the last 10 years when a  
4 member of my church -- of which I am a very active  
5 member -- or a member of my circle of friends has  
6 not had a crisis where they need to go and find a  
7 bed for skilled nursing services for themselves or a  
8 family member. It's not useful in any way for  
9 someone in one of my towns -- Frankfort, Mokena or  
10 New Lenox -- to drive to the west side of Joliet or  
11 into Orland Park for skilled nursing beds. And  
12 I just want to add here I have never heard of a  
13 single person in Frankfort, Mokena, or New Lenox  
14 going to Lemont for skilled nursing services.

15 In particular, I want to highlight the  
16 recent experience of a friend and constituent,  
17 Judy Niemann. Judy was born and raised in our area.  
18 She has a mother who lives with her who's in her 90s  
19 and has been in and out of skilled nursing  
20 facilities with various health challenges over the  
21 last few years. On more than one occasion, Betty  
22 has been on a waiting list looking for the help she  
23 needs or placed in a less desirable or more distant  
24 place due to lack of beds.

1           In the meantime, Judy's husband, Ed, has had  
2           four surgeries with respect to a knee replacement  
3           that went bad. Again, he's bounced from place to  
4           place and right now is at home, unable to walk and  
5           in a wheelchair, because there is no place for him  
6           to stay with skilled nursing facilities that's  
7           convenient for Judy when she's already tied to her  
8           home in New Lenox with her mother.

9           As the Lincoln-Way area continues to grow --  
10          and construction is picking up again -- it's  
11          essential that part of that growth include skilled  
12          nursing beds for our local residents. When I moved  
13          to the area, all our services were in Orland Park or  
14          Joliet. We were small towns. Now we are booming  
15          suburbs, and we need local skilled nursing  
16          facilities. This is particularly true as the  
17          medical complex surrounding Silver Cross Hospital  
18          continues to grow.

19          Please don't neglect us when you're thinking  
20          about local skilled nursing services. We  
21          desperately need them, right in our local area.

22                   Thank you for your attention.

23                   CHAIRWOMAN OLSON: Thank you, all.

24                   Next.

1 MS. MITCHELL: Signed up to speak -- will  
2 all be speaking on the Alden Estates-Courts of  
3 New Lenox project.

4 Please come up, Robin L. Ellis, Tracy Simons,  
5 and Nancy M. Dye.

6 Again, please spell your name before you  
7 begin speaking, do not forget to sign in. And if  
8 you have written comments, please submit them to  
9 Mike Constantino for the benefit of the court  
10 reporter.

11 MS. ELLIS: Yes. Good afternoon. My name  
12 is Robin Ellis, E-l-l-i-s.

13 I'm the assistant Village administrator and  
14 the community development director for the Village  
15 of New Lenox. The Village supports the project, and  
16 it would be the first skilled nursing facility in  
17 the village.

18 In the 18 years I've worked for the Village  
19 of New Lenox, our population has grown from 10,000  
20 to more than 25,000 people within the village  
21 limits, with another 15,000 people living in  
22 unincorporated areas. Surrounding communities in  
23 our Lincoln-Way area, such as Frankfort, Mokena, and  
24 Manhattan, have also experienced significant growth

1 over the past several years while also retaining  
2 many of our older residents.

3 The Village receives a number of inquiries  
4 every year about housing and care for seniors, as  
5 they comprise more than 9 percent of our population.  
6 The Village has met with Alden on several occasions  
7 to review the project, its continuum, and the  
8 approval process. Our Village administrator,  
9 Kurt Carroll, has had experience working with Alden  
10 on another project when he was the Village  
11 administrator in Shorewood.

12 This project would create over 100 full-time  
13 jobs, which are needed in our area. The project  
14 would also create a number of jobs during  
15 construction, which is important to many southwest  
16 suburban residents who are employed in the trades.  
17 We need a project like this in the village of  
18 New Lenox now, and I hope you will grant your  
19 approval today so that we can have this in our  
20 future.

21 Thank you.

22 CHAIRWOMAN OLSON: Thank you.

23 Next.

24 And that microphone doesn't work as well, so

1 you're going to have to put that right by your  
2 mouth.

3 MS. SIMONS: Okay. Can you hear me?

4 CHAIRWOMAN OLSON: Not very well.

5 MS. SIMONS: Good morning. My name is  
6 Tracy Simons; T-r-a-c-y; S-i-m-o-n-s; and I'm the  
7 director of marketing and community relations at  
8 Silver Cross Hospital in New Lenox.

9 And, also, I'm a New Lenox resident, have  
10 been for the last 16 years. I'm here to express the  
11 continued support of Silver Cross Hospital for Alden  
12 Estates-Courts of New Lenox, Project No. 15-051.

13 Alden's proposal for a skilled nursing  
14 facility is the first of its kind in the village of  
15 New Lenox. By building it adjacent to our hospital,  
16 it will be easy for residents to access physician  
17 offices and outpatient testing. The facility adds  
18 another important component to the continuum of  
19 care --

20 CHAIRWOMAN OLSON: Can I ask you to hold  
21 your remarks for one minute, please? We have a --  
22 we have to have a quorum.

23 MS. AVERY: Hurry up. Just rush.

24 CHAIRWOMAN OLSON: Go ahead.

1           Sorry.

2           MS. SIMONS: No problem.

3           (An off-the-record discussion was held.)

4           MR. MORADO: We have a feeling you might be  
5 wondering why we are taking this break.

6           Just so you know, the Open Meetings Act  
7 requires us to maintain a quorum when we are holding  
8 an open meeting. And for today's purposes our  
9 quorum represents 5 votes, and so we need to be sure  
10 we have everyone here so we can continue, and we  
11 just want to make sure.

12          Thank you.

13          (An off-the-record discussion was held.)

14          MR. MORADO: All right. We're ready to  
15 resume.

16          CHAIRWOMAN OLSON: Would you like to start  
17 over, or do you just want to resume from where you  
18 were?

19          MS. SIMONS: I'll just start from my last  
20 sentence.

21          CHAIRWOMAN OLSON: Okay. Great. Thank you.

22          MS. SIMONS: Alden's proposal for a skilled  
23 nursing facility is the first of its kind in the  
24 village of New Lenox. By building it adjacent to

1 our hospital, it will be easy for residents to  
2 access physician offices and outpatient testing.  
3 The facility adds another important component to the  
4 continuum of care comprising the medical hub in  
5 New Lenox.

6 In addition, the close proximity to the  
7 hospital makes it convenient for physicians to round  
8 on their patients. Alden and Silver Cross have  
9 shared a long and successful relationship. The  
10 health care delivery system is dramatically changing  
11 for both hospitals and long-term care providers.  
12 The Affordable Care Act has influenced the delivery  
13 of care through accountable care organizations or,  
14 as in our case, through the CMS bundled payment  
15 pilot program.

16 We have sought partners who can join with us  
17 in reducing costs and achieving successful outcomes  
18 through transitioning patients out of the hospital  
19 and/or nursing home as soon as appropriate. Alden  
20 is that type of partner.

21 Today's health care is about providing the  
22 best patient care and treatment close to home, using  
23 a fully networked continuum of care at a level that  
24 has never been seen before and which includes

1 cooperation and coordination between hospitals and  
2 the long-term care industry.

3 You've heard this morning that patients  
4 don't mind traveling for hospital services. That  
5 does not hold true for skilled nursing facilities.  
6 Patients want to be close to home and to their  
7 family members, as we all know that patients recover  
8 much more quicker when they receive frequent visits  
9 from their loved ones.

10 So why Alden? Although we partner with many  
11 nursing providers, we have found a very successful  
12 associate in Alden. They provide the continuum of  
13 care we seek, not only right on their campus but  
14 within their entire organization.

15 We encourage the Illinois Health Facilities  
16 Planning -- Illinois Health Facilities Services and  
17 Review Board to vote in favor of Alden Estates--  
18 Courts of New Lenox.

19 Thank you.

20 CHAIRWOMAN OLSON: Thank you.

21 Go ahead.

22 MS. DYE: My name is Nancy Dye, and I am the  
23 Village of New Lenox's economic development  
24 coordinator.

1           We sought out community support for this  
2 very important project. In representing the Village  
3 and its residents, I will be presenting comment from  
4 12 individuals, all supporting Alden and the need  
5 for this project, which is No. 15-051.

6           These letters reflect the common theme that  
7 our village needs the proposed services to serve  
8 nursing needs of our families. For example, one  
9 resident wrote the following: "I needed rehab after  
10 my hip replacement in 2011. Since we do not have a  
11 facility in New Lenox, I needed to stay in the  
12 hospital for my inpatient rehab. Medicare only  
13 approved one week in the hospital and I was sent  
14 home. I really needed a skilled nursing facility,  
15 as I would have recovered much sooner. I hope you  
16 will approve this project."

17           The second theme is that our residents'  
18 loved ones have sought service within the village  
19 but who had the burden of finding services at a  
20 significant distance from their homes in New Lenox.  
21 For example, "These skilled nursing facilities are  
22 needed in New Lenox, as our community does not have  
23 any skilled nursing facility in our town. As such,  
24 my father had to find a skilled nursing facility

1 more than 10 miles away. This was a great hardship  
2 on me and my family."

3 Finally, New Lenox is a growing community.  
4 These facilities provide some of the core services  
5 needed to care for our growing elderly population  
6 and to continue to make our village an attractive  
7 place for families.

8 Another resident wrote, "I chair the  
9 New Lenox Safe Communities America Coalition, which  
10 includes an older adults falls prevention task  
11 group. As an instructor for two programs entitled  
12 'A Matter of Balance' and 'Fit and Strong,' I have  
13 spoken to many New Lenox seniors who would be in  
14 favor of a skilled nursing facility in our  
15 community."

16 Madam Chair and members of the Board, I've  
17 lived in the community for 40 years. While I'd like  
18 to tell you I moved there when I was 5 years old,  
19 I can't.

20 (Laughter.)

21 MS. DYE: What I can tell you is that I am  
22 of the age where parents are seeking skilled nursing  
23 facilities, and, unfortunately, they are looking in  
24 Orland and they have to look in Joliet. I will echo

1 the sentiments of Representative McDermed to tell  
2 you not once have I had someone say they are looking  
3 at Lemont.

4 Again, I respectfully implore you to support  
5 the Village of New Lenox and approve Alden Estates-  
6 Courts of New Lenox.

7 Thank you for your time.

8 CHAIRWOMAN OLSON: Thank you, all.

9 That concludes public participation.

10 We will do the items approved by the  
11 Chairwoman, and then we'll take a 10-minute break.

12 Mr. Constantino.

13 MR. CONSTANTINO: Thank you, Madam  
14 Chairwoman.

15 The following items have been approved by  
16 the Chair: Permit renewal for Project No. 13-057,  
17 Parkview Home; permit renewal, Project No. 13-070,  
18 DaVita Belvidere Dialysis; permit renewal,  
19 Project 14-056, St. Anthony's Hospital in Effingham;  
20 permit renewal, Project 12-011, Rush University  
21 Medical Center;

22 Alteration to permit, No. 14-056,  
23 St. Anthony's Memorial Hospital, Effingham;  
24 alteration to permit, No. 15-005, Presence Lakeshore

1 Gastroenterology, Des Plaines;  
2 Obligation extension, Project No. 14-056,  
3 St. Anthony's Hospital, Effingham;  
4 Change of ownership, No. 11-016, Decatur  
5 Digestive Disease Center; Exemption No. 12-016,  
6 Naperville Surgical Center; Exemption No. 13-016,  
7 Tri-Cities Surgery Center; Exemption No. E-14-016,  
8 Salt Creek Surgery Center; Exemption No. E-15-016,  
9 Greenville Regional Hospital. Those were all change  
10 of ownerships.

11 Thank you, Madam Chairwoman.

12 CHAIRWOMAN OLSON: And thank you, Mike. As  
13 you can see, I earned my money this month.

14 MR. CONSTANTINO: Pardon?

15 CHAIRWOMAN OLSON: I earned my money this  
16 month.

17 MR. CONSTANTINO: Yes, you did.

18 CHAIRWOMAN OLSON: We'll now take a  
19 10-minute break. We'll reconvene at 11:35.

20 (A recess was taken from 11:23 a.m. to  
21 11:34 a.m.)

22 CHAIRWOMAN OLSON: We are back in session.

23 The next item for business is items for  
24 State Board action.



1 CHAIRWOMAN OLSON: Project 15-062, Fresenius  
2 Medical Care, Belleville, will please come to the  
3 table.

4 May I have a motion to approve  
5 Project 15-062, Fresenius Medical Care, Belleville.

6 VICE CHAIRMAN HAYES: So moved.

7 MEMBER BURZYNSKI: Second.

8 CHAIRWOMAN OLSON: Mr. Constantino -- oh,  
9 I'm sorry.

10 Swear in the Applicant.

11 (Two witnesses sworn.)

12 THE COURT REPORTER: Thank you.

13 CHAIRWOMAN OLSON: Mr. Constantino, your  
14 report, please.

15 MR. CONSTANTINO: Thank you, Madam  
16 Chairwoman.

17 The Applicants are proposing to establish a  
18 12-station ESRD facility in approximately 6900 gross  
19 square feet of leased space at a cost of  
20 approximately \$4.9 million.

21 The anticipated completion date is  
22 December 31st, 2017. The proposed facility would be  
23 located in Belleville, Illinois.

24 There was no opposition, no public hearing.

1 Thank you, Madam Chairwoman.

2 CHAIRWOMAN OLSON: Comments for the Board?

3 MS. RANALLI: Thank you. Good morning.

4 My name is Clare Ranalli, and with me is  
5 Lori Wright.

6 Thank you to Mr. Constantino and Mr. Roate  
7 for the positive State Board report. Since there  
8 are no findings and no opposition, we're just happy  
9 to answer any questions you may have.

10 CHAIRWOMAN OLSON: Thank you.

11 Questions or comments from Board members?

12 MEMBER GREIMAN: Yeah, I have one.

13 CHAIRWOMAN OLSON: Justice.

14 MEMBER GREIMAN: I -- as you know, the last  
15 couple times we've had discussions, I'm concerned  
16 about the cost of -- what the cost is of this for  
17 the public.

18 I'm curious why we have this case and the  
19 next case, both have a series of 12 units, and yours  
20 costs 4 million 9 and theirs costs 2 million 7.

21 Now, do you have any notion why that -- why  
22 there's that difference?

23 MS. WRIGHT: Yes. Our project is a turnkey  
24 project, and the developer -- does this sound funny?

1 It's echoing.

2 The developer is building the building --  
3 the interior build-out, the land, and we're paying  
4 him back in the lease rather than just the build-out  
5 of the interior. We're paying him back over the  
6 term of the lease for all the construction.

7 Also, the DaVita project is -- that they're  
8 occupying -- is based on a 10-year lease, and ours  
9 is based on a 15-year lease, so that may explain  
10 some of the differences.

11 MEMBER GREIMAN: I was interested in the  
12 difference between costs between you. Yours costs  
13 \$134 and theirs costs \$273, something like that.  
14 Very significant difference.

15 MS. RANALLI: Right. Right.

16 And as Lori said, the DaVita facility is  
17 going into existing space, whereas the Fresenius  
18 facility is going into space that is being  
19 constructed solely for the stand-alone clinic, so  
20 the construction costs are rolled into the lease  
21 payments over a 15-year term.

22 MEMBER GREIMAN: But does the public  
23 attend -- pay the same amount for these two?

24 MS. RANALLI: Oh, absolutely. Absolutely.

1 That cost is in no way passed on to the patient.

2 MEMBER GREIMAN: So it's what you net rather  
3 than increasing the cost to the public?

4 MS. RANALLI: Right. It does not increase  
5 the cost to consumers of health care in any way.  
6 It's just simply a cost that Fresenius bears, and,  
7 as you said, that's something that will be on  
8 Fresenius' books and not passed on to our patients.

9 MEMBER GREIMAN: And, of course, this is a  
10 little different proposal because the other  
11 surrounding providers aren't you.

12 MS. RANALLI: Right.

13 MEMBER GREIMAN: Most of the time I see you  
14 coming in and asking for something, everybody around  
15 you is you.

16 MS. RANALLI: Right.

17 MEMBER GREIMAN: So this is a little  
18 different. You're on equal area.

19 MS. RANALLI: We figured you would notice  
20 that.

21 MEMBER GREIMAN: All right. Thank you for  
22 that.

23 CHAIRWOMAN OLSON: Mr. Hayes.

24 VICE CHAIRMAN HAYES: Yeah. Thank you,

1 Madam Chairman.

2 How far is this facility specifically -- it  
3 probably is in this report but I missed it. How far  
4 is it to the proposed DaVita facility?

5 MS. WRIGHT: It's approximately 8 miles.

6 VICE CHAIRMAN HAYES: Now, your -- you have  
7 there in O'Fallon Fresenius Regency Park.

8 Now, how -- that is very close to the  
9 proposed facility; is that right?

10 MS. RANALLI: To the DaVita facility or to  
11 this facility?

12 MS. WRIGHT: To the DaVita facility or to  
13 the Fresenius?

14 VICE CHAIRMAN HAYES: To the DaVita  
15 facility.

16 This is Fresenius Regency Park, and it's in  
17 O'Fallon; is that correct?

18 MS. WRIGHT: Correct. And I'm not -- it's  
19 close. I'm not sure of the exact mileage. That  
20 would probably be in their report.

21 VICE CHAIRMAN HAYES: And it's 85 percent --  
22 you know, 85 percent used for the oc- -- or the  
23 utilization is at 86 percent.

24 MS. WRIGHT: Correct.

1 VICE CHAIRMAN HAYES: Now, there's going to  
2 be a new hospital in O'Fallon; is that correct?

3 MS. RANALLI: Yes. It's not a new hospital  
4 for the service area but a replacement facility.

5 VICE CHAIRMAN HAYES: Replacement facility,  
6 yes.

7 MS. RANALLI: Correct.

8 VICE CHAIRMAN HAYES: Okay. What does  
9 that -- you know, O'Fallon's not that big of a town,  
10 is it?

11 MS. RANALLI: O'Fallon is, I know, growing.  
12 It has grown significantly in the past 5 to  
13 10 years. Compared to Belleville, which is about  
14 42,000, O'Fallon is, I believe, 25,000 if I'm  
15 recalling the St. Elizabeth's project and that  
16 number. Then it was right around 25,000 with  
17 significant growth.

18 And the Belleville, you know -- as you  
19 noticed, we have DaVita going into O'Fallon where  
20 Fresenius has a facility. We're going into  
21 Belleville where I know -- I believe DaVita has a  
22 facility in one of the Belleville zip codes. And,  
23 yet, we're not opposing one another because there's  
24 a pretty strong need in this service area, as

1 evidenced by the fact that the six facilities that  
2 exist now are almost all at 80 percent or above and  
3 the average utilization is 80 percent.

4 Belleville is medically underserved. It has  
5 a significant African-American population, and  
6 O'Fallon as a town, as I mentioned, is growing, so  
7 I think that there's a need there, as well.

8 So that I believe -- and according to the  
9 State Board report, which had positive findings on  
10 both projects -- although I know you're not supposed  
11 to consider them both but -- the Board noted the  
12 fact that there are significantly fewer dialysis  
13 stations to population in this area. Although some  
14 may consider it a rural area, in fact, because of  
15 East St. Louis and Belleville, which is a fairly  
16 large town, there are significant population  
17 increases in this area.

18 VICE CHAIRMAN HAYES: Okay. Thank you very  
19 much.

20 CHAIRWOMAN OLSON: Other questions or  
21 comments?

22 (No response.)

23 CHAIRWOMAN OLSON: Seeing none, I would ask  
24 for a roll call vote on Project 15-062, Fresenius

1 Medical Care, Belleville.

2 MR. ROATE: Thank you, Madam Chair.

3 Motion made by Mr. Hayes; seconded by  
4 Senator Burzynski.

5 Senator Burzynski.

6 MEMBER BURZYNSKI: Aye.

7 MR. ROATE: Thank you.

8 Justice Greiman.

9 MEMBER GREIMAN: Aye.

10 MR. ROATE: Mr. Hayes.

11 VICE CHAIRMAN HAYES: I'm going to vote yes  
12 because of the favorable State agency report.

13 MR. ROATE: Thank you.

14 Mr. McGlasson.

15 MEMBER MC GLASSON: Yes, for the same reason.

16 MR. ROATE: Thank you.

17 Madam Chair.

18 CHAIRWOMAN OLSON: Yes, for the same reason.

19 MR. ROATE: That's 5 votes in the affirmative.

20 CHAIRWOMAN OLSON: The motion passes.

21 Thank you.

22 MS. WRIGHT: Thank you.

23 MS. RANALLI: Thank you.

24 - - -

1 CHAIRWOMAN OLSON: Next, we have  
2 Project 16-004, DaVita O'Fallon Dialysis.

3 May I have a motion to approve  
4 Project 16-004, DaVita O'Fallon Dialysis, to  
5 establish a 12-station end stage renal disease  
6 facility in O'Fallon, Illinois.

7 MEMBER GREIMAN: So moved.

8 CHAIRWOMAN OLSON: And a second, please.

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: The Applicant will be  
11 sworn in, please.

12 THE COURT REPORTER: Would you raise your  
13 right hands, please.

14 (Four witnesses sworn.)

15 THE COURT REPORTER: Thank you.

16 CHAIRWOMAN OLSON: Mr. Constantino, State  
17 Board staff report.

18 MR. CONSTANTINO: Thank you, Madam Chair.

19 The Applicants are proposing to establish a  
20 12-station ESRD facility in O'Fallon, Illinois. The  
21 anticipated cost of the project is approximately  
22 \$2.7 million, and the anticipated completion date is  
23 September 30th, 2017.

24 There was no opposition, no public hearing,

1 and no findings.

2 Thank you, Madam Chair.

3 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.

4 Questions from Board members?

5 MEMBER GREIMAN: Well, obviously, I'll ask  
6 the same question, essentially, that I asked before,  
7 the difference in cost of putting up 12 units as  
8 between the one you just heard.

9 How -- what's the difference?

10 MS. DAVIS: I'm sorry. I didn't hear the  
11 question.

12 CHAIRWOMAN OLSON: The difference in cost  
13 between this project and the last one.

14 MS. DAVIS: We're doing a build-out of  
15 existing space. And our projects tend to be --  
16 where we're doing -- we have a project manager in  
17 the state who manages the projects and goes out and  
18 gets bids from local contractors, and so it's  
19 being -- that's just a cost in our lease rates that  
20 we're paying to build out.

21 MEMBER GREIMAN: And are there -- is there  
22 uniformity in what the public is charged for each  
23 service?

24 MS. DAVIS: Yes. Absolutely.

1           There -- 90 percent of our payment comes  
2           from either Medicare or Medicaid, and it's a bundled  
3           rate with those providers. With insurance companies  
4           it's generally a bundled number. We contract just  
5           like hospitals do --

6           MEMBER GREIMAN: So they -- the -- Medicare  
7           and Medicaid pays the same thing no matter what the  
8           billing is; is that right?

9           MS. DAVIS: That's correct.

10          MEMBER GREIMAN: So if you billed more  
11          than Fresenius, you'd still get paid the same thing?

12          MS. DAVIS: Right.

13          MEMBER GREIMAN: All right. Thank you.

14          CHAIRWOMAN OLSON: Just a point of  
15          clarification.

16          Now, with the passing of the last project --  
17          there was a 13-station need. Now there is a  
18          one-station need; correct?

19          MR. CONSTANTINO: That's correct.

20          CHAIRWOMAN OLSON: But since -- when the  
21          application was filed, there was a 13-station need?  
22          That's why we still have no findings?

23          MR. CONSTANTINO: That's correct.

24          CHAIRWOMAN OLSON: Okay.

1 Mr. Hayes --

2 VICE CHAIRMAN HAYES: Thank you.

3 CHAIRWOMAN OLSON: -- did you have a  
4 question?

5 VICE CHAIRMAN HAYES: Yes.

6 You know, what is the -- how -- you know,  
7 there's quite a bit of facilities in this area, and,  
8 actually, Fresenius has a facility -- you know,  
9 Fresenius Medical Care Regency Park -- and that's  
10 actually in O'Fallon, too.

11 When did you come up with the -- how did you  
12 basically, you know, justify that, considering there  
13 is so many -- and a lot of them are owned by you --  
14 that -- DaVita. So how did you justify who can get  
15 a new facility in O'Fallon?

16 MS. DAVIS: Well, as noted in the  
17 application, the average utilization in that area as  
18 of December 31st is 75 percent, and that includes  
19 the eight stations at Sauget that were recently  
20 approved by this Board.

21 So even with the addition of the Belleville  
22 facility which you just approved, we are still at  
23 68 percent, and this HSA has one of the highest  
24 growth rates in the state in terms of end stage

1 renal disease so -- the annual compounded increase  
2 in ESRD is 4.65 percent as compared to the rest of  
3 the state, where it's 3.42 percent.

4 Each of these facilities have physician  
5 groups that are separate, and they're separate  
6 patient lists. So when you look at the Belleville  
7 facility that you just approved, those stations were  
8 supported by Dr. Koch's group where he had  
9 361 patients who were pre-ESRD, meaning that they're  
10 CKD 3, 4, and 5, meaning that -- you know, even if  
11 you assume 50 percent of them will need dialysis in  
12 the next two years.

13 Our facility is supported by Dr. Dalal, and  
14 Dr. Dalal has 646 Stage 3, 4, and 5 CKD patients.  
15 So, you know, within two years we expect not only  
16 the 8 stations at Sauget but the 12 stations here in  
17 O'Fallon to be filled.

18 Hence, the -- it's -- the market, that area,  
19 has very high kidney disease population. And like  
20 I said, we expect to be at the 80 percent target  
21 rate within two years. We wouldn't -- and, again,  
22 you know, we truly believe that we're going to  
23 invest in communities with high ESRD populations and  
24 high CKD populations because it also allows us to

1 provide kidney education to patients before they're  
2 on dialysis through community programming that we  
3 offer at no cost in a community.

4 So we believe that it's -- that it's needed  
5 specifically because it's different doctor groups  
6 with different patient bases. And that's why  
7 neither -- I know that's why we didn't oppose FMC's  
8 project, either, because there really is a need for  
9 two facilities in the nearby area. Our other  
10 facilities are also at or nearing capacity.

11 In addition to that, it's also outpatient  
12 choice. Our facilities in that area are three- and  
13 four-star facilities, as CMS has worded them. As  
14 opposed to other facilities in the community that  
15 mainly are one- and two-star.

16 MR. DANIELI: And to add on this specific  
17 location -- obviously, with the O'Fallon one -- the  
18 nearby DaVita facility in Shiloh was over 80 percent  
19 utilization within two years of Medicare  
20 certification, so we know that area is growing, and  
21 it's reaching capacity in a short amount of time.

22 VICE CHAIRMAN HAYES: You know, one thing  
23 that -- you're looking at this Belleville facility  
24 for Fresenius, and that, of course, is a medically

1 underserved area, and then we go to O'Fallon, which  
2 I would think would be a relatively prosperous area.

3 Is that correct?

4 MS. DAVIS: Well, it's probably slightly  
5 better from a demographic standpoint. But, also,  
6 the hospital relocation and the support that we've  
7 received from the hospital in terms of having an  
8 outpatient facility close by, that was part of the  
9 choice.

10 VICE CHAIRMAN HAYES: Okay. Do you do --  
11 does this have a facility -- do you have much home  
12 dialysis at this facility? Would you think that you  
13 would?

14 MS. DAVIS: We have home dialysis throughout  
15 the communities. We're actually the largest  
16 provider of home therapy dialysis in the country.  
17 And in that area --

18 MR. DANIELI: Yeah, there is a lot of home  
19 therapy in that area.

20 MS. DAVIS: Yeah. It's our goal -- and,  
21 nationally, we're seeing about 10 or 12 percent or  
22 15 percent home therapy, where, in the rest of the  
23 civilized world, it's 80 percent of patients start  
24 on peritoneal.

1           So our goal is to see that number up to  
2           20 percent just because it's the right thing for  
3           patients, so we provide home therapies in every  
4           facility -- or in every area -- so patients have  
5           easy access.

6           VICE CHAIRMAN HAYES: Did you mention that  
7           in your application?

8           Because it's something that I think has been  
9           forgotten much lately, especially with one of our  
10          Board members retiring and -- you know, it just is  
11          kind of, you know, pushed to the side.

12          And you mentioned that you -- nationally --  
13          that you are -- you have about 15 percent home  
14          dialysis patients?

15          MS. DAVIS: Yeah, 15 percent -- well,  
16          15 percent of patients in the US who need dialysis  
17          start on home therapies. It's not where it needs to  
18          be and we agree. As a company, we're investing  
19          millions in different alternatives for home therapy  
20          for patients because we believe it's the right thing  
21          to do.

22          It's not, you know, consideration under the  
23          CON, but I'd be happy to provide you any kind of  
24          detail or numbers relative to home therapies and

1 what our goals are.

2 I can only speak to the Chicago area. As  
3 you know, that's my market. And we have over  
4 350 patients on home therapies, and we are the  
5 largest in Illinois.

6 VICE CHAIRMAN HAYES: Do you do -- are you  
7 going to be doing, at this facility, nocturnal  
8 dialysis?

9 MR. DANIELI: No, sir, not at the proposed  
10 facility. We have one in an existing facility about  
11 15 minutes away.

12 VICE CHAIRMAN HAYES: And what facility is  
13 that again?

14 Excuse me.

15 MR. DANIELI: That one's called Metro East.  
16 It's actually the one that's adjacent to the  
17 Fresenius Belleville facility.

18 VICE CHAIRMAN HAYES: So, you know, there  
19 aren't too many people who are going to be able to  
20 work if they don't have access to, you know,  
21 nocturnal dialysis; isn't that basically correct?

22 MS. DAVIS: No. Actually, what we do is we  
23 try to run four shifts at a lot of facilities on  
24 Monday, Wednesday, and Friday. The State Board

1 numbers are based on six shifts, and we actually run  
2 seven shifts in a lot of facilities, so working  
3 patients will come in at six o'clock at night,  
4 five o'clock at night, finish their treatment.

5 We found that a lot of patients like the  
6 five o'clock in the morning shift, and then they can  
7 go to work right after they finish dialysis. So we  
8 accommodate working patients either before or after.

9 Here in -- in this area, for instance, we  
10 have three nocturnal programs, one on the south  
11 suburbs, one in the west side of Chicago, near the  
12 south side, and one up in Lake County. And we're  
13 finding that other providers are moving out of  
14 nocturnal and we're actually expanding our programs  
15 because it really is best for patients who need  
16 long, slow dialysis, which is six to eight hours of  
17 dialysis care. But it's something we're committed  
18 to expanding.

19 VICE CHAIRMAN HAYES: Okay. Thank you very  
20 much.

21 CHAIRWOMAN OLSON: Other questions, Doctor?

22 MEMBER GOYAL: I -- can you hear me?

23 A couple of questions which I could have  
24 asked Fresenius people, as well, but it would be

1 important to recognize.

2 A, are you noticing any impact on your  
3 dialysis patient numbers because of increased  
4 provision of transplants?

5 MS. DAVIS: Actually, our transplant rates  
6 have been about the same. There's been some payer  
7 shifting in the market in terms of patients insured  
8 by certain payers can't go to all the transplant  
9 centers that they used to be able to go to, but we  
10 worked with those patients to get them to facilities  
11 that their insurance or their supplemental insurance  
12 covers.

13 I think the biggest thing that we've seen  
14 is, because of the Affordable Care Act and the  
15 expansion of Medicaid into managed Medicaid, more  
16 and more patients are getting earlier treatment.  
17 They're getting assessed, they're seeing a primary  
18 care doctor, they're being diagnosed with kidney  
19 disease, and so that the -- we're hopeful that, over  
20 a period of time, we're actually going to see fewer  
21 patients crashing into dialysis, meaning that they  
22 end up in the emergency room and suddenly need to go  
23 on dialysis, having never seen a nephrologist in the  
24 past.

1           So we're seeing a huge -- we work with  
2   IlliniCare, for instance, one of the largest managed  
3   Medicaid products, and we're their exclusive  
4   provider because what we're trying to do is contain  
5   the costs around the care, making sure the patients  
6   get their fluids, get their vaccines, and keeping  
7   patients out of the hospital.

8           So I would say that the increase in  
9   insurance for patients through whatever product has  
10  made the biggest impact in dialysis. We're seeing  
11  more and more CKD patients because they're being  
12  identified.

13           MEMBER GOYAL: And then another question is  
14  you gave us some numbers in terms of the prevalence  
15  of end stage renal disease in the population you  
16  propose to serve.

17           Does your future projection take into  
18  account the fact that the average patient on  
19  dialysis has an expected median age or median number  
20  of years that they will live?

21           MS. DAVIS: Well, we've seen the mortality  
22  rate in dialysis patients come down every year for  
23  the last 15, 16 years that DaVita's been a company.  
24  In the Chicago area, oddly enough, we have one of

1 the lowest mortality rates for dialysis patients.

2 And because of programming that's been put  
3 in for patients within the first 90 to 120 days of  
4 care -- that's when the highest mortality happens.  
5 And so by putting in effective programs for those  
6 patients to get them -- get their metrics, get their  
7 albumin and creatinine in range where it needs to  
8 be, the mortality rates have dropped substantially.

9 I have -- in fact, I have a peritoneal  
10 dialysis patient I was talking to the other day.  
11 She's been on peritoneal dialysis for over 20 years.

12 MEMBER GOYAL: Good. Thank you.

13 CHAIRWOMAN OLSON: Other questions?

14 (No response.)

15 MR. SHEETS: Madam Chair, I'd just like to  
16 make one comment.

17 You mentioned the need criteria, and I just  
18 wanted to point out one of your rules, which I'm  
19 sure Mr. Morado will hold me to quoting accurately,  
20 1130.620(d), as in "dog," subparagraph (3),  
21 "Applications for permit shall be subject to the  
22 need figures set forth in the most recent update to  
23 the inventory of health care facilities and services  
24 and need determinations, as adjusted by Board

1 decisions in effect prior to the date the Board  
2 takes action on the application."

3 So the way I read that rule, there's still a  
4 need because it was based on the -- prior to today.

5 CHAIRWOMAN OLSON: Yeah. I'm not going to  
6 argue with you.

7 Yeah. This project stands as no opposition  
8 and no findings. I just wanted to make sure that we  
9 were -- thank you for clarifying.

10 MR. CONSTANTINO: That's how the project was  
11 reviewed, Kathy.

12 CHAIRWOMAN OLSON: Yeah. Yeah. I just  
13 wanted to --

14 MR. CONSTANTINO: Yeah.

15 CHAIRWOMAN OLSON: I guess I shouldn't have  
16 said that; it's out of my mouth so whatever.

17 Okay. No other questions or comments?

18 (No response.)

19 CHAIRWOMAN OLSON: Seeing none, I'd ask for  
20 a roll call vote on Project 16-004, DaVita O'Fallon  
21 Dialysis, to establish a 12-station ESRD facility in  
22 O'Fallon.

23 MR. ROATE: Thank you, Madam Chair.

24 Motion made by Justice Greiman; seconded by

1 Mr. Hayes.

2 Senator Burzynski.

3 MEMBER BURZYNSKI: I vote yes based on the  
4 lack of staff findings.

5 MR. ROATE: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: I'll vote yes based on the  
8 report of -- by the staff and the testimony of the  
9 parties here today.

10 MR. ROATE: Thank you.

11 Mr. Hayes.

12 VICE CHAIRMAN HAYES: I'm going to vote yes  
13 based on the number of referrals for Dr. Dalal,  
14 I think it is, and that --

15 MS. DAVIS: Dalal.

16 VICE CHAIRMAN HAYES: Dalal.

17 -- and then, also, because the State of  
18 Illinois average is below the number of stations in  
19 this area.

20 MR. ROATE: Thank you.

21 Mr. McGlasson.

22 MEMBER MC GLASSON: Vote yes for reasons  
23 previously stated.

24 MR. ROATE: Thank you.

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Madam Chair.

CHAIRWOMAN OLSON: Yes, as well, for reasons  
previously stated.

MR. ROATE: That's 5 votes in the  
affirmative.

CHAIRWOMAN OLSON: The motion passes.  
Congratulations.

MS. DAVIS: Thank you very much.

MR. SHEETS: Thank you.

CHAIRWOMAN OLSON: It is now exactly  
twelve o'clock. We will take a 45-minute lunch  
break and reconvene at 12:45.

And we do need to lock the room. So if you  
want to leave things here, that's fine, but we need  
to have you leave because we will lock the room.

(A recess was taken from 12:01 p.m. to  
12:50 p.m.)

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1 CHAIRWOMAN OLSON: We're back in session.

2 Next up, we have Project 16-001, Palos  
3 Community Hospital, south campus.

4 May I have a motion to approve Project 16-001,  
5 Palos Community Hospital, to establish a medical  
6 office building.

7 VICE CHAIRMAN HAYES: So moved.

8 MEMBER GREIMAN: Second.

9 CHAIRWOMAN OLSON: Okay. We're just going  
10 to let Mr. Morado speak for one second.

11 MR. MORADO: I just wanted to take an  
12 opportunity to update the Board on a matter that we  
13 did talk about in closed session.

14 That was a -- a lawsuit that was filed for a  
15 preliminary injunction in this matter so that the  
16 Board wouldn't be able to hear this application  
17 today. You should know that that lawsuit has been  
18 voluntarily dismissed.

19 And I want to take a step back and give you  
20 some background on that.

21 Our mission as a Board is to improve access  
22 to health care. We do that through a planning  
23 process. We work with the Applicants. They come to  
24 us for technical assistance, and we are happy to

1 provide it.

2 Now, part of this process is a public  
3 participation or a public hearing component. One  
4 was held on this application where we had well over  
5 300 people in attendance, and at the time those  
6 folks were in opposition to this project.

7 What that did was it forced a conversation  
8 between the Applicants and the community and the  
9 local government officials, and this was just one of  
10 the benefits of the CON program.

11 While I can recognize that the application  
12 process may seem arduous to some of the Applicants,  
13 it's absolutely necessary that we -- as we ensure  
14 access to care -- that we continue to get input from  
15 the community.

16 And so I'd just like to thank the Applicants  
17 for working with the community on this, making sure  
18 that lines of communication were open with the  
19 Board.

20 And that's all. Thank you.

21 CHAIRWOMAN OLSON: So, Mr. Constantino, when  
22 you have your report, can you tell us, is this now a  
23 project with no opposition and no findings?

24 MR. CONSTANTINO: Well, we received

1 opposition letters at the State agency regarding  
2 this project.

3 CHAIRWOMAN OLSON: Right.

4 MR. CONSTANTINO: We have no indication  
5 they've been withdrawn. Have they been withdrawn?

6 MR. MORADO: I don't believe they've been  
7 withdrawn, but I can say that the source of that  
8 opposition is what I was just kind of referring to,  
9 the compromise that was reached.

10 So while they haven't been officially  
11 withdrawn, the opposition itself has disappeared,  
12 which I think is also evidenced by the fact that we  
13 didn't have public participation today before the  
14 Board when we previously anticipated a high number  
15 of individuals coming to speak today and that didn't  
16 materialize.

17 CHAIRWOMAN OLSON: So after Mr. Constantino's  
18 report, maybe you can expand on that a bit.

19 State Board staff report, please,  
20 Mr. Constantino.

21 MR. CONSTANTINO: Thank you, Madam Chair.

22 The Applicants are proposing new construction  
23 and modernization as an expansion of the south  
24 campus outpatient complex in Orland Park, Illinois,

1 at a cost of approximately \$133 million. The  
2 anticipated completion date is June 30th, 2019.

3 There were no findings regarding this  
4 project. There was a public hearing held on this  
5 project, as noted by Mr. Morado.

6 Thank you, Madam Chairwoman.

7 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.

8 We can swear in the Applicant.

9 THE COURT REPORTER: Would you raise your  
10 right hands, please.

11 (Two witnesses sworn.)

12 THE COURT REPORTER: Thank you.

13 CHAIRWOMAN OLSON: Comments for the Board?

14 MR. BROSNAN: Good afternoon.

15 Can you hear that okay?

16 CHAIRWOMAN OLSON: That's good. You're  
17 good.

18 MR. BROSNAN: Good afternoon.

19 My name is Tim Brosnan, B-r-o-s-n-a-n, and  
20 I am vice president for planning and community  
21 relations at Palos Community Hospital.

22 With me here today is our legal counsel,  
23 Kara Friedman from the Polsinelli law firm.

24 We very much appreciate everybody's time

1 this afternoon, and we especially want to thank  
2 Board Member John McGlasson and legal counsel  
3 Juan Morado and Jeannie Mitchell for their  
4 attendance at the public hearing that Mr. Morado  
5 indicated was held last month.

6 We're here today based on the planned  
7 expansion of our Orland Park outpatient campus.  
8 Palos Community Hospital has been a primary health  
9 care provider in Orland Park and the surrounding  
10 areas for the past 40 years. We and our affiliated  
11 providers have been providing health services at the  
12 south campus for more than 30 years.

13 Communities we serve are continuing to grow  
14 and age, and delivery of care continues to shift,  
15 and our goal is to improve access to outpatient  
16 service for a full continuum of services. As demand  
17 for outpatient services grows, our goal with this  
18 project is to increase this access.

19 The primary component of our project is  
20 construction of a multistory medical office building  
21 for a variety of medical specialties and associated  
22 parking facilities, as well.

23 When we originally submitted -- we have a  
24 fully positive State agency report, and we ask you

1 to approve our project today.

2 When we originally submitted our certificate  
3 of need application for the redevelopment of the  
4 south campus and the construction of a physician  
5 office building, it was our intent to close and  
6 demolish the fitness center in order to accommodate  
7 appropriate entrances and roadwork not only for this  
8 project but for the future development of the  
9 remainder of our campus property. The site plan  
10 that was submitted as part of the application was  
11 preliminary, and we still knew that we had to go  
12 through local planning and development processes,  
13 as well.

14 As you are well aware from the comments you  
15 have received as well as the attendance at the  
16 public hearing, the concerns of fitness center  
17 members and the community regarding this project  
18 were significant and sincere, and we, therefore,  
19 continued to look at options on how the facility  
20 might be preserved. We heard loud and clear that  
21 people were not opposed to this project but, rather,  
22 to the closing of the fitness center.

23 The resolutions that we've reached with the  
24 Village of Orland Park to preserve the fitness

1 center and the associated land swap presented an  
2 opportunity that had not previously existed to  
3 modify the entrances and roadwork and provide access  
4 to future developable land that is currently  
5 adjacent to our Palos property but owned by the  
6 Village without compromising the scope of the  
7 proposed project.

8 While the orientation of parking for the  
9 building addition may shift to the new -- may shift  
10 to accommodate the new road design, it is still  
11 anticipated to be within the same budget and scope  
12 of the project on property that is currently owned  
13 and controlled by Palos itself.

14 We are now working diligently with the  
15 Village of Orland Park towards the completion of the  
16 development agreement. As we are making a  
17 substantial investment in connection with this  
18 project for site improvements to ensure that we have  
19 appropriate access -- water retention, parking, and  
20 parking to support the services being developed for  
21 this site -- we will closely collaborate with the  
22 Village to move beyond the preliminary site plan to  
23 one that addresses all of the needs the structure  
24 requires.

1           As there will be a land swap where the  
2 Village acquires the acreage the fitness center sits  
3 on and we acquire the Village of Orland parcel  
4 adjacent to our property in this location, the  
5 development agreement will address the site  
6 configuration. We did allocate approximately  
7 \$8.8 million for site work in our application  
8 pending before you today.

9           Excuse me. I'm sorry.

10           We would like to note that the medical  
11 office building site is not moving; it's not being  
12 relocated. It's going to be connected to the  
13 existing buildings that are already there on the  
14 campus.

15           We have built time with the Village -- time  
16 into our application and time into our schedule to  
17 work with the Village of Orland Park to secure the  
18 approvals, and we do not believe that this process  
19 will cause any delays as it relates to the  
20 certificate of need completion dates.

21           With regard to cost, if we believe any  
22 change in the preliminary plans might rise to the  
23 level of alteration in the project as defined by  
24 your rules, we will certainly consult with your

1 staff to determine whether such a change needs to be  
2 submitted as an alteration, which would then be,  
3 obviously, subject to Board approval and will  
4 acquire any required approvals prior to making those  
5 changes.

6 But at this time, as I said, the scope of  
7 this project really is changing -- is staying the  
8 same. We're reconfiguring roadwork and we're  
9 looking forward to working together with the  
10 Village. We're very grateful for the working  
11 together with the Village and the people that have  
12 raised concerns about the fitness center and are  
13 very satisfied and hopeful that the resolution that  
14 we've reached is a good one for the entire  
15 community.

16 I'm happy to answer any questions.

17 CHAIRWOMAN OLSON: Thank you.

18 Questions or comments from Board members?

19 MEMBER MC GLASSON: A comment, if I may.

20 I'm very gratified that we -- to be the one  
21 that was -- watched the hearings and -- I'm glad  
22 it's come to a good resolution.

23 MR. BROSANAN: Thank you.

24 CHAIRWOMAN OLSON: Other questions?

1 Doctor.

2 MEMBER GOYAL: Just a clarification.

3 You reassured the Board of your changed  
4 plans, but I want to be sure that I ask you these  
5 questions.

6 So the fitness center will not be  
7 demolished?

8 MR. BROSNAN: That is correct.

9 MEMBER GOYAL: Thank you.

10 CHAIRWOMAN OLSON: Thanks for that  
11 clarification.

12 And, Mr. Constantino, you're comfortable  
13 that the project is still within the parameters of  
14 when you reviewed it?

15 MR. CONSTANTINO: Yes.

16 CHAIRWOMAN OLSON: Thank you.

17 Seeing no other questions or comments,  
18 I would call for a roll call vote on Project 16-001,  
19 Palos Community Hospital, south campus medical  
20 office building.

21 MEMBER GREIMAN: So moved.

22 MR. ROATE: Thank you, Madam Chair.

23 Motion made by Mr. Hayes; seconded by  
24 Justice Greiman.

1 Senator Burzynski.

2 MEMBER BURZYNSKI: I vote aye based on the  
3 staff report as well as the fact that the concerns  
4 of the community seem to be mitigated at this point.

5 MR. ROATE: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: Vote aye for the reasons  
8 expressed.

9 MR. ROATE: Thank you.

10 Mr. Hayes.

11 VICE CHAIRMAN HAYES: I'm going to vote yes  
12 based on the favorable State agency report and,  
13 also, as Member Burzynski had said, that, basically,  
14 the community has been taken into consideration,  
15 their concern, and a positive result has been  
16 negotiated.

17 MR. ROATE: Thank you.

18 Mr. McGlasson.

19 MEMBER MC GLASSON: Yes, for the reasons  
20 already stated.

21 MR. ROATE: Thank you.

22 Madam Chair.

23 CHAIRWOMAN OLSON: I also vote yes for the  
24 reasons stated and applaud your working with the

1 community to come to a desirable conclusion for  
2 everybody.

3 That's great.

4 MR. ROATE: That's 5 votes in the  
5 affirmative.

6 CHAIRWOMAN OLSON: The motion passes.

7 Good luck to you.

8 MR. BROSNAN: Thank you very much.

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1 CHAIRWOMAN OLSON: Next up is Project 15-060,  
2 Gottlieb Memorial Hospital.

3 May I have a motion to approve Project 16-060,  
4 Gottlieb Memorial Hospital, to establish a 20-bed  
5 rehabilitation service.

6 VICE CHAIRMAN HAYES: So moved.

7 CHAIRWOMAN OLSON: A motion -- thank you.  
8 Second.

9 May I have a second.

10 MEMBER BURZYNSKI: Second.

11 CHAIRWOMAN OLSON: Thank you.

12 MEMBER GREIMAN: Madam Chair, I want --

13 CHAIRWOMAN OLSON: Yes.

14 MEMBER GREIMAN: Is it possible for us to  
15 hear these two together, this one and the next one  
16 together?

17 CHAIRWOMAN OLSON: I think -- yeah.

18 I think, Mr. Constantino, you're going to  
19 talk about that a little bit in your report.

20 MR. CONSTANTINO: Yes.

21 CHAIRWOMAN OLSON: Yeah. I think we'll  
22 clarify for you, Justice. If we don't, we'll give  
23 you more information, but I think it will be  
24 clarified after Mr. Constantino speaks.

1 MEMBER GREIMAN: All right. Okay.

2 CHAIRWOMAN OLSON: The Applicant will be  
3 sworn in, please.

4 THE COURT REPORTER: Would you raise your  
5 right hands, please.

6 (Four witnesses sworn.)

7 THE COURT REPORTER: Thank you. And please  
8 print your names.

9 CHAIRWOMAN OLSON: Mr. Constantino, your  
10 report, please.

11 MR. CONSTANTINO: Thank you, Madam  
12 Chairwoman.

13 The Applicants are proposing to establish a  
14 20-bed comprehensive physical rehabilitation unit at  
15 Gottlieb Memorial Hospital at a cost of  
16 \$1.5 million.

17 In conjunction with this application,  
18 15-060, an application for the discontinuation of  
19 E-036-15 was also submitted for a 32-bed  
20 comprehensive rehabilitation unit at Loyola. These  
21 two hospitals are both controlled by Trinity Health  
22 Corporation.

23 The anticipated completion date is  
24 December 31st, 2016.

1           We did have findings related to the  
2           establishment of this 20-bed unit, and they are  
3           outlined in your report. There was no public  
4           hearing, and no letters of opposition were received.

5           Thank you, Madam Chairwoman.

6           CHAIRWOMAN OLSON: Thank you, Mr. Constantino.

7           Comments for the Board?

8           Please go ahead.

9           MS. PRICE: Good afternoon.

10          I'm Lori Price, president of Gottlieb

11         Memorial Hospital.

12          I have a few comments to share with you  
13         today. First of all, I would like to start off by  
14         saying, on behalf of Loyola University Health  
15         System, which comprises both Loyola Medical Center  
16         and Gottlieb Memorial Hospital, we want to thank  
17         Mike Constantino and the State staff for their  
18         technical assistance and guidance through this  
19         application development process.

20          The 20-bed comprehensive inpatient  
21         rehabilitation unit at Gottlieb Memorial Hospital  
22         replaces the 32-unit being discontinued at Loyola  
23         University Medical Center. The relocation of the  
24         inpatient rehabilitation from Loyola to Gottlieb

1 achieves several objectives.

2 The first is it collocates the proposed  
3 acute care inpatient rehabilitation unit with other  
4 postacute care services already operating at  
5 Gottlieb, including the 34-bed traditional care  
6 unit, home health care, adult day care, and  
7 geriatric aging and health. Locating these programs  
8 at Gottlieb promotes care coordination and  
9 operational efficiencies within Loyola University  
10 Health System.

11 Second, it reduces the cost of inpatient  
12 rehabilitation because of lower overheads at  
13 Gottlieb compared to Loyola.

14 Third, it honors the commitment made by  
15 Loyola University Health System when it acquired  
16 Gottlieb in 2008. Clinical investments and program  
17 enhancements made by Loyola at Gottlieb in the past  
18 eight years include cancer care, neurology,  
19 orthopedics, and bariatric services.

20 Relocating inpatient rehabilitation service  
21 to Gottlieb further strengthens Gottlieb Memorial  
22 Hospital's services to our community. The 4 miles  
23 between the hospitals is a convenient distance and  
24 not an impediment to care coordination between our

1 two campuses.

2 Fourth, it keeps postacute care  
3 rehabilitation within Loyola University Health  
4 System. Because Loyola University Medical Center is  
5 an academic medical center with the highest case  
6 rates index in the state, it is necessary to provide  
7 rehabilitation services internally for our stroke,  
8 trauma, cardiac, and other complex tertiary care  
9 patients. 98 percent of patients in the postacute  
10 care rehabilitation unit come from within Loyola  
11 University Health System.

12 The only negatives for this project relate  
13 to the contemplated excess of rehabilitation beds in  
14 the health service area of suburban Cook and DuPage  
15 Counties, excess at existing rehabilitation  
16 facilities. This project reduces the excess by  
17 replacing the 32-bed unit with a smaller, 20-bed  
18 unit.

19 As stated in our application and noted in  
20 the State agency report, we anticipate sending some  
21 of our rehabilitation patients during our periods of  
22 high occupation to Marianjoy and other area  
23 rehabilitation units. As a result, it will  
24 potentially decrease utilization by a small amount

1 at other area rehabilitation units.

2 Thank you for the opportunity to express  
3 these comments.

4 CHAIRWOMAN OLSON: Thank you.

5 Questions from Board members?

6 Justice, are you good now? Do you have a  
7 question?

8 Do you understand the two projects -- how  
9 the projects relate?

10 MEMBER GREIMAN: No, not yet.

11 (An off-the-record discussion was held.)

12 MEMBER GREIMAN: Yeah, I understand that.

13 Yeah.

14 Yeah, I understand that.

15 CHAIRWOMAN OLSON: So the overall -- the  
16 overall net gain here is a decrease in 22 beds.

17 MS. PRICE: Yeah.

18 CHAIRWOMAN OLSON: And I did ask a  
19 question -- sort of for Board information, I did  
20 have a question in the premeeting why the Applicant  
21 didn't put the discontinuation before this project,  
22 and the answer was -- and I'll allow you to speak to  
23 that -- was because you -- until this project's  
24 approved, you don't want to discontinue the other

1 beds.

2 MS. PRICE: Correct.

3 CHAIRWOMAN OLSON: In the event this didn't  
4 pass, you would pull the discontinuation? That's  
5 why we're doing it this way?

6 MS. PRICE: That is correct.

7 CHAIRWOMAN OLSON: Does that help?

8 (No response.)

9 CHAIRWOMAN OLSON: Other questions or  
10 comments?

11 (No response.)

12 CHAIRWOMAN OLSON: Seeing none, I would call  
13 for a roll call vote on Project 15-060, Gottlieb  
14 Memorial Hospital, to establish a 20-bed  
15 rehabilitation service.

16 MR. ROATE: Thank you, Madam Chair.

17 Motion made by Mr. Hayes; seconded by  
18 Senator Burzynski.

19 Senator Burzynski.

20 MEMBER BURZYNSKI: I vote yes based on the  
21 comments that we've had here relative to both  
22 proposals.

23 MR. ROATE: Thank you.

24 Justice Greiman.

1 MEMBER GREIMAN: I vote aye, also on the --  
2 based on the testimony that helped me to understand  
3 exactly how it's going to operate.

4 MR. ROATE: Thank you.

5 Mr. Hayes.

6 VICE CHAIRMAN HAYES: I'm going to vote yes  
7 based on the -- that there's actually going to be a  
8 decrease in the number of beds and, also, to be able  
9 to, as they explained in their report here, that,  
10 you know, this is a -- this will consolidate  
11 programs that are managed by Marianjoy, and I feel  
12 that's very important.

13 MR. ROATE: Thank you.

14 Mr. McGlasson.

15 MEMBER MC GLASSON: I vote yes for the  
16 reasons previously stated.

17 MR. ROATE: Thank you.

18 Madam Chair.

19 CHAIRWOMAN OLSON: I vote yes, also, for the  
20 reasons previously stated.

21 MR. ROATE: Thank you.

22 That's 5 votes in the affirmative.

23 CHAIRWOMAN OLSON: The motion passes.

24 And I assume all of you are going to stay --

1 no, you're all going to leave the table? Or you're  
2 all going to stay?

3 MS. LEUTGENS: We'll all stay.

4 CHAIRWOMAN OLSON: Okay.

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1 CHAIRWOMAN OLSON: Next, we have  
2 Project 36-15, Loyola University Medical Center,  
3 to discontinue rehab services.

4 May I have a motion to approve  
5 Exemption 0-36-15 to discontinue rehabilitation --  
6 hardest word to say -- rehabilitation services at  
7 Loyola University Medical Center.

8 A motion, please.

9 MEMBER BURZYNSKI: So moved.

10 CHAIRWOMAN OLSON: And a second.

11 MEMBER GREIMAN: Second.

12 CHAIRWOMAN OLSON: Mr. Constantino, your  
13 report.

14 MR. CONSTANTINO: Thank you, Madam Chair.

15 The Applicants are proposing to discontinue  
16 the 32 beds at Loyola University Medical Center.

17 This is -- this has come before you as an  
18 exemption of a discontinuation of a category of  
19 service, and, by Public Act 99-0154, it must be  
20 approved.

21 Thank you, Madam Chairwoman.

22 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.

23 Do you have additional comments for the  
24 Board?

1 MS. LEUTGENS: No. Thank you.

2 CHAIRWOMAN OLSON: Are there questions by  
3 Board members?

4 (No response.)

5 CHAIRWOMAN OLSON: Seeing none, I would call  
6 for a roll call vote on Project 36-15, Loyola  
7 University Medical Center, to discontinue rehab  
8 services.

9 MR. ROATE: Thank you, Madam Chair.

10 Motion made by Senator Burzynski; seconded  
11 by Justice Greiman.

12 Senator Burzynski.

13 MEMBER BURZYNSKI: I vote aye based on the  
14 staff report.

15 MR. ROATE: Thank you.

16 Justice Greiman.

17 MEMBER GREIMAN: Aye for the same reason.

18 MR. ROATE: Thank you.

19 Mr. Hayes.

20 VICE CHAIRMAN HAYES: Yes, based on the  
21 State report.

22 MR. ROATE: Thank you.

23 Mr. McGlasson.

24 MEMBER MC GLASSON: Yes, based on reasons

1 previously stated.

2 MR. ROATE: Thank you.

3 Madam Chair.

4 CHAIRWOMAN OLSON: Yes, for reasons stated.

5 MR. ROATE: Thank you.

6 That's 5 votes in the affirmative.

7 CHAIRWOMAN OLSON: The motion passes.

8 Good luck to you.

9 MS. LEUTGENS: Thank you.

10 UNIDENTIFIED MALE: Thank you.

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1 CHAIRWOMAN OLSON: Next, we have  
2 Project 16-005, Franciscan St. James Health center.

3 May I have a motion to approve Project 16-005,  
4 Franciscan St. James Health, Olympia Fields, for a  
5 modernization/expansion project.

6 A motion, please.

7 VICE CHAIRMAN HAYES: So moved.

8 CHAIRWOMAN OLSON: Second, please.

9 MEMBER BURZYNSKI: Second.

10 CHAIRWOMAN OLSON: Thank you.

11 The Applicant will be sworn in, please.

12 (Five witnesses sworn.)

13 THE COURT REPORTER: Thank you. And please  
14 print your names.

15 CHAIRWOMAN OLSON: Mr. Constantino, your  
16 report. I'm hoping, in the same fashion, you'll  
17 talk about both of these as they --

18 MR. CONSTANTINO: Okay.

19 CHAIRWOMAN OLSON: Thank you.

20 MR. CONSTANTINO: Thank you, Madam Chair.

21 The Applicants are proposing a modernization  
22 of St. James Health in Olympia Fields.

23 The project encompasses an increase in  
24 med/surg by 24 beds, an increase in the intensive

1 care unit by 6 beds, the establishment of obstetric  
2 category of service -- a 12-bed obstetric category  
3 of service, and the establishment of a  
4 14-bed physical rehabilitation unit and the  
5 establishment of an 18-bed observation unit on the  
6 campus in Olympia Fields.

7 The total cost of the project is  
8 approximately \$114 million. The anticipated  
9 completion date is October 31st, 2018.

10 As part of this project, the Applicants have  
11 also submitted an application for the  
12 discontinuation of St. James Hospital in Chicago  
13 Heights, Illinois, as E-008-16.

14 Thank you, Madam Chairwoman.

15 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.  
16 Comments for the Board?

17 MR. KIMMEL: Yes. My name is Arnie Kimmel,  
18 K-i-m-m-e-l. I'm the CEO of Franciscan St. James  
19 Health.

20 At the onset, I'd like to thank the Board  
21 for allowing us to combine the presentations of our  
22 two projects. Together, it will result in the  
23 consolidation of Franciscan St. James Health's  
24 inpatient services and the expansion of our

1 outpatient services.

2 With me today are Jack Axel, to my immediate  
3 left, whom I believe you know. To his left,  
4 Dr. Vernell Johnson, director of emergency medical  
5 services; Dr. Tonja Austin, the president of our  
6 medical staff; and Mr. Paul Plomin, who is the vice  
7 president of finance for Franciscan Alliance.

8 Sisters of St. Francis of Perpetual  
9 Adoration have been providing health care services  
10 to the southland for over a hundred years. Two years  
11 ago -- following months of reflection, prayer --  
12 recommitted to serving the southland, hopefully for  
13 another hundred years.

14 Everyone knows about the tremendous  
15 transformation taking place in health care. More  
16 people than ever are receiving health care because  
17 they can afford coverage. More importantly, all of  
18 us in health care have incentives to provide our  
19 patients with preventative health services.

20 We can help prevent diabetes by helping  
21 people lose weight with exercise and proper  
22 nutrition. We can help prevent serious disease with  
23 more access to primary care doctors and diagnostic  
24 testing. We can increase access to physicians by

1 sponsoring residency programs and recruiting  
2 physicians to the communities we serve, all of which  
3 we do and have proposed.

4 All of these changes also mean hospitals can  
5 no longer function as we have in the past, and this  
6 Board has seen those changes reflected in the  
7 projects that have come before you.

8 The projects that we will present to you  
9 today, the COE addressing the discontinuation of  
10 inpatient and ER services at our Chicago Heights  
11 hospital and the CON addressing the modernization of  
12 our Olympia Fields hospital, represent both our  
13 continued commitment to the southland and our  
14 response to the transformation in health care.

15 We are proposing to you that we consolidate  
16 redundant and underused services so that we can  
17 perpetuate our mission, which is continuing Christ's  
18 ministry in our Franciscan tradition.

19 No one wants to close a hospital. Nobody  
20 wants to see a hospital leave their community. We  
21 are confident, however, that the plan we are  
22 presenting to you today will result in improved  
23 access to the services most often needed and used by  
24 our patients and one that is imperative for our

1 continued role in the southern suburbs.

2 Before I detail our plans for you, I would  
3 be remiss if I didn't address an issue that has  
4 received significant press coverage over the last  
5 several months.

6 Our plan to cease inpatient and emergency  
7 services at our Chicago Heights hospital was met  
8 with very vocal opposition that was never more  
9 evident than during our public hearing. We heard  
10 the concerns loud and clear and have been able to  
11 address many of them.

12 As a result, elected officials and leaders  
13 who initially opposed our plans have now voiced  
14 their support, and I believe that was evident to you  
15 during our -- during the public participation  
16 session earlier.

17 Franciscan St. James Health operates  
18 two hospitals located 4 1/2 miles apart. Our  
19 Chicago Heights hospital is over a hundred years  
20 old, and our Olympia Fields hospital is about  
21 35 years old. In 2015 our two hospitals operated  
22 at a combined occupancy rate of 35 1/2 percent.  
23 On average, we have 303 unoccupied beds.

24 In addition to the two hospitals, we operate

1 an urgent care center about a mile to the north of  
2 the Chicago Heights campus, a similar center in  
3 Frankfort, and numerous community-based wellness  
4 programs.

5 The Chicago Heights hospital, the hundred-  
6 year-old one, is in need of between 50- and  
7 \$70 million in facility-related upgrades and is  
8 situated on a landlocked campus. In contrast, the  
9 Olympia Fields hospital is in a modern facility on  
10 an open campus.

11 The project we are proposing to undertake  
12 has five components, two of which require action by  
13 this Board.

14 Component 1 involves the addition of  
15 24 medical/surgical and 6 ICU beds for the Olympia  
16 Fields hospital, the establishment of an obstetrics  
17 program and a comprehensive physical rehabilitation  
18 program to ensure that access to those services  
19 remain in the area, the expansion of the emergency  
20 department and renovation to selected support areas  
21 at the Olympia Fields hospital. This component is  
22 addressed through the CON application.

23 Component 2 involves the modernization of  
24 the medical office building across the street from

1 our Chicago Heights hospital. That is being done to  
2 support our efforts to bring more primary care  
3 physicians into the community and to improve access  
4 to physician services.

5 We have a great deal of confidence at being  
6 able to attract young, talented primary care  
7 physicians through our role as the primary teaching  
8 hospital for Midwestern University's Chicago College  
9 of Osteopathic Medicine, about which you heard from  
10 Dean Nichols. Franciscan St. James Health is the  
11 primary teaching site for Midwestern.

12 Four of the eight primary care physicians  
13 completing their residency in July at Franciscan  
14 St. James will be opening offices in the southland  
15 with two opening offices in Chicago Heights. And we  
16 look forward to recruiting 4 to 5 from those  
17 graduating classes in each of the successive -- in  
18 each of the next several years, resulting in a net  
19 increase, after the consideration of retiring  
20 primary care physicians, of 12 to 15 located in the  
21 same -- in the areas of greatest need throughout the  
22 southland.

23 Component 3 provides for the expanding of  
24 our capabilities at our Chicago Heights urgent care

1 center. Approximately 80 percent of the patients  
2 seen in our emergency room there can be served in a  
3 physician-staffed urgent care setting, and we will  
4 be doubling the size of our urgent care center and  
5 expanding its hours of operation from 16 hours  
6 7 days a week to 24/7.

7 I should also say that we have, most  
8 recently, as a result of concerns that were  
9 expressed in the public hearing, contracted with the  
10 County for CountyCare. We have had, for a long  
11 time, a hospital contract for CountyCare. For  
12 reasons that escape us, it had not included our  
13 express care center. We've remedied that and in the  
14 middle of April -- the 15th, to be precise -- we'll  
15 have CountyCare coverage at our express care  
16 centers, as well.

17 Component 4 involves the discontinuation of  
18 all the inpatient and emergency room services at the  
19 Chicago Heights hospital. This component is  
20 addressed through the COE application and results in  
21 the discontinuation of 312 beds on the Chicago  
22 Heights campus.

23 Component 5 involves the realignment of  
24 Franciscan St. James outpatient services to improve

1 access to our patients, those most commonly used  
2 services, and to locate those services in the  
3 Chicago Heights hospital campus.

4 St. James will continue our recently  
5 developed primary care clinic for area residents  
6 without a private physician and with or without  
7 insurance, expand outpatient mental health  
8 programming, provide a bariatric program and a  
9 diabetes program to address the area's well-  
10 documented obesity problems, and provide an  
11 outpatient pharmacy.

12 In summary, inpatient services will be  
13 centralized on the Olympia Fields campus,  
14 eliminating redundancies and a reduction in -- and  
15 inferred is a reduction of over 250 beds, net  
16 reduction of over 250 beds.

17 Our Chicago Heights urgent care center will  
18 be expanded both in size and hours of operation.  
19 The primary care clinic and other outpatient  
20 services will be developed and run in the Chicago  
21 Heights hospital building itself and in the medical  
22 office building across the street from the hospital,  
23 which will be modernized to aid in our physician  
24 recruitment efforts.

1           Upon the completion of the five components  
2 I outlined, a portion of the hospital building,  
3 along with an aged parking ramp, will be demolished  
4 with the resulting space being prepared for  
5 redevelopment if the existing space cannot be  
6 developed -- redeveloped as is.

7           At this point and before we close, I'd like  
8 to have Jack Axel address the State Board's staff  
9 report findings.

10           MR. AXEL: Thank you.

11           The State Board staff report on the COE  
12 addressing Franciscan St. James Health Chicago  
13 Heights indicates that all required information was  
14 provided, all review criteria standards have been  
15 met, that 312 beds will be removed from the IDPH's  
16 inventory, and that sufficient capacity will remain  
17 in the area.

18           The negative findings in the State Board  
19 staff report on Franciscan St. James Health, Olympia  
20 Fields, CON Project 16-005, addresses only three  
21 issues, and I will summarize those issues and  
22 findings.

23           First, the proposed project has been found  
24 to be in noncompliance with five criteria because of

1 existing overbedding and low occupancy rates in the  
2 planning area.

3 Those criteria are 1110.530(c) relating to  
4 medical/surgical and ICU beds, 1110.530(c) and  
5 1110.530(d) relating to obstetrics beds, and  
6 1110.630(c) and 630(d) relating to comprehensive  
7 physical rehabilitation beds. These findings needed  
8 to be made by your staff, but, obviously, we are not  
9 contributing to the overbedding. In fact, we are  
10 proposing a net reduction -- a net reduction -- of  
11 256 beds.

12 Second, a positive finding could not be made  
13 for Criteria 1110.230(a), which addresses the square  
14 footage of all departments having size standards.  
15 The standards could not be met for the obstetrics  
16 unit, comprehensive physical therapy -- physical  
17 rehabilitation unit, and the nursery. These square  
18 footage standards could not be met because of the  
19 small number of beds being proposed.

20 Specifically, a 14-bed rehab unit, as is  
21 being proposed, requires essentially the same  
22 nonpatient room or support space -- the functions  
23 like therapy areas, nurses stations, therapist's  
24 office, and the like -- as do -- as does a 20-bed

1 unit. So the square-footage standard or the square  
2 footage on a per-bed basis exceeds the standard.

3 The same issue applies to the small  
4 obstetrics unit, 12 beds.

5 In the case of the nursery, the square-  
6 footage standard is calculated on a per-obstetrics  
7 bed basis, and, again, the support base required for  
8 a nursery to support 12 beds is essentially the same  
9 as the support space for a 20 -- for a nursery  
10 supporting 20 beds.

11 We are confident that the space that we are  
12 proposing is not excessive, and we were in  
13 compliance with the size standards of all other  
14 departments. This project results in a net of  
15 33,930 square feet below the target. Again, almost  
16 34,000 square feet below the target.

17 Last, on Criteria 1110.3030, the historical  
18 utilization of the Olympia Fields hospital alone  
19 does not support the number of ER stations,  
20 operating rooms, or ultrasound units being proposed,  
21 and the finding was made, since there is no  
22 area-wide calculated need for obstetrics beds, there  
23 is no need for a labor and delivery area, C-section  
24 suite, or a nursery.

1           Your staff is required to make these  
2 findings based on the historical utilization of only  
3 the Olympia Fields hospital. With the closing of  
4 the Chicago Heights hospital and as discussed in  
5 other portions of our -- of the State Board staff  
6 report, utilization of the Olympia Fields hospital  
7 will certainly increase, and that incremental  
8 utilization, along with Olympia Fields' historical  
9 utilization, supports the proposed services.

10           It's important to note that Chicago Heights  
11 and Olympia Fields hospitals are less than a  
12 10-minute drive from one another, that they operate  
13 with a common medical staff, making it more  
14 reasonable to anticipate that patients will migrate  
15 to the Olympia Fields hospital from the Chicago  
16 Heights hospital upon the discontinuation of that  
17 facility.

18           Thank you.

19           MR. KIMMEL: Thank you, Jack.

20           In closing, we believe that the plan we are  
21 presenting to you today locates all of our inpatient  
22 services in contemporary settings but, more  
23 importantly, improves access to the services most  
24 often needed by our patients: Improved access to

1 private physicians' practices, the establishment of  
2 a primary care clinic for those without a private  
3 physician, improved access to an urgent care center,  
4 improved access to diabetic, bariatric, and  
5 outpatient mental health programming.

6 Our bed need projections, which resulted in  
7 a net elimination of 256 beds from the inventory,  
8 were based exclusively on Franciscan St. James'  
9 historical utilization. No assumptions were made  
10 that patients would be attracted from any other area  
11 hospital. Rather, utilization projections are the  
12 sum of the historical utilization experienced by the  
13 Olympia Fields hospital plus a portion of the  
14 historical utilization at Chicago Heights.

15 We have confidence in our bed-need  
16 calculations based on the fact that the hospitals  
17 are only 10 minutes apart, based on discussions that  
18 we have had with our admitting physicians, and based  
19 on the fact that the Chicago Heights and Olympia  
20 Fields hospitals currently operate with common  
21 medical staff.

22 Patients will not need to switch physicians.  
23 Our physicians are of the belief that the vast  
24 majority of the Chicago Heights patients will choose

1 to be admitted to the Olympia Fields hospital, and  
2 we concur with them.

3 Our plans have not received any opposition  
4 from other hospitals, and support for our plans has  
5 been documented by dozens of organizations and  
6 individuals, including Aunt Martha's, the largest  
7 FQHC serving the region, mental health providers in  
8 the area, Representative Robin Kelly, State  
9 Senators Hutchinson and Hastings, State  
10 Representative DeLuca, Mayor Gonzalez of Chicago  
11 Heights and other area mayors, Midwestern  
12 University, area residents, local physicians,  
13 business leaders, and clergy from throughout the  
14 southland region. We will also note that not a  
15 single physician has voiced opposition.

16 Last, it is documented on your website our  
17 plans, including the discontinuation of services at  
18 the Chicago Heights hospital, have been endorsed by  
19 Archbishop Cupich. I make special mention of that  
20 endorsement because Jack tells me that he cannot  
21 recall the Archdiocese of Chicago ever supporting a  
22 project of this size by a Catholic hospital. If  
23 there was additional testimony we needed that our  
24 proposed plan supports our mission of caring for

1 people of the southland, Archbishop Cupich has  
2 provided it.

3 Thank you for your attention, and we look  
4 forward to answering your questions.

5 CHAIRWOMAN OLSON: Thank you.

6 Questions from Board members?

7 MEMBER BURZYNSKI: Thank you.

8 Just a couple of questions for my own  
9 edification.

10 Number one, how many other hospitals are  
11 located within that 10-minute period from -- driving  
12 distance -- from --

13 MR. KIMMEL: None within 10 minutes.

14 MEMBER BURZYNSKI: Okay. I was just kind of  
15 curious because I've heard that number a couple  
16 different times.

17 Secondly, I think in earlier testimony --  
18 and, again, this is just, as I said, a point of  
19 clarification. I heard the number from the building  
20 trades council at a \$137 million project, and our  
21 staff's report is 114-.

22 So can you kind of just tell me what the  
23 difference is?

24 MR. KIMMEL: I can.

1           The \$22 million difference, in reasonably  
2 precise terms, included about \$7 million in  
3 demolition and abatement, \$3 million renovation of  
4 our urgent care center that we talked about  
5 doubling.

6           There is other space for other services we  
7 mentioned, bariatrics, diabetes at that Dixie  
8 Highway site for about 5 million, and the rest are  
9 about \$5 million worth of renovation. That's  
10 14.8 million in total, \$5 million renovating the  
11 third of the existing hospital that we expect to  
12 continue to operate.

13           So the scope of the certificate of need is  
14 the 114 million, slightly over 114 million. The  
15 balance is the 22.

16           MEMBER BURZYNSKI: Thank you.

17           CHAIRWOMAN OLSON: Other questions?

18           Doctor.

19           MEMBER GOYAL: Madam Chair, may I ask you a  
20 procedural question first?

21           CHAIRWOMAN OLSON: Sure.

22           MEMBER GOYAL: And that is, are we going to  
23 divide the question? One is about closing  
24 St. James; the other is about expanding Olympia

1 Fields?

2 CHAIRWOMAN OLSON: Yes. We have to.

3 And I will state, not unlike the last two we  
4 went through, the Applicant chose to have this  
5 project heard first, before the discontinuation,  
6 because if this project is not approved, they'll  
7 probably reconsider the discontinuation.

8 So that's why we're doing it in this order,  
9 but we do have to take them separately.

10 MEMBER GOYAL: Thank you.

11 The question for the Applicants, then --  
12 many, many years ago I used to volunteer at the  
13 migrant council clinic next to St. James. I do not  
14 know if the clinic exists at this time, but I do  
15 know that you serve a very needy population on both  
16 sides.

17 My question is that people who do not have  
18 transportation means available for that 10-minute  
19 drive, would there be some sort of accommodation  
20 made for those people who travel between St. James  
21 and Olympia Fields?

22 MR. KIMMEL: Thank you. Yes. The answer is  
23 yes, there certainly will, and it requires some  
24 elaboration.

1 First of all, we're in conversation with  
2 Pace, and I will say that I am authorized by them to  
3 report publicly -- as I have elsewhere -- that they  
4 are and we are optimistic that there will be a  
5 public solution to that transportation issue. The  
6 transportation issue is largely north/south, up and  
7 down Lincoln Highway, not east/west. Up and --  
8 north/south to our Olympia Fields campus.

9 Second, it's important to say that there  
10 will be little reason for residents of the Chicago  
11 Heights and surrounding area -- South Chicago  
12 Heights and Ford Heights are two examples -- to need  
13 to go to Olympia Fields. I've said publicly, also,  
14 that there would be two primary reasons. One is if  
15 people worked there -- and there will be those --  
16 and the other is if they're being admitted to the  
17 hospital.

18 But in terms of the primary care services  
19 that people need, we've made every effort to  
20 indicate that we are willing and able to expand  
21 those, and part of that program is to expand those  
22 in and around the Chicago Heights campus so that --  
23 when we make reference to the addition of primary  
24 care physicians, the expansion of a diabetes center,

1 bariatric center, the expansion of urgent care, it's  
2 so that people will not have to leave the area to  
3 get the health care that they need.

4 MEMBER GOYAL: Thank you. I appreciate it.

5 CHAIRWOMAN OLSON: Other -- Mr. Hayes.

6 VICE CHAIRMAN HAYES: Thank you.

7 I noticed the little bit of interesting  
8 information that -- on the hospital profiles, for  
9 fiscal year 2014, the Chicago Heights facility is  
10 actually -- the average daily census is higher than  
11 the one at Olympia Fields. Olympia Fields had  
12 102.7, and the average daily census at Chicago  
13 Heights is 104.2. So when you're talking about  
14 the -- Chicago Heights has a very low occupancy rate  
15 because it has quite a large amount of beds. It has  
16 312.

17 Now, could you tell me again what year was  
18 this -- these two hospitals built originally? And  
19 if you could comment on that -- actually, your daily  
20 census is higher at the one you're closing in  
21 Chicago Heights.

22 MR. KIMMEL: The Chicago Heights campus, the  
23 majority of it is about 95 years old, the main  
24 building. The newest -- and I use the term

1 loosely -- part of it is about 50 years old.

2 And the Olympia Fields campus is -- the  
3 oldest part is 35 years old. There has been one  
4 fairly significant renovation and addition since  
5 then, if that answers your question.

6 VICE CHAIRMAN HAYES: Okay. Thank you.

7 Also, the -- it was mentioned before in  
8 public participation that there -- and in these  
9 reports I don't see a real lot of information.

10 But will this be a significant -- will there  
11 be significant savings by closing the Chicago  
12 Heights hospital?

13 MR. KIMMEL: There will be significant  
14 savings. We estimate that to be 19 to \$20 million  
15 annually.

16 VICE CHAIRMAN HAYES: Okay. But you also  
17 have a very -- what -- a strong balance sheet that  
18 you can finance about 99 million of this project --

19 MR. KIMMEL: That's correct.

20 VICE CHAIRMAN HAYES: -- in cash and  
21 securities?

22 And then you have about \$15 million from a  
23 loan; is that correct?

24 MR. KIMMEL: Correct.

1 VICE CHAIRMAN HAYES: Okay. So your income  
2 has been -- the last couple of years -- has been  
3 significant; is that correct? Oh, about  
4 \$200 million?

5 MR. KIMMEL: No. I think you're referring  
6 to the Franciscan Alliance, our parent corporation,  
7 certainly not the financial performance of  
8 Franciscan St. James.

9 VICE CHAIRMAN HAYES: So what we're looking  
10 at here is that -- when you're looking at the  
11 financials, you're looking at the entire St. Francis  
12 system; is that correct?

13 MR. KIMMEL: Franciscan Alliance, yes.

14 VICE CHAIRMAN HAYES: Okay. So what is the  
15 income as well as the excess of revenue -- of  
16 revenue over expenses for these two hospitals or  
17 combined there?

18 MR. KIMMEL: The income -- the revenue --  
19 let me make sure I understand the question.

20 Our revenues are approximately \$300 million  
21 a year. And in 2014 we lost about \$6 1/2 million.  
22 In 2015 that number, if you'll bear with me --  
23 excuse me.

24 In 2014 -- well, let me defer --

1 MR. AXEL: Tony, what's the number?

2 UNIDENTIFIED MALE: In 2015 the hospitals,  
3 combined, made about -- a little under \$4 million.  
4 Gain.

5 MR. AXEL: Did you hear that, Mr. Hayes?

6 CHAIRWOMAN OLSON: Could somebody at the  
7 table repeat that so that it's in the sworn  
8 testimony?

9 MR. AXEL: Yes. In 2015 the two hospitals,  
10 combined, had an excess of approximately 4 point --

11 UNIDENTIFIED MALE: A little under  
12 4 million.

13 MR. AXEL: Just under \$4 million.

14 Mr. Hayes, I'm going to refer you to  
15 the February 29th filing. It's a letter to  
16 Mr. Constantino.

17 In it, we show the losses from operations of  
18 the two hospitals, 2011 to 2014, and it shows over  
19 that period there was a loss of \$81.15 million from  
20 the two hospitals together. That caught -- that  
21 caused a transfer of funds from the system to the  
22 two hospitals.

23 MR. CONSTANTINO: Mr. Hayes, it's on page 10  
24 of your report.

1 Those numbers are on page 10 of your report.

2 MR. AXEL: Thank you, Mike.

3 MR. CONSTANTINO: Sure.

4 VICE CHAIRMAN HAYES: Yes. Okay.

5 Thank you.

6 MR. AXEL: Mr. -- okay.

7 CHAIRWOMAN OLSON: Other questions or  
8 comments?

9 (No response.)

10 CHAIRWOMAN OLSON: Seeing none, I'll call  
11 for a roll call vote, first on Project 16-005,  
12 Franciscan St. James Health center.

13 May I have a motion to approve a  
14 modernization/expansion project -- I mean a roll  
15 call vote. We have a motion and a second; right?

16 MR. ROATE: Yes, ma'am.

17 CHAIRWOMAN OLSON: Okay. Roll call vote.

18 MR. ROATE: Motion made by Mr. Hayes;  
19 seconded by Senator Burzynski.

20 Senator Burzynski.

21 MEMBER BURZYNSKI: I would vote yes based on  
22 the testimony that we've heard and the fact that  
23 there appeared to be a -- really -- a good spirit of  
24 compromise to come to this end. So I would vote

1 yes.

2 MR. ROATE: Justice Greiman.

3 MEMBER GREIMAN: I vote aye for reasons  
4 stated.

5 MR. ROATE: Mr. Hayes.

6 VICE CHAIRMAN HAYES: I'm going to vote yes  
7 because of the -- the number of excess beds in the  
8 area will decline under this project. I also think  
9 that, you know, the losses for the last few years  
10 for these two hospitals have been significant.

11 So I'm going to vote yes.

12 MR. ROATE: Thank you.

13 Mr. McGlasson.

14 MEMBER MC GLASSON: Yes, for reasons  
15 previously stated.

16 MR. ROATE: Thank you.

17 Madam Chair.

18 CHAIRWOMAN OLSON: I'm going to vote yes, as  
19 well.

20 I think the Applicant -- I -- once again, I,  
21 like Mr. McGlasson, applaud your working with the  
22 community to resolve the opposition. I also think  
23 you explained the negative findings very well, and  
24 I think, to requote you, sir, the overall reduction

1 in redundant and underused services is what we  
2 really need to look at here.

3 So I vote yes, as well.

4 MR. ROATE: That's 5 votes in the  
5 affirmative.

6 CHAIRWOMAN OLSON: The motion passes.

7 Thank you. And I'm assuming you're all  
8 going to stay right there.

9 MR. AXEL: We will.

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1 CHAIRWOMAN OLSON: Mr. Constantino, if we  
2 can just have your report -- I believe the Applicant  
3 has already made their statement for the next  
4 project, so if we can have your report.

5 MR. CONSTANTINO: Thank you, Madam Chair.

6 The applicants are proposing to discontinue  
7 Franciscan St. James Health, Chicago Heights  
8 hospital, located in Chicago Heights, Illinois.  
9 It's a 312-bed hospital.

10 According to Public Act 99-0154, this  
11 discontinuation must be approved.

12 Thank you, Madam Chairwoman.

13 CHAIRWOMAN OLSON: May I have a motion to  
14 approve the Exemption E-033-15 to discontinue health  
15 care services at Franciscan St. James Health center  
16 in Chicago Heights.

17 MEMBER BURZYNSKI: So moved.

18 CHAIRWOMAN OLSON: Second, please.

19 VICE CHAIRMAN HAYES: Second.

20 CHAIRWOMAN OLSON: And a roll call vote.

21 MR. ROATE: Motion made by Senator  
22 Burzynski; seconded by Mr. Hayes.

23 Senator Burzynski.

24 MEMBER BURZYNSKI: Aye based on the

1 public act.

2 MR. ROATE: Thank you.

3 Justice Greiman.

4 MEMBER GREIMAN: I vote aye based on the  
5 notion --

6 MR. ROATE: Thank you.

7 MEMBER GREIMAN: -- that they're doing that  
8 to -- they will not be discontinuing emergency for  
9 the area.

10 So I'll vote aye.

11 MR. ROATE: Thank you.

12 Mr. Hayes.

13 VICE CHAIRMAN HAYES: Yes, based on the  
14 public act but, also, the financial statements of  
15 the two hospitals here and, also, that 312 beds are  
16 going to be taken out of the inventory.

17 MR. ROATE: Thank you.

18 Mr. McGlasson.

19 MEMBER MC GLASSON: Yes, based on the  
20 public act.

21 MR. ROATE: Thank you.

22 Madam Chair.

23 CHAIRWOMAN OLSON: I vote yes, as well, for  
24 reasons stated.



1 CHAIRWOMAN OLSON: Next, we have  
2 Project 16-003, Northwest Endo Center.

3 May I have a motion to approve  
4 Project 16-003, Northwest Endo Center in Arlington  
5 Heights, to establish a single-specialty ASTC.

6 MEMBER GREIMAN: So moved.

7 CHAIRWOMAN OLSON: I have a motion. May  
8 I have a second.

9 VICE CHAIRMAN HAYES: Second.

10 (An off-the-record discussion was held.)

11 CHAIRWOMAN OLSON: The Applicant will be  
12 sworn in, please.

13 THE COURT REPORTER: Would you raise your  
14 right hands, please.

15 (Five witnesses sworn.)

16 THE COURT REPORTER: Thank you. And please  
17 print your names.

18 CHAIRWOMAN OLSON: Mr. Constantino, your  
19 report.

20 MR. CONSTANTINO: Thank you, Madam  
21 Chairwoman.

22 The Applicants are proposing to establish a  
23 limited-specialty ASTC in leased space at a cost of  
24 approximately \$2.8 million. The anticipated project

1 completion date is February 28th, 2017.

2 There was no public hearing, no letters of  
3 opposition. We did have findings related to this  
4 project.

5 Thank you, Madam Chairwoman.

6 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.  
7 Presentation for the Board?

8 MR. HARTKE: Thank you. Good afternoon.

9 My name is Michael Hartke. I'm the  
10 executive vice president and chief operating officer  
11 of Northwest Community Health Care.

12 Northwest Community Health Care is the  
13 parent of Northwest Community Hospital and a  
14 51 percent partner in the joint venture of Northwest  
15 Endo Center. This project to establish a  
16 two-procedure room ASTC for gastroenterology  
17 services will accomplish at least three main  
18 objectives.

19 First, the Northwest Community Hospital GI  
20 lab with 9 rooms has grown at an average of  
21 13 percent per year for the past five years and now  
22 is at full capacity. Last year the GI lab exceeded  
23 1500 hours per room. Additional rooms are needed  
24 for GI services in our community.

1           Of all the options considered for adding  
2           capacity, establishing a two-procedure room ASTC as  
3           a joint venture with gastroenterologists on our  
4           staff is the most cost-effective and practical way  
5           to add needed capacity.

6           Second, the two new GI procedure rooms will  
7           allow us to shift cases from the hospital GI lab and  
8           accommodate growth in a lower-cost delivery setting.  
9           Procedure costs at the endoscopy ASTC will be up to  
10          three times lower than the cost of the hospital's  
11          GI lab.

12          Finally, lower-cost delivery settings is  
13          consistent with the principles of the Affordable  
14          Care Act, delivering affordable care for our  
15          community and anticipating the increasingly  
16          competitive retail and government marketplace,  
17          including Medicaid and Medicare.

18          Third, we embrace the opportunity to work  
19          collaboratively with the physicians on our medical  
20          staff. Gastroenterologists will be 49 percent of  
21          this joint venture Northwest Endo Center.  
22          Opportunities such as this to partner with our  
23          physicians is a part of Northwest Community Health  
24          Care and Northwest Community Hospital's strategy to

1 remain as an independent provider, not part of a  
2 regional delivery network. We prefer it to be  
3 independent rather than engaged in asset mergers  
4 with other hospitals. Independence benefits the  
5 region by forcing competition between providers as  
6 systems grow in both size and incomes.

7 Our hospital and physicians collaborate on a  
8 shared goal of delivering effective high-quality and  
9 personalized care to the patients of north suburban  
10 Cook and southern Lake Counties and serving a  
11 population of close to 800,000 people in our primary  
12 and secondary service areas.

13 The State staff report on our project refers  
14 to lower volumes at some area operating rooms and  
15 ASTCs. Many of those facilities are not specialized  
16 in GI care and do not provide the same quality and  
17 safety standards required of hospitals in a complete  
18 system of care and do not participate in the  
19 electronic medical records systems that link our  
20 hospital and our physicians.

21 It is important to note that there were no  
22 letters of opposition and no requests for public  
23 hearing. This is somewhat unusual for a suburban  
24 ASTC project, which begs the question why no

1 opposition.

2 This project will draw from patients from  
3 our operating -- from other -- will not draw, excuse  
4 me, from patients from other operating rooms or  
5 ASTCs and, therefore, will have no negative impact  
6 on other area providers. It simply addresses growth  
7 within the existing NCH GI lab, which is currently  
8 at capacity.

9 As to the negative finding of modernization  
10 costs, the higher costs per square foot is the  
11 result of concentrating all of the clinical  
12 modernization work in a space of less than  
13 2,000 square feet.

14 This space is just 40 by 50 feet, and this  
15 is very frugal for, in essence, what we are doing.  
16 If the space were larger and the cost spread over  
17 more square feet, we would have easily met that  
18 standard.

19 The new construction component of the  
20 project is below the State standard of cost per  
21 square foot, and, taken together for the total  
22 project of combined modernization and the new  
23 construction, costs are below the cost standards.

24 Finally, our new facility will establish

1 charity care and Medicaid policies that mirror those  
2 in place at Northwest Community Hospital.

3 I thank the staff for their technical  
4 assistance during our application development  
5 process and thank you for the opportunity to provide  
6 these comments.

7 CHAIRWOMAN OLSON: Thank you.

8 Questions from Board members?

9 (No response.)

10 CHAIRWOMAN OLSON: I actually have -- go  
11 ahead.

12 MR. WEBER: Because there are some  
13 negatives, I would like to just talk to the Board  
14 briefly about the cost per square foot.

15 CHAIRWOMAN OLSON: Sure.

16 MR. WEBER: Usually, when we see a cost per  
17 square foot above the State standard, the cost is  
18 high. In this case, with the cost per square foot  
19 being a ratio, the costs we have tested are very  
20 reasonable. The square footage, as Michael has  
21 said, is actually very low.

22 This approval -- it's a very tight space.  
23 The 3600 square feet is the total for the project  
24 that includes about 2,000 of modernization and about

1 1600 for new construction.

2 If this had -- 3600 square feet is way below  
3 what the State standards would allow for size of  
4 project where there are two operating rooms and  
5 eight procedure -- eight recovery stations. Two ORs  
6 and eight recovery stations would generate -- would  
7 justify up to 7600 square feet so -- we're at 3600.  
8 We're jamming a lot into relatively small spaces.

9 If we had an extra -- on the modernization  
10 side, where we're at \$25 above the cost per square  
11 foot in the State standard, if we had an extra room  
12 that was 14 by 14 square feet, that would -- and  
13 spreading costs over that extra space -- we would  
14 have met the State standard.

15 So we kind of penalized ourselves by being a  
16 bit tight, on the tight side for this project, and  
17 I just would like to present that to you so that,  
18 you know, the reason for the negative is not because  
19 it's too expensive or a high cost but because the  
20 space is so small. And I hope that you can accept  
21 that maybe that's not a bad project but a tight  
22 project.

23 Another thing that I think is really  
24 important -- and probably to the Board -- is that

1 insurance companies, UnitedHealthcare in particular,  
2 are now requiring individuals who go in for  
3 colonoscopies to get prior approval if they're going  
4 to have it done in a hospital setting. So that's  
5 one of the strategies for Northwest Community and  
6 the physicians, to allow it to be done in the  
7 outpatient setting.

8 Thank you for the time.

9 CHAIRWOMAN OLSON: Thank you.

10 THE COURT REPORTER: Excuse me. Could you  
11 tell me your name, please.

12 MR. WEBER: I'm Ralph Weber and --  
13 consultant to the project.

14 THE COURT REPORTER: Thank you.

15 CHAIRWOMAN OLSON: Mr. Burzynski.

16 MEMBER BURZYNSKI: Thank you.

17 I really didn't have any questions until you  
18 spoke, so remember that in the future.

19 (Laughter.)

20 MEMBER BURZYNSKI: But, anyway, you know,  
21 because you talked about the difference in the space  
22 and the space needs, are you shortchanging your  
23 patients by having such a small space?

24 MS. SAVAGE: I'm Dorene Savage. I'm the

1 administrator for Northwest Gastroenterologists,  
2 which is the physician group that is going to be  
3 49 percent of the project.

4 We currently have the two-room office space  
5 endoscopy center with AAAHC accreditation, but, you  
6 know, this project is going to expand on that  
7 somewhat and, you know, kind of make it a better  
8 center.

9 But we're currently operating in a space  
10 that's smaller than that, and the -- some of the  
11 size makes for a little bit more efficient patient  
12 throughput, if you will. You can really kind of  
13 manage your cases, turn the rooms over quicker, get  
14 the patients, you know, in and out without a lot of  
15 walking up and down hallways and going to different  
16 departments to register and everything. It's  
17 confined to a little bit smaller space, so it's just  
18 more efficient.

19 MEMBER BURZYNSKI: Thank you.

20 MS. SAVAGE: You're welcome.

21 CHAIRWOMAN OLSON: So I had just a couple  
22 questions.

23 First of all, if I -- Mr. Constantino, this  
24 may be for you.

1           If I did the math right -- because it's  
2 always -- I understand why we have to do it this  
3 way, but it's always a bit confounding to me why we  
4 compare you to all the other ASTCs.

5           So if I did my math right, there's  
6 14 facilities that do GI procedures that are within  
7 this area, and some of them are more than 30 minutes  
8 away. Does that sound about right? Or is it even  
9 less than that?

10           MR. WEBER: I'm not sure I can answer  
11 specifically to that. I did the table but I didn't  
12 do that kind of analysis.

13           CHAIRWOMAN OLSON: Okay. And then --  
14 I mean, I guess I just -- to me, it would be nice to  
15 have -- to know how many of those facilities do  
16 GI services because you're sort of comparing apples  
17 to oranges.

18           But my other question is -- now, this is  
19 51 percent ownership by Northwestern and 49 percent  
20 by the docs; correct?

21           MS. SAVAGE: (No verbal response.)

22           CHAIRWOMAN OLSON: So you said in your  
23 comments that you will accept Medicaid. Forgive  
24 this Board if we're a little bit hesitant to believe

1 that after recent experiences.

2 So I'm -- do you know, of those 49 percent  
3 of the docs, do any of them take Medicaid in their  
4 private practices? And if they do, will they send  
5 those patients to this GI center to get the three  
6 times lower cost for Medicare, Medicaid, whatever it  
7 would be?

8 MS. SAVAGE: I can answer that again.

9 All of the physicians participate in  
10 Medicaid, not only just in regular Medicaid but in  
11 all the new Medicaid replacements, the dual eligibles.  
12 we participate in IlliniCare, Aetna Better Health,  
13 any of the -- have a wide HMO participation.

14 We've always been about helping patients  
15 with cost containment, and, you know, we have good  
16 alliances with the different insurance carriers to,  
17 you know, promote being able to deliver excellent  
18 care in a cost-effective environment. So Medicaid  
19 participation is not an issue.

20 CHAIRWOMAN OLSON: So in light of the  
21 comment that was made that the -- some of the  
22 Medicaid managed care organizations are now  
23 requiring a preauth if the colonoscopy is done in  
24 the hospital --

1 MS. SAVAGE: Uh-huh.

2 CHAIRWOMAN OLSON: -- that would be a reason  
3 that the colonoscopy would be done in this ASTC as  
4 opposed to going to the hospital, to bypass that  
5 potential for a denial?

6 MS. SAVAGE: Correct. For any cost-  
7 containment issues, HMOs, and any managed care,  
8 Medicaid, we can deliver the same, you know, com --  
9 you know -- complementary service, you know, in a  
10 very cost-effective way, so that's why, you know,  
11 you want to move those cases to an outpatient  
12 ambulatory setting.

13 CHAIRWOMAN OLSON: So I would surmise from  
14 what you said, then, in order for me to get my  
15 colonoscopy approved in a hospital setting, I'm  
16 going to have to have some other exacerbating  
17 medical condition that would prevent me from doing  
18 it in an ASTC.

19 MS. SAVAGE: Yes.

20 CHAIRWOMAN OLSON: Other questions or  
21 comments?

22 MEMBER GOYAL: Madam Chair, may I ask?

23 CHAIRWOMAN OLSON: Yes.

24 MEMBER GOYAL: I was trying not to ask any

1 questions because of my previous affiliation with  
2 the hospital, as well as having had my colonoscopies  
3 at this facility.

4 But I do want to add, for those of you who  
5 vote -- I don't so I can speak -- I do know that,  
6 when I was in practice in that area, I referred  
7 Medicaid and some uninsured to this particular  
8 facility for procedures.

9 CHAIRWOMAN OLSON: Great. Good to know.  
10 Thank you.

11 Other questions or comments?

12 (No response.)

13 CHAIRWOMAN OLSON: Seeing none, I would ask  
14 for a roll call vote on Project 16-003, Northwest  
15 Endo Center, to establish a single-specialty ASTC in  
16 Arlington Heights.

17 MR. ROATE: Thank you, Madam Chair.

18 Motion made by Justice Greiman; seconded by  
19 Mr. Hayes.

20 Senator Burzynski.

21 MEMBER BURZYNSKI: I vote aye. I think the  
22 testimony has answered many of the -- much of the  
23 findings of our staff.

24 MR. ROATE: Thank you.

1 Justice Greiman.

2 MEMBER GREIMAN: I vote aye, also, because  
3 of -- based on the testimony, seemingly, it brings  
4 the facility to the 21st century.

5 MR. ROATE: Thank you.

6 Mr. Hayes.

7 VICE CHAIRMAN HAYES: Yes, based on the --  
8 that there's no opposition and, also, that they've  
9 explained some of the criteria that the State Board  
10 standards were not met at, so yes.

11 MR. ROATE: Thank you.

12 Mr. McGlasson.

13 MEMBER MC GLASSON: Yes, for the positive  
14 testimony.

15 MR. ROATE: Thank you.

16 Madam Chair.

17 CHAIRWOMAN OLSON: Yes, for reasons stated.

18 MR. ROATE: That's 5 votes in the  
19 affirmative.

20 CHAIRWOMAN OLSON: The motion passes.

21 Congratulations.

22 MR. WEBER: Thank you.

23 MS. SAVAGE: Thank you.

24 - - -

1 CHAIRWOMAN OLSON: Next, we have  
2 Project 16-007, Schaumburg Surgery Center.

3 Can I have a motion to approve  
4 Project 16-007, Schaumburg Surgery Center --

5 MEMBER BURZYNSKI: So moved.

6 CHAIRWOMAN OLSON: -- to -- for -- to  
7 establish a multispecialty ASTC.

8 I have a motion. Can I have a second?

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: The Applicant will be  
11 sworn in, please.

12 THE COURT REPORTER: Would you raise your  
13 right hands, please.

14 (Three witnesses sworn.)

15 THE COURT REPORTER: Thank you. And please  
16 print your names.

17 CHAIRWOMAN OLSON: Mr. Constantino, your  
18 report.

19 MR. CONSTANTINO: Thank you, Madam Chair.

20 The Applicant is proposing to establish a  
21 multispecialty ASTC in Schaumburg, Illinois, at a  
22 cost of \$2.5 million. The anticipated project  
23 completion date is July 31st, 2017.

24 There are no letters of opposition. We did

1 receive letters of support. There was no public  
2 hearing, and we did have findings related to this  
3 project.

4 Thank you, Madam Chair.

5 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.

6 Comments for the Board?

7 DR. CIRRINCIONE: Good afternoon,

8 Chairperson Olson and other distinguished members of  
9 the State Board.

10 My name is Dr. Ciro Cirrincione,

11 C-i-r-r-i-n-c-i-o-n-e. I am one of the managers of  
12 Schaumburg Surgery Center, LLC.

13 I come to you proposing to establish a  
14 multispecialty surgery center in Schaumburg, Illinois,  
15 with three surgical specialties, orthopedics, pain  
16 management, and podiatry.

17 I am joined by our attorney, Joseph Hylak-  
18 Reinholtz, and Thomas Flood, Barrington Orthopedic  
19 Specialists' executive director of operations.

20 If you will permit me to do so, I would like  
21 to provide you a very brief summary of the project  
22 before we take your questions.

23 We're proposing to establish a multispecialty  
24 surgery center with three categories of service.

1 The surgery center will have two operating rooms,  
2 which will be located within leased space totaling  
3 5,025 gross domestic -- gross department square  
4 foot.

5 The total cost of the project will be  
6 \$2,265,060. Of this amount, \$540,459 represents the  
7 fair market value of the lease agreement that will  
8 be in place between the Applicant and the site  
9 owner.

10 That leaves 1,000 -- correction. That  
11 leaves \$1,724,601 to be funded by cash or cash  
12 equivalents. In this case, the remainder of our  
13 project cost will be funded by cash obtained through  
14 equity financing. This will be completed once we  
15 sell membership units in our limited liability  
16 company to qualified physician investors.

17 The proposed surgery center is needed for  
18 the following reasons: First, our surgery center  
19 will provide efficient quality outpatient care in a  
20 location convenient to our patient base and others  
21 we serve in the community. This will generate a  
22 high level of patient satisfaction and enhanced  
23 care.

24 Second, we will increase access to surgical

1 care services for everyone. The three closest  
2 hospitals are all at capacity, which creates  
3 scheduling difficulties and reduces access to care.  
4 Furthermore, the closest surgery center is already  
5 at capacity, and the second-closest center only  
6 offers one service category.

7 Third, our surgery center will be especially  
8 beneficial for needy patients and Medicaid patients,  
9 two groups who are in -- who continue to be  
10 underserved in Schaumburg and the surrounding  
11 communities. It is important to note that other  
12 ASTCs in our GSA regularly do not accept Medicare,  
13 nor do they take charity cases of care. Of the  
14 seven closest surgery centers, six don't take  
15 Medicaid at all, and the other one has a payer mix  
16 of less than 1 percent Medicaid.

17 Fourth, our proposed project site is  
18 centrally located among all of the youth sports  
19 programs that we serve, providing medical assistance  
20 for sports-related injuries. Our surgery center  
21 will be a realistic alternative to emergency room  
22 care.

23 Next, we would like to build and expand on  
24 our relationship with the VA hospital system, and

1 our patient veterans would like to be -- we'd like  
2 to offer surgical services to those patients  
3 whereas, at the present time, if those patients need  
4 surgical services, they often go back to the VA  
5 hospital because it is cheaper for them than the  
6 local hospitals.

7 Finally, as this Board knows well, surgery  
8 centers continue to be proven as a more cost-  
9 effective option than hospital outpatient  
10 departments. Surgery centers have already saved the  
11 State, the Federal government billions of dollars  
12 over the past 10 years, and billions more can be  
13 saved by increasing utilization of nonhospital-  
14 based outpatient surgery. This is important because  
15 saving money is one of the statutory purposes of  
16 this Board.

17 For these reasons, I believe that there's a  
18 clear need for our proposed surgery center. I urge  
19 each one of you to vote yes and approve our  
20 certificate of need permit request.

21 At this time I'd be happy to answer any  
22 questions you have.

23 CHAIRWOMAN OLSON: Thank you, Doctor.

24 Questions from Board members?

1 (No response.)

2 CHAIRWOMAN OLSON: Actually, I just had a  
3 couple quick questions.

4 There's 17 physicians listed in our report,  
5 and I would assume that was the doctors that will  
6 make up the ownership.

7 Do you know at this point -- just a rough  
8 estimate -- how many of those physicians are  
9 currently enrolled in the Illinois public aid  
10 program?

11 DR. CIRRINCIONE: We all participate in the  
12 public aid program. They're all members of our  
13 orthopedic group.

14 CHAIRWOMAN OLSON: So you're pretty  
15 confident that you're going to meet the projections  
16 on page 7 in our State Board staff report by 2018  
17 for your payer mix?

18 DR. CIRRINCIONE: Yes, we are. We already  
19 take care of Medicaid patients, and we plan to  
20 increase access, through our surgery center, to  
21 those patients.

22 CHAIRWOMAN OLSON: Where do you currently  
23 get some of those Medicaid referrals from? Are you  
24 connected with any of the FTCs in the area?

1           Where are you getting the current patients?

2           DR. CIRRINCIONE: Well, locally there are  
3 Medicaid patients -- and probably the biggest  
4 contributor is the school sports programs and the  
5 local athletic programs. We have a relationship  
6 with the athletic trainers at each school, we have a  
7 relationship with the athletic members and the staff  
8 at the local programs, and we encourage them to send  
9 us their athletes. And we take all their  
10 athletes -- whether they're public aid, whether  
11 they're insurance -- and treat them.

12           CHAIRWOMAN OLSON: So what -- because  
13 I would -- and, again, I need you to help me with  
14 this.

15           But some of the bigger schools, high schools  
16 around that Schaumburg area -- I'm making an  
17 assumption, maybe out of ignorance, that they have a  
18 rather low Medicaid population, a lot of those  
19 schools.

20           DR. CIRRINCIONE: Some of them do but some  
21 of them have more.

22           Hoffman Estates High School has a larger  
23 percentage of Medicaid patients.

24           MR. HYLAK-REINHOLTZ: That's right down the

1 street from our project site. That's literary  
2 across the street, and we do a lot of work with that  
3 youth sports program there, a lot of volunteer work  
4 and exploring charity care work.

5 MR. FLOOD: The other place we get a number  
6 of referrals, also, is from the hospital, from the  
7 emergency room. All of our physicians participate  
8 on call for the emergency room, and those referrals  
9 will come to us.

10 CHAIRWOMAN OLSON: Okay. Thank you. That's  
11 good to know.

12 Anybody have any questions? comments?

13 (No response.)

14 CHAIRWOMAN OLSON: Seeing none, I would ask  
15 for a roll call vote on Project 16-007, Schaumburg  
16 Surgery Center, to approve a multispecialty ASTC.

17 MR. ROATE: Thank you, Madam Chair.

18 Motion made by Senator Burzynski; seconded  
19 by Mr. Hayes.

20 Senator Burzynski.

21 MEMBER BURZYNSKI: I'm going to vote yes.  
22 There appears to be no opposition to the project.

23 MR. ROATE: Thank you.

24 Justice Greiman.

1 MEMBER GREIMAN: I'm going to vote yes.  
2 I like the thought about the ownership being doctors  
3 and what that means for people who are being sent to  
4 someplace for medical services.

5 So I vote aye.

6 MR. ROATE: Thank you.

7 Mr. Hayes.

8 VICE CHAIRMAN HAYES: I'm going to vote yes  
9 based on the -- that there is no opposition and  
10 about the -- what was presented to us in the  
11 Board -- they have presented to us by the Applicant.

12 MR. ROATE: Thank you.

13 Mr. McGlasson.

14 MEMBER MC GLASSON: Yes, based on the  
15 testimony heard.

16 MR. ROATE: Thank you.

17 Madam Chair.

18 CHAIRWOMAN OLSON: I'm going to vote yes, as  
19 well, on the belief that you will follow through on  
20 your commitment to seeing Medicaid and underserved  
21 patients at your facility.

22 (An off-the-record discussion was held.)

23 MR. ROATE: That's 5 votes in the  
24 affirmative.

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CHAIRWOMAN OLSON: The motion passes.

Good luck to you.

MR. HYLAK-REINHOLTZ: Thank you very much.

- - -

1 CHAIRWOMAN OLSON: Finally, we have  
2 applications subsequent to intent to deny,  
3 Project 15-051, Alden Estates of New Lenox.

4 May I have a motion to approve  
5 Project 15-051, Alden Estates of New Lenox, to  
6 establish a 140-bed long-term care facility in  
7 New Lenox.

8 MEMBER MC GLASSON: So moved.

9 VICE CHAIRMAN HAYES: So moved.

10 CHAIRWOMAN OLSON: I have a motion --

11 VICE CHAIRMAN HAYES: Second.

12 CHAIRWOMAN OLSON: -- and a second.

13 Thank you.

14 The Applicant will be sworn in, please.

15 THE COURT REPORTER: Would you raise your  
16 right hands, please.

17 (Six witnesses sworn.)

18 THE COURT REPORTER: Thank you. And please  
19 print your names.

20 CHAIRWOMAN OLSON: Mr. Constantino, your  
21 report, please.

22 MR. ROATE: Thank you, Madam Chair.

23 The Applicants are proposing to establish a  
24 140-bed long-term care facility in New Lenox,

1 Illinois, at a cost of approximately \$32 million.  
2 The anticipated completion date is February 28th,  
3 2019.

4 The Applicants received an intent to deny at  
5 the February 2016 State Board meeting, and  
6 they're -- they provided supplemental information to  
7 address that intent to deny on March 9th, 2016, to  
8 address the noncompliant findings in the application  
9 for permit. Our report discusses those findings.

10 Thank you, Madam Chairwoman.

11 CHAIRWOMAN OLSON: Thank you, Mr. Constantino.  
12 Report -- comments for the Board?

13 MS. SCHULLO: Good afternoon, Madam Chairman,  
14 members of the Board. I'm Randi Schullo, president  
15 of Alden Management Services.

16 I'm pleased to have with me today Bob Molitor,  
17 our chief executive officer; Steve Kroll, our chief  
18 financial officer; Tené Tillery, our nurse and  
19 director of postacute services; John Kniery, our CON  
20 consultant; and Joe Ourth, our CON counsel.

21 As always, I would like to first thank  
22 Mr. Constantino and Mr. Roate for their work on the  
23 State Board report.

24 As you remember, we were here before you in

1 a meeting last month, and I believe our project was  
2 well received. We had explained the uniqueness of  
3 our project, that there were some questions;  
4 however, we received a 4/4 vote with one absence.

5 We have tried to address the questions  
6 raised in our supplemental materials you have  
7 received, and we would also like to address these  
8 points now.

9 First, I would like to provide you with a  
10 brief recap of our project. We are proposing a  
11 140-bed facility in New Lenox immediately adjacent  
12 to Silver Cross Hospital. This will be a  
13 combination of a 40-bed skilled memory care facility  
14 and a hundred-bed skilled nursing facility.

15 When we were here in February, the Review  
16 Board calculated a bed need of 141 beds were  
17 available in this area and now, today, it's even  
18 greater. The Review Board shows a demand of  
19 166 beds now available in this planning area.

20 This facility will focus particularly on  
21 patients who have been discharged from hospitals and  
22 are expecting a short-term stay.

23 Bob, our CEO, will explain how changes in  
24 hospital reimbursement -- particularly bundled

1 payments and penalties for readmission -- are  
2 causing hospitals to coordinate care with facilities  
3 such as this.

4 Our director of postacute services, Tené,  
5 had provided detailed information as to how she and  
6 her team coordinate care with discharges to  
7 hospitals.

8 You also heard us discuss that, while there  
9 were some facilities with utilization of low target,  
10 none were in New Lenox and very few were nearby.  
11 Bob will address this further in his comments.

12 We are also respectful that some expressed  
13 concerns about the Board's responsibility for  
14 planning for a region. We believe the project we  
15 are proposing fits precisely to the direction of  
16 recent legislative changes encouraging innovation  
17 and support of transitional care from hospital to  
18 rehabilitation. Our legal counsel, Joe Ourth, will  
19 address this legislative direction.

20 The other question that arose had to do with  
21 the viability ratios. Our CFO, Steve Kroll, is with  
22 us today. He submitted a letter addressing those  
23 issues. I would like to have Steve respond to  
24 Mr. Hayes' question with more precision than we did

1 at the last meeting. I'll ask Steve to address  
2 those now.

3 MR. KROLL: Good afternoon. My name is  
4 Steve Kroll; S-t-e-v-e; K-r-o-l-l.

5 We recognize that it's the Board's  
6 responsibility to review the application to make  
7 sure that the project is financially viable. As the  
8 CFO, it's my responsibility to determine whether a  
9 project is economically viable based on the  
10 assumptions we used, the costs, and the financing  
11 before we commit several million dollars to -- in  
12 cash -- to a transaction.

13 For this project we are committing  
14 \$6 1/2 million of internal Alden cash. The  
15 transaction is not highly leveraged. And as the  
16 State Board reported, we met most of the standards  
17 as a combined entity, and those standards that we  
18 didn't meet are the most critical in determining the  
19 financial viability.

20 The project finances have been structured to  
21 meet HUD-guaranteed underwriting. We have  
22 structured these finances to meet the stringent  
23 underwriting standards of the Housing and Urban  
24 Development's loan guarantee program. All of the

1 projects for new facilities that we have brought  
2 before the Board are similarly structured to meet  
3 HUD requirements, and virtually every project we  
4 have brought before the Board has obtained HUD  
5 financing.

6 We currently operate 27 facilities using  
7 financing obtained through Housing and Urban  
8 Development. HUD criteria uses some of the ratios  
9 that the Board has and some they do not use in their  
10 underwriting. The tests HUD prioritizes that are  
11 most important are the bed coverage and the  
12 debt-to-equity ratios, which we exceed on both the  
13 HUD standards and the Review Board standards.

14 The two primary tests that we don't meet are  
15 the cushion ratio and the days of cash on hand. The  
16 cushion ratio is not used by HUD or most lenders.  
17 The cushion ratio we project is typical within our  
18 industry, and in order to meet the Board's  
19 standards, we would have to contribute an additional  
20 \$3 million of equity over and above the  
21 6 1/2 million already contributed to the project.

22 The days of cash on hand is given less  
23 weight than any of the ratios by HUD. Much of the  
24 reason for the lower days of cash on hand is the

1 State is far behind on paying Medicaid receivables.

2 In addition to that, in our projections we  
3 indicated that we were going to pay down our working  
4 capital line of credit by \$650,000. If we did not  
5 make those payments, we would have had  
6 sufficient days of cash on hand to meet the Board  
7 requirements.

8 So I hope that this information I provided  
9 plus what we had previously submitted for the Board  
10 satisfies your concerns over the financial viability  
11 of this project.

12 MR. MOLITOR: Good afternoon. I'm  
13 Bob Molitor, chief executive officer of Alden.

14 I think Steve has recapped nicely about the  
15 viability ratios, so I'm going to go into the other  
16 topic that is referenced, under the -- operating  
17 under target utilization.

18 The biggest thing that -- as we expressed  
19 the last time we were here, we feel we have a unique  
20 project. The project is a community-based project,  
21 the only one that would be in New Lenox. It's a  
22 growing community. They are estimating at  
23 26,000 people in their community today and then an  
24 additional 15,000 in the surroundings, and the

1 biggest thing that we're looking at is trying to  
2 differentiate ourselves between other projects out  
3 there and what we're doing today.

4 The building is just not solely postacute,  
5 as we discussed. It also has a component of taking  
6 care of the memory care, so that's unique to us,  
7 also.

8 We also provided to you guys a market study  
9 that substantiated the claim there is a need for  
10 additional beds in the area, plus our project isn't  
11 going to be done until after 2019, and we anticipate  
12 additional bed needs at that point.

13 The facilities that are under the target  
14 utilization, we have to look at this realistically  
15 in our minds, in that, when we put up a project, the  
16 radius which we look at, where the people are going  
17 to come from. Even though the Board rules suggest  
18 it's a 30-minute drive time, realistically, the  
19 drive time in most cases is -- people want to stay  
20 by their community. There's like a 15-minute  
21 drive time estimate.

22 I substantiated that by looking at two of  
23 our facilities -- two of our facilities, one in  
24 Orland Park and one in Shorewood. Our Shorewood

1 facility, 79 percent of the patients that came to us  
2 were within a 15-minute drive time. In our  
3 Orland Park facility, we had approximately  
4 60 percent of the people coming from our -- to our  
5 facility within a 15-minute drive time.

6 In most cases -- I've been in this business  
7 a long time. Most people that are outside the  
8 30-minute radius are people that have loved ones --  
9 it's a daughter or son who lives outside the area --  
10 but typically everybody wants to go someplace close  
11 to home.

12 Within that 15-minute drive time, there's  
13 really only one facility that was within 10 minutes.  
14 That facility, unfortunately, lost their Medicare  
15 and Medicaid certification, so their occupancy level  
16 is at 5.7 percent. The three other facilities  
17 within that 15-minute drive time are Smith Crossing,  
18 Sunny Hill, and Salem Village.

19 Smith Crossing is a CCRC. They're basically  
20 running at full occupancy. Sunny Hill just recently  
21 gave back 25 beds, which increased their occupancy  
22 level up to 80 percent. And Salem Village basically  
23 has an occupancy of 91.3 percent.

24 We feel the reason for no opposition or just

1 one letter of opposition is because we are not a  
2 threat to other communities, other nursing homes out  
3 there. We're looking to be placed in a specific  
4 area in New Lenox, right by the hospital, which is  
5 unique, and catering to that population.

6 Thank you.

7 MR. OURTH: And I'm Joe Ourth, CON counsel.

8 At the last Board meeting, one of the Board  
9 members commented about the conflict between what he  
10 saw as a very good project and responsibilities  
11 under the Planning Act, and one of the things that  
12 we wanted to do is go back to what the Planning Act  
13 did and, particularly, the rewrite of 2009.

14 We respect the adherence to your rules, and  
15 we think that this is a project that specifically  
16 fits in. It's a project that was conceived in the  
17 2009 rewrite.

18 Some of you will recall that process. There  
19 was -- before that process there was a legislative  
20 task force that was created that met for well over  
21 a year, lots of meetings with a lot of people in  
22 attendance. I think I attended almost all of them  
23 and listened to all the comments that were being  
24 talked about.

1 In that task force they talked about some  
2 special considerations for different kinds of  
3 things, including long-term care, specifically the  
4 long-term care industry.

5 One of the task force -- and later at the  
6 legislature it came up. There was concern that, at  
7 the time, in 2009, there were excess beds, just like  
8 there are now. One of the things that they talked  
9 about at that time was they said, "We recognize that  
10 and we think that the Review Board should recognize  
11 that there are open beds, but we want the Review  
12 Board to also consider innovations that are going to  
13 be -- that we don't want the existence of open beds  
14 to unduly stop innovation from occurring."

15 And the excerpts from the task force and the  
16 legislature we put in our supplemental materials,  
17 and there are a few things that we particularly want  
18 to note from that.

19 One of those was that -- just to remind you  
20 of the project, you recall Bob talking about how  
21 this project involves a period that's really hitting  
22 the hospitals right now, that hospitals, because of  
23 bundled payments and because of penalties for  
24 readmission, are really, really wanting to work with

1 a facility to have a coordination of care so that  
2 they're avoiding a readmission to the hospital, and  
3 they're working on those bundled payments. So this  
4 is bringing a unique project that is not really out  
5 there to this extent in the community.

6 So -- in fact, one of the things the task  
7 force specifically talked about is to say that they  
8 wanted you to be cognizant of the development of  
9 alternative services, which we believe that this is.  
10 And, more specifically, they even talked about this  
11 kind of a project when they said that the task  
12 force -- suggested to the Review Board that they  
13 consider the transitional nature of Medicare skilled  
14 clientele.

15 And as you heard being talked about, this is  
16 exactly what that project is. When the task force  
17 was talking to the legislature and then the  
18 legislature included that as part of their direction  
19 to you in the 2009 rewrite -- we respect the concern  
20 for the Act, but we think that this is exactly the  
21 kind of project that the legislature was wanting you  
22 to consider even in light of the fact that there  
23 were other beds out there.

24 So, given that, we think that this is a

1 project that is consistent with the legislative  
2 direction to the Board.

3 MS. SCHULLO: Thanks, Joe.

4 Just in closing, a few things: We are not  
5 likely to see an application for a new long-term  
6 facility that better meets the letter and intent of  
7 the Board's rules. Under your rules there's a  
8 calculated bed need of, now, 166 beds. There has  
9 been no real opposition from underutilized  
10 facilities in the immediate market area, and there  
11 has been strong support for this project.

12 You have heard from the Village of  
13 New Lenox, Silver Cross Hospital, and our State  
14 Representative and letters from many, many residents  
15 of New Lenox stating that there's a need for our  
16 proposed facility.

17 Finally, we are bringing a new and  
18 innovative service to a growing community that  
19 currently has no other skilled nursing facility, and  
20 we ask for your approval. We do recognize that  
21 attendance today is only 5 members, which makes it  
22 very difficult for all of us sitting at this table  
23 right now. We've tried to work collaboratively to  
24 submit information addressing any questions raised.

1           If there are any remaining questions you  
2           have, please let us know to get an opportunity to  
3           further address your concerns about this good  
4           project before you take this vote.

5           We thank the Board for its consideration,  
6           and we'd be pleased to address any questions you may  
7           have.

8           CHAIRWOMAN OLSON: Questions from Board  
9           members?

10           (No response.)

11           CHAIRWOMAN OLSON: I actually have just a  
12           couple -- are you -- do you?

13           VICE CHAIRMAN HAYES: Go ahead.

14           CHAIRWOMAN OLSON: So we heard from the  
15           public testimony that there are no other facilities,  
16           skilled nursing facilities, in New Lenox, and I just  
17           wanted to confirm.

18           Bob, I think you said that the current  
19           population of New Lenox is about 26,000 --

20           MR. MOLITOR: Yes.

21           CHAIRWOMAN OLSON: -- and then you mentioned  
22           a 15,000 number. Is that like in the --

23           MS. SCHULLO: That's the township.

24           CHAIRWOMAN OLSON: The township is the --

1 okay. So you add the 26 and 15 and that's New Lenox  
2 Township?

3 MS. SCHULLO: New Lenox is one figure, and  
4 then the Township is the extra 15,000.

5 CHAIRWOMAN OLSON: Okay.

6 So -- and then I believe one of the people  
7 in public testimony this morning commented on the  
8 growth rate of that area, and it was higher than --  
9 a lot of the other areas in Illinois overall were  
10 losing people. But wasn't there an update -- a  
11 healthy growth rate in the area?

12 MR. KNIERY: They do have a healthy growth  
13 rate. But more than that, they have a healthy  
14 elderly population growth rate.

15 MS. SCHULLO: I think she said 90 percent of  
16 their population, though, is senior population.

17 MR. KNIERY: No, I think -- yeah, 9 --  
18 9 percent.

19 CHAIRWOMAN OLSON: 90 percent of the  
20 population in New Lenox is seniors?

21 MR. KNIERY: 9 percent.

22 VICE CHAIRMAN HAYES: 9 percent.

23 CHAIRWOMAN OLSON: Oh, 9. I'm not even  
24 going to come visit.

1 MS. SCHULLO: That's right. You're going  
2 there.

3 CHAIRWOMAN OLSON: But then I have another  
4 question. I'm just more curious than anything  
5 because a couple of people in public testimony  
6 mentioned Lemont.

7 I don't even think -- that "Nobody goes to  
8 Lemont." But I don't even see Lemont listed on the  
9 other nursing facilities. I don't -- I'm just  
10 curious why they -- when you go down the list on  
11 Table 3, page 9 and 10 -- I'm just curious. Why did  
12 they keep talking about Lemont? Is there something  
13 there that --

14 MR. OURTH: It's not within the planning  
15 area, but it is within a 30-minute drive time.

16 CHAIRWOMAN OLSON: Oh, I see.

17 MR. CONSTANTINO: It's Table 5, Kathy.

18 CHAIRWOMAN OLSON: Oh, I'm sorry. What did  
19 I say?

20 What page is that on?

21 MR. CONSTANTINO: 14.

22 CHAIRWOMAN OLSON: Oh, yeah. I was looking  
23 at Table 3. Okay.

24 I was just curious. I didn't know. I just

1 had that question in my mind.

2 MS. SCHULLO: Can I add one other thing?

3 CHAIRWOMAN OLSON: Sure.

4 MS. SCHULLO: I was just sitting back here  
5 thinking, and we've been looking at this property in  
6 New Lenox for many, many years. And we really  
7 appreciate this Board and everything it stands for.  
8 And although we wanted to come forward several years  
9 back, we waited until August, September when the bed  
10 need came up -- out. When that bed need came out,  
11 that's when our doors opened, and that's when we  
12 presented this project to you.

13 So I just want to make sure that you  
14 understand that and --

15 CHAIRWOMAN OLSON: Well, I appreciate Joe's  
16 comments on the legislation that came out because  
17 they do -- I mean, I don't think it's any secret  
18 that I'm a huge proponent of this model because I've  
19 got friends in that age group that are having knees  
20 and hips. And where I live, the option is the two  
21 not-so-great nursing homes, so everybody is --  
22 they're dying to have a place where you could go  
23 with community living and get a nice meal and a  
24 glass of wine with your dinner or whatever.

1           So I do appreciate that model, and  
2           I appreciate you pointing out that the legislation  
3           commented on considering different kinds of models.

4           Other questions?

5           John.

6           VICE CHAIRMAN HAYES: Thank you, Madam  
7           Chair.

8           What is your -- one of the things -- one of  
9           your current projects here has a star rating of two;  
10          is that correct?

11          And that's the Alden Estates of Shorewood.

12          MR. MOLITOR: Yes, that is correct.

13          VICE CHAIRMAN HAYES: Okay. And how many of  
14          your other projects in the state of Illinois --  
15          that's basically where you have all your projects.

16          How many are there?

17          MR. MOLITOR: How many skilled facilities?

18          VICE CHAIRMAN HAYES: Skilled facilities.

19          MR. MOLITOR: So we have 25 in the  
20          Chicagoland area.

21          VICE CHAIRMAN HAYES: 25 in the Chicagoland  
22          area. And you don't have the star ratings for them  
23          or approximately? Are they at -- two is pretty low.  
24          If you look at the Table 3 here, you know, a lot of

1 your competitors here, rightly or wrongly, have  
2 higher star ratings.

3 MR. MOLITOR: That is true.

4 Gee, I think I brought this up or was  
5 questioned about this a couple times over a couple  
6 years.

7 As for the star rating for Shorewood,  
8 unfortunately, that was a brand-new facility that we  
9 put up. And I can waste everybody's time for a  
10 while discussing the five-star rating system, which  
11 I know you've heard from other people.

12 But the bottom line that happened in  
13 Shorewood is we had one incident that was a problem,  
14 and the State of Illinois gave us what they call  
15 three hard years. Under the current rules for the  
16 five-star system, it takes you basically  
17 three years -- it basically takes you three years to  
18 get out of that cycle.

19 In June of this year we are finished with  
20 that three-year cycle. We have had roughly five  
21 deficiencies in total in the last three years in  
22 that facility, and yet we carry a two-star rating  
23 because of the way the five-star system is put  
24 together.

1           In June I anticipate having either a perfect  
2 survey for that facility or two or three tags on  
3 there, which will jump it up to roughly a four- or  
4 five-star facility. Unfortunately, the system isn't  
5 perfect.

6           To answer your other question, we have a  
7 mixture of homes throughout the Chicagoland area  
8 from south-side facilities to suburban locations.  
9 We have a number of five-star facilities, four-star  
10 facilities, and, again, we still have -- I'll be  
11 honest with you, full disclosure -- I have a couple  
12 one-star facilities.

13           That doesn't make us happy. We work toward  
14 changing that all the time, but that system's not  
15 perfect. Anybody at any given time can have a  
16 problem with their survey and drop down to a  
17 different standard in regard to the total care as it  
18 relates to the five-star system.

19           And, also, I want to point out last year the  
20 Federal government rebased the whole system where  
21 they decided, in my opinion, that everybody was  
22 succeeding too well, so they changed the quality  
23 measures. Everybody went down one star because they  
24 decided things were looking too good.

1           Coming up in the middle of this year, 2017,  
2 we're getting additional quality measures added to  
3 the five-star system, and right now CMS projects  
4 that we'll all drop down some more stars based on  
5 their new criteria they're putting into the system.

6           But interestingly enough, on that five-star  
7 system this time, what are they putting into the  
8 quality measures? They're putting in  
9 rehospitalizations. All right?

10           This is exactly what we're putting the  
11 facility together to address, those type of things.  
12 As part of the work we carry out, we're trying to  
13 meet certain objectives. We have a long way to go  
14 with some other facilities, but we are very proud of  
15 what we do, and I guarantee you that our  
16 facilities -- my goal for our company is, within the  
17 end of this year, every one of my homes will be  
18 three-star or better.

19           VICE CHAIRMAN HAYES: Thank you.

20           What about your -- you know, basically, you  
21 talk about the Silver Cross Hospital. And  
22 I'm sorry, but is -- that is basically in what  
23 suburb?

24           Is that the new hospital by New Lenox?

1 MR. MOLITOR: Yes, that is.

2 VICE CHAIRMAN HAYES: And you're right  
3 across the street from that?

4 MR. MOLITOR: Yeah. There's a bunch of  
5 property out there, and we did secure a piece of  
6 property right across the street. It's going to be  
7 a pretty major campus for the hospital in that area.

8 VICE CHAIRMAN HAYES: Is the hospital open  
9 even?

10 MR. MOLITOR: Oh, yeah. The hospital's open  
11 and -- you know, they started off slow. Everyone  
12 kind of questioned why they went out in the middle  
13 of nowhere for a hospital, but that hospital, the  
14 last time we got information, was a hundred percent  
15 occupied and looking to expand.

16 VICE CHAIRMAN HAYES: Okay. Thank you.

17 CHAIRWOMAN OLSON: Other questions or  
18 comments?

19 (No response.)

20 CHAIRWOMAN OLSON: Seeing none, I would ask  
21 for a roll call vote on Project 15-051, Alden  
22 Estates of New Lenox, to establish a 140-bed  
23 long-term care facility in New Lenox.

24 MR. ROATE: Thank you, Madam Chair.

1 Motion made by Mr. McGlasson; seconded by  
2 Mr. Hayes.

3 Senator Burzynski.

4 MEMBER BURZYNSKI: First of all, let me  
5 state that I'm pleased to inform you I was not on  
6 the task force that Joe was talking about earlier  
7 so --

8 CHAIRWOMAN OLSON: Maybe you were.

9 MEMBER BURZYNSKI: No.

10 But, you know, I -- I'm going to vote yes on  
11 this to move forward.

12 Now, I am concerned about the amount of beds  
13 and duplication of services. I will tell you that.  
14 But based on what we've seen, the continued  
15 community support, the need for the local long-term  
16 care options, I think that -- and the fact that  
17 we're going to see a growth in that community,  
18 continued growth over the next several years --  
19 I think it's -- it's time that we vote yes and move  
20 forward.

21 My personal opinion is that reaching target  
22 occupancy isn't always what's in best interests,  
23 certainly, of the clients of those facilities and  
24 the patients.

1 So I will vote yes.

2 MR. ROATE: Thank you.

3 Justice Greiman.

4 MEMBER GREIMAN: I vote yes again.

5 MR. ROATE: Thank you.

6 Mr. Hayes.

7 VICE CHAIRMAN HAYES: I'm going to vote yes  
8 this time, basically because there's no opposition,  
9 and they have explained the advantages of this  
10 facility and it being right across from Silver Cross  
11 Hospital and about their model, which they've  
12 explained in the past.

13 So I'm going to vote yes.

14 MR. ROATE: Thank you.

15 Mr. McGlasson.

16 MEMBER MC GLASSON: I vote yes for the same  
17 reason I voted yes last time.

18 MR. ROATE: Thank you.

19 Madam Chair.

20 CHAIRWOMAN OLSON: I vote yes again, as  
21 well, for the same reasons as last time.

22 MR. ROATE: That's 5 votes in the  
23 affirmative.

24 CHAIRWOMAN OLSON: The motion passes.

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MS. SCHULLO: Thank you so much. We really appreciate it.

CHAIRWOMAN OLSON: Congratulations.

MR. MOLITOR: Thank you so much.

- - -

1 CHAIRWOMAN OLSON: Next order of business is  
2 other business and there is none.

3 Jeannie, rules development.

4 MS. MITCHELL: I'm going to be discussing  
5 the 1120 rules, which relates to the financial and  
6 economic feasibility review criteria for many  
7 projects.

8 Our proposed amendment to these rules were  
9 published, in the first notice, on October 16th,  
10 2015, and the public had 45 days to provide written  
11 comments. We received comments from the Illinois  
12 Hospital Association, HCCI or -- which is the Health  
13 Care Council of Illinois, which is a long-term care  
14 association -- and Northwestern Memorial HealthCare.

15 Based on the comments that the Board  
16 received, staff recommends making some additional  
17 changes to the 1120 rules, a change in the  
18 definition of "audit" to request that audits must be  
19 completed in accordance with generally accepted  
20 auditing standards in effect at the time of the  
21 audit. This definition is more in line with the one  
22 used by the American Institute of Certified Public  
23 Accountants standards and is requested.

24 We're also making clear that the 1120 rules

1 do not apply to change of ownership in long-term  
2 care applications. The Board staff does not look at  
3 the economic and financial viability of change of  
4 ownership applications. And for long-term care  
5 applications, those type of applications have their  
6 own set of rules.

7 And we're making clear that Applicants only  
8 have to submit prior bond rating information if they  
9 have a bond rating and they only have to submit loan  
10 information if the project is being financed.

11 We're changing the net margin percentage  
12 that is used to calculate the viability ratio for  
13 hospitals. We're changing it so that it's the same  
14 for not-for-profit and for-profit hospitals.  
15 Currently, it's 5 percent for for-profit and  
16 3 percent for not-for-profit. We're proposing that  
17 it be 3 percent across the board for everyone.

18 There are two additional requests that we  
19 received that Board staff cannot accommodate. In  
20 our proposal we proposed removing the cost  
21 complexity index. It was requested that we keep it.  
22 The cost complexity index is applied when staff  
23 reviews a proposed project's costs. Projects that  
24 are more complex have a higher index so that a

1 higher cost standard is applied. Similarly,  
2 projects with a lower index have a lower complexity,  
3 and so a lower standard is applied.

4 The Board is removing this index because it  
5 inflates the standard construction costs. The Board  
6 uses RSMeans standards in reviewing a project's  
7 costs. RSMeans informs staff that its standards are  
8 an average across projects with varying degrees of  
9 complexity; thus, the standard provided is an  
10 average of projects that are more complex and less  
11 complex, effectively removing the need for a cost  
12 complexity index.

13 Lastly, it was requested that the Board  
14 staff use Engineering News-Record, or ENR, for  
15 construction and specifically cost data instead of  
16 RSMeans. Board staff looked into it and determined  
17 that ENR was not a sufficient substitute so we could  
18 not accommodate that.

19 I'm going to need -- if there are no  
20 questions, I'm going to need a motion from the Board  
21 and approval of these -- the changes that  
22 I discussed which are reflected in the rules that  
23 you received.

24 CHAIRWOMAN OLSON: Are there questions from

1 Board members?

2 (No response.)

3 CHAIRWOMAN OLSON: Seeing none, I would ask  
4 for a motion to approve the 1120 rules as amended  
5 after -- do we have to go through another set of  
6 hearings on these? Or are they -- I mean, do you  
7 have to post them again or we're done?

8 MS. MITCHELL: Well, we're going to -- after  
9 the Board approves these changes, we're going to  
10 submit it for second notice so -- an opportunity for  
11 a hearing has passed. But before we submit it for  
12 adopted amendments, before they're totally adopted,  
13 I'd like to present the final version to the Board  
14 again.

15 CHAIRWOMAN OLSON: Okay. Great.  
16 So are there questions?

17 (No response.)

18 CHAIRWOMAN OLSON: Seeing none, I'd ask for  
19 a motion to approve these rules as they stand  
20 currently. May I have a motion.

21 VICE CHAIRMAN HAYES: So moved.

22 MEMBER GREIMAN: Second.

23 CHAIRWOMAN OLSON: All those in favor  
24 say aye.

1 (Ayes heard.)

2 CHAIRWOMAN OLSON: Opposed, like sign.

3 (No response.)

4 CHAIRWOMAN OLSON: The motion passes.

5 Under old business we have nothing.

6 Financial report under new business.

7 Juan, did you just want to -- I did want to  
8 say that, as of next month, we do believe that all  
9 of our expenses will be entered and, despite the  
10 fact that they're not being paid, at least we'll  
11 know what our revenue over expenses is at the  
12 May meeting, and we're working -- according to  
13 Courtney, we're working on getting those expenses  
14 entered now.

15 Correct?

16 MR. DART: That's right. So this current  
17 report is about 80 percent there because we're now  
18 showing all the revenue and we're also showing the  
19 salary expenses, which are the majority of the  
20 expenses of the Board.

21 And by the next meeting, we'll have  
22 tabulated from about -- the bills on hand -- the  
23 expenses according to categories, so I will have a  
24 regular financial report.

1 MS. AVERY: And that will be the third  
2 quarter?

3 MR. DART: Well, it will be whatever  
4 month -- as of the month -- it will be finalized at  
5 the end of the month.

6 MS. AVERY: Okay.

7 CHAIRWOMAN OLSON: So this one was entered  
8 January 29th of 2016, so you'll be able to  
9 finalize probably through March?

10 MR. DART: Through March, yeah. Probably  
11 through March, yes.

12 CHAIRWOMAN OLSON: Great.

13 And, Juan, did you want to just say what  
14 we're getting?

15 MR. MORADO: The only other thing I wanted  
16 to mention was that we -- together with Courtney,  
17 we're taking a look at our quarterly expenses in  
18 terms of salaries and fringe benefits we pay out to  
19 Board employees, and it looks like they've  
20 maintained consistently through the end of this  
21 quarter until -- a couple more days in March.

22 We probably have reduced our expenses in  
23 regards to salaries and fringe by at least  
24 26 percent. So I'm not sure if there's any other

1 State agencies that can boast that.

2 MS. AVERY: And maintained the work.

3 CHAIRWOMAN OLSON: It's all part of the  
4 training, part of the solution, not the problem.

5 Legislative update, Courtney.

6 MS. AVERY: Okay.

7 Not much has changed. House Bill 4517 that  
8 repeals the language regarding the Center for  
9 Comprehensive Health Planning, 4518, and -- those  
10 two will be in committee on April the 5th.

11 The bill to repeal the Act and extend the  
12 sunset date to December 31st, 2029, has been rolled.  
13 We really don't expect that one to move, but we'll  
14 continue to work on it.

15 The bill for Representative Litesa Wallace,  
16 House Bill 4964, I had a conversation with IHA  
17 briefly this morning, and they are working on some  
18 changes to that bill -- amendments to that bill --  
19 regarding a publishing alternative and possibly the  
20 public hearing.

21 I did speak with Representative Wallace this  
22 afternoon, and I'm not sure if she's going to be  
23 willing to budge on the public hearing requirement,  
24 which says that we must hold a public hearing

1 requirement even if one -- a public hearing even if  
2 one's not requested.

3 So I don't know -- we'll talk with IHA  
4 tomorrow and talk whether -- and see what we can do.  
5 But for now I told her that we would remove our  
6 opposition of the bill -- which is going up for  
7 committee on the 5th, also -- based on her  
8 alternative to work with the publishing requirements  
9 and taking into consideration the public hearing  
10 requirement.

11 House Bill 854 has an amendment on it. As  
12 you will recall, that was the bill from  
13 Representative Reaves-Harris that wanted to reopen  
14 Sacred Heart Hospital. Right now there's an  
15 amendment on it that is, again, working to have  
16 an FEC.

17 And one of the issues is that it will not be  
18 required to be wholly owned or controlled by an  
19 associate hospital or resource hospital and have at  
20 least one transfer agreement with an acute care  
21 hospital, so we'll enter an opposition to that one.

22 And I'll check with the Department of Public  
23 Health tomorrow to see the status of it, but right  
24 now it is under the Banking Emergency Act. So it's

1 kind of scary.

2 CHAIRWOMAN OLSON: Banking emergency?

3 MS. AVERY: Yes.

4 (An off-the-record discussion was held.)

5 MS. AVERY: Oh, okay. Juan was explaining  
6 to me it's a shell bill.

7 THE COURT REPORTER: I'm sorry.

8 MS. AVERY: A shell bill.

9 THE COURT REPORTER: Thank you.

10 MS. AVERY: You're welcome.

11 That's our update. But we'll be in  
12 committee on Tuesday, the 5th.

13 CHAIRWOMAN OLSON: Questions regarding this  
14 report?

15 (No response.)

16 CHAIRWOMAN OLSON: Seeing none, I would ask  
17 for a motion to -- oh, I'm sorry, Juan. Go ahead.  
18 I'm sorry.

19 MR. MORADO: Just a very quick reminder.

20 You probably have already received your  
21 statement of economic interest forms in the mail.  
22 You're going to make sure to fill those out, and you  
23 can send them to me so I can review them, and I'll  
24 make sure they get submitted to the secretary of

1 state.

2 I also e-mailed all of you last week at your  
3 State e-mail addresses the supplemental statement of  
4 economic interest that's required as a result of  
5 Governor Rauner's Executive Order 15-09, also coming  
6 due. The Executive Ethics Commission is allowing  
7 for filing of that form online, and so the  
8 instructions and how to do so are in the e-mail  
9 I sent you.

10 If you need help with accessing that website  
11 or anything with regard to that, please let me know.  
12 And thank you for everyone who's turned in your  
13 ethics forms.

14 CHAIRWOMAN OLSON: So our next meeting is  
15 May 10th, 2016, at the Marriott Conference Center in  
16 Normal, Illinois.

17 And I would entertain a motion to adjourn.

18 DR. GOYAL: Madam Chair, is it 9:00 or  
19 10:00, starting time?

20 CHAIRWOMAN OLSON: 10:00.

21 I think -- in talking to several people,  
22 I think we're going to stay at the ten o'clock,  
23 particularly in light of the fact that that makes it  
24 possible for people not to have to travel the night

1 before. Since we're not being paid for any travel  
2 the night before, I think -- reimbursed -- once  
3 again, as a cost saving measure, I think we'll leave  
4 it at ten o'clock.

5 MEMBER GOYAL: Good. Thank you.

6 CHAIRWOMAN OLSON: May I have a motion to  
7 adjourn?

8 VICE CHAIRMAN HAYES: So moved.

9 CHAIRWOMAN OLSON: And a second.

10 MEMBER BURZYNSKI: Second.

11 CHAIRWOMAN OLSON: All those in favor  
12 say aye.

13 (Ayes heard.)

14 CHAIRWOMAN OLSON: The ayes have it. We are  
15 adjourned.

16 (Off the record at 2:43 p.m.)

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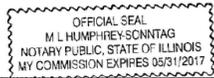
CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 12th day of April, 2016.

My commission expires: May 31, 2017

  
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Notary Public in and for the  
State of Illinois

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