

10-037

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

HEALTH FACILITIES AND SERVICES
REVIEW BOARD

APPLICATION FOR PERMIT

TO

DISCONTINUE THE ACUTE MENTAL ILLNESS
CATEGORY OF SERVICE

AT

Advocate Good Shepherd Hospital
Barrington, Illinois

ADVOCATE HEALTH AND HOSPITALS CORPORATION
d/b/a/

ADVOCATE GOOD SHEPHERD HOSPITAL
and

ADVOCATE HEALTH CARE NETWORK

June 15, 2010

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 Application for Permit to Discontinue the Acute Mental Illness Category of Service

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 **Advocate Good Shepherd Hospital**

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

June 14, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Advocate Good Shepherd Hospital
Acute Mental Illness (AMI) Category of Service (14 CON approved beds)
Discontinuation Permit Application

Dear Mr. Galassie,

After careful thought and ongoing efforts to avoid the need to do so, we find we must discontinue inpatient psychiatric services at Advocate Good Shepherd Hospital. We submit the enclosed permit application requesting the Review Board's approval to discontinue our Acute Mental Illness (AMI) Category of Service.

We file this discontinuation application only after exhausting our efforts to maintain this service. The loss of sufficient physicians and caregiver staff to adequately provide for the service, and the inability to replace these individuals, necessitated that we first reduce and now discontinue inpatient psychiatric services. In December 2009, two of the Hospital's four psychiatrists voluntarily relinquished professional staff privileges, leaving only two physicians to cover the 14-bed adult inpatient AMI unit. The loss of these two psychiatrists required us to reduce the units' operational size from 14 to 6 AMI beds. We subsequently conducted a comprehensive outreach effort to local psychiatrists. Unfortunately, these efforts did not produce the desired results. In mid-April, several AMI unit employees resigned to accept employment with other facilities. With these resignations, we determined the AMI unit could not be appropriately staffed and suspended operations effective April 30, 2010. To the best of our knowledge, we followed all Review Board rules when implementing our reduction in service and also the temporary suspension of the Acute Mental Illness (AMI) Category of Service.

In contemplating the future of these services at our hospital, we reached out to other community constituents who could be impacted by our decision. Not only to notify them, but to work through our plans with them to ensure that the surrounding community continued to be served. Within the application you will find letters from Samaritan House (a local community provider of outpatient mental health services), the Barrington Fire Chief, and a number of independent primary care physicians and local congregations confirming that this was the appropriate cause of action.



Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

Our request for discontinuation comes only after thoughtful consideration and analysis. We have confirmed there are sufficient AMI beds available in the market and have been gratified at the response from respected area providers indicating sufficient AMI beds are available and their willingness accept our referrals without restrictions. Moreover, we have worked with our sister Advocate hospitals, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospitals, to ensure that residents in the Good Shepherd service area will not be adversely impacted when seeking mental health services. Advocate Lutheran General and Advocate Good Samaritan provide comprehensive behavioral health and AMI services. Advocate Lutheran General is located within 45 minutes of the Good Shepherd campus. Lutheran General is a teaching hospital with the availability of psychiatric residents, which enhances their ability to adequately staff such a program. Both Lutheran General and Good Samaritan also have sufficiently large programs that they provide sub-specialized psychiatric services in adolescent and geriatric psychiatric programs.

We have also successfully established transfer relationships with other regional providers who will accept transfers for psychiatric patient who might present to our emergency department. We have also proactively reached out to our corresponding state facility, Elgin Mental Health Facility, and its Administrator, who has indicated that they are willing to take transfer patients from Good Shepherd when appropriate.

We believe we meet the State Agency's criteria for discontinuation due to lack of sufficient staff to adequately provide the AMI category of service. The psychiatrists in our service area prefer an office-based practice and appear disinclined to accept positions to adequately staff an adult inpatient AMI program at this time.

We look forward to working with you and your staff on the review of our Permit Application. Please contact me or Trent Gordon at 847-842-4259 if you desire further information.

Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

APPLICATION

MAY 2010 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 WEST JEFFERSON STREET, 2nd FLOOR
 SPRINGFIELD, ILLINOIS 62761
 (217) 782-3516

INSTRUCTIONS**GENERAL**

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion, modernization or discontinuation of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130).
- **This Application does not supersede any of the above-cited rules and requirements that are currently in effect.**
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Codes 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov

SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE label as such and state the reason why.**
- For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy both **unbound**. **Label one copy original that contains the original signatures (on the application for permit).**

Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an

invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (113.620(d))

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project is or is not in a flood plain, and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2005-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. SEE **SECTION XI** OF THE APPLICATION FOR PERMIT.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. SEE **SECTION XII** OF THE APPLICATION FOR PERMIT.

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, and initial fee of \$2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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

RECEIVED

JUN 16 2010

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.**HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name:	Advocate Good Shepherd Hospital				
Street Address:	450 West Highway 22				
City and Zip Code:	Barrington			60010	
County:	Lake	Health Service Area	8	Health Planning Area:	A-09

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

Exact Legal Name:	Advocate Health and Hospitals d/b/a Advocate Good Shepherd Hospital				
Address:	2025 Windsor Drive, Oak Brook, Illinois 60523				
Name of Registered Agent:	Gail D. Hasbrouck				
Name of Chief Executive Officer:	Karen A. Lambert				
CEO Address:	450 West Highway 22, Barrington, Illinois 60010				
Telephone Number:	847-842-4005				

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact**[Person to receive all correspondence or inquiries during the review period]**

Name:	Doug Ryder				
Title:	Vice President of Clinical Operations and Service Lines				
Company Name:	Advocate Good Shepherd Hospital				
Address:	450 West Highway 22, Barrington, Illinois 60010				
Telephone Number:	(847) 842-4003				
E-mail Address:	Doug.Ryder@advocatehealth.com				
Fax Number:	847-381-8074				

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

Name:	Trent Gordon, FACHE				
Title:	Director, Business Development and Planning				
Company Name:	Advocate Good Shepherd Hospital				
Address:	450 West Highway 22, Barrington, Illinois 60010				
Telephone Number:	847-842-4259				
E-mail Address:	Trent.Gordon@advocatehealth.com				
Fax Number:	847-842-4152				

Additional Contact

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

Name:	Edwin W. Parkhurst, Jr.
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	799 Roosevelt Road, Building 4, Suite 317, Glen Ellyn, Illinois 60137
Telephone Number:	(630) 790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	(630) 790-2696

Additional Contact

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

Name:	Joe Ourth
Title:	Attorney
Company Name:	Arnstein & Lehr LLP
Address:	120 S. Riverside Place, Chicago, Illinois 60137
Telephone Number:	312-876-7815
E-mail Address:	jourth@arnstein.com
Fax Number:	312-876-0288

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Advocate Good Shepherd Hospital				
Street Address:	450 West Highway 22				
City and Zip Code:	Barrington			60010	
County:	Lake	Health Service Area	8	Health Planning Area:	A-09

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Advocate Health Care Network				
Address:	2025 Windsor Drive, Oak Brook, Illinois 60423				
Name of Registered Agent:	Gail D. Hasbrouck				
Name of Chief Executive Officer:	James H. Skogsbergh				
CEO Address:	2025 Windsor Drive, Oak Brook, Illinois 60423				
Telephone Number:	(630) 990-5008				

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Doug Ryder				
Title:	Vice President of Clinical Operations and Service Lines				
Company Name:	Advocate Good Shepherd Hospital				
Address:	450 West Highway 22, Barrington, Illinois 60010				
Telephone Number:	(847) 842-4003				
E-mail Address:	Doug.Ryder@advocatehealth.com				
Fax Number:	847-381-8074				

Additional Contact

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

Name:	Trent Gordon, FACHE				
Title:	Director, Business Development and Planning				
Company Name:	Advocate Good Shepherd Hospital				
Address:	450 West Highway 22, Barrington, Illinois 60010				
Telephone Number:	847-842-4259				
E-mail Address:	Trent.Gordon@advocatehealth.com				
Fax Number:	847-842-4152				

Additional Contact

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

Name:	Edwin W. Parkhurst, Jr.
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	799 Roosevelt Road, Building 4, Suite 317, Glen Ellyn, Illinois 60137
Telephone Number:	(630) 790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	(630) 790-2696

Additional Contact

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

Name:	Joe Ourth
Title:	Attorney
Company Name:	Arnstein & Lehr LLP
Address:	120 S. Riverside Place, Chicago, Illinois 60137
Telephone Number:	312-876-7815
E-mail Address:	jourth@arnstein.com
Fax Number:	312-876-0288

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Doug Ryder
Title:	Vice President of Clinical Operations and Service Lines
Company Name:	Advocate Good Shepherd Hospital
Address:	450 West Highway 22, Barrington, Illinois 60010
Telephone Number:	(847) 842-4003
E-mail Address:	Doug.Ryder@advocatehealth.com
Fax Number:	847-381-8074

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Advocate Health and Hospitals Corporation
Address of Site Owner:	2025 Windsor Drive, Oak Brook, Illinois 60523
Street Address or Legal Description of Site:	450 West Highway 22, Barrington, Illinois 60010
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Advocate Health and Hospitals d/b/a Advocate Good Shepherd Hospital		
Address:	450 West Highway 22, Barrington, Illinois 60010		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Doug Ryder
Title:	Vice President of Clinical Operations and Service Lines
Company Name:	Advocate Good Shepherd Hospital
Address:	450 West Highway 22, Barrington, Illinois 60010
Telephone Number:	(847) 842-4003
E-mail Address:	Doug.Ryder@advocatehealth.com
Fax Number:	847-381-8074

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Exact Legal Name of Site Owner:	Advocate Health and Hospitals Corporation
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<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
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Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements Not Applicable. No construction is involved.

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements - Not Applicable

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
 Category A Project
 Category B Project
 DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Advocate Health and Hospitals Corporation d/b/a Advocate Good Shepherd Hospital and Advocate Health Care Network propose to discontinue the Hospitals' CON authorized 14-bed Acute Mental Illness Category of Service. The AMI unit reduced its operational size from 14 to 6 beds in February 2010 and temporarily suspended operations in May due to the lack of sufficient staff to adequately provide the AMI Category of Service (see the attached notification letters pertaining to this unfortunate circumstance). Discontinuation will occur within 30 days after approval of this permit application by the Illinois Health Facilities and Service Review Board or approximately October 1, 2010. If the unit does not reopen due to the continued lack of adequate staff, discontinuation will become effective upon Review Board approval. Also, attached to this permit application background section are key community support letters from the Samaritan Counseling Center, Barrington Fire Chief, and a letter from the psychiatric department chair (Dr. Jacobs) pertaining to discontinuation and their respective concurrence with discontinuation and the process the Hospital has in place to ensure continuity of care and access to AMI services.

It is not surprising Advocate Good Shepherd has experienced difficulty developing and maintaining sufficient staff to support an adult AMI 14-bed (now 6-bed) inpatient unit. This small size does not provide a sufficient critical mass to support the program. The State Agency criterion 1110.730(f) states "the minimum unit size for a new AMI unit within an MSA is 20 beds" with an 85% target occupancy rate. Based on this criteria, which the organization assumes was based on a minimum operational model, the Good Shepherd unit at 14-beds, let alone 6-beds, is too small to maintain its operation. The State Boards' own performance criteria supports the Hospital's actual experience and need for discontinuation based on "lack of sufficient staff ...".

The Hospital's Acute Mental Illinois (AMI) beds are located in AMI Health Planning Area A-09 which is contiguous to AMI planning areas A-10, A-11, A-07 and A-08. Each of these contiguous AMI planning areas are within 45-minutes drive time. According to the May 21, 2010 addendum to the Inventory of Health Care Facilities, the A-09 AMI planning area has a calculated need for an additional 4 AMI beds, or 18 AMI beds if the Good Shepherd unit is discontinued; however, considering this specific planning area in the context of the geographically contiguous AMI planning areas, there is a calculated excess of 202 AMI beds in the region (encompassing;

HSA 7 A-07, HSA 7 A-08, HSA 8 A-09, HSA 8 A-10, and HSA 7 and 8 A-11), including the recently approved Skokie Hospital bed discontinuation (42 AMI beds).

Not only are there sufficient AMI beds available regionally if the Advocate Good Shepherd AMI unit were to permanently discontinue this category of service, but other respected providers of AMI services both within a 45-minute drive time and outside this drive time have demonstrated their capability and willingness to accept the Hospital's AMI patients. There are adequate and available AMI beds within 45-minutes normal and adjusted drive time from the Hospital site willing to accept AMI patients without discrimination per State Agency criteria.

The discontinued AMI unit will be used for meeting and conference room space as well as storage. It will not be used for clinical services. The AMI unit equipment will be utilized in other Hospital programs or donated to community organizations, as appropriate.

The Hospital is located at 450 West Illinois Highway 22, Barrington, Illinois, 60010.

This is classified as a non-substantive project under the State Agency's Criterion in that it is a proposed Category of Service discontinuation (Section 1110.40).

Notification and Support Letters

AMI bed reduction and temporary operational suspension correspondence with Illinois Health Facilities and Services Review Board

- February 25, 2010 Original letter to IHFSRB regarding AMI bed reduction from 14 to 6 beds
- March 4, 2010 Notification letters to local legislators:
- Honorable Dan Duffy
 - Representative Ed Sullivan, Jr.
 - Representative Mark Beaubien, Jr.
- April 30, 2010 Letter to IHFSRB regarding temporary suspension of AMI Category of Service
- May 26, 2010 Letter to IHFSRB responding to May 6th letter
- June 8, 2010 Letter to IHFSRB regarding 30 day notification of temporary closure

Key Support Letters for AMI Program Discontinuation

- May 28, 2010 Samaritan Counseling Center, Barrington, Illinois
- May 27, 2010 Chief Jim Arie, Fire Chief, Village of Barrington
- June 8, 2010 Leo Jacobs, MD, Chairman
Department of Psychiatry at Advocate Good Shepherd Hospital

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600



February 25, 2010

Damon Arnold, M.D., M.P.H.
Director
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761

Ms. Courtney Avery
Acting Chairman
Illinois Health Facilities Services and
Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Director Arnold and Chairman Avery:

By this letter Advocate Good Shepherd Hospital wishes to notify the Illinois Department of Public Health ("IDPH") and the Illinois Health Facilities and Services Review Board (the "Board") of a reduction in the number of our licensed acute mental illness beds.

This letter provides the Board with the formal notice required by the Illinois Health Facilities Planning Act, 30 ILCS 3960 / 12.4. That provision requires us as a hospital to provide written notice within 30 days to area legislators, IDPH and the Board if we reduce a "category of service" by 50% or more. On January 28, 2010, Good Shepherd Hospital reduced its licensed "acute mental illness" capacity from 14 to 6 beds which initiated our need to provide you with this notice. In compliance with the Planning Act we are also providing separate notices to our area legislators.

We also ask that the Board make corresponding changes to the Board's bed inventory as necessary to reflect this change.

Please contact me if you have any questions or if anything else is required for us to remain in compliance with this provision of the Planning Act.

Sincerely,

A handwritten signature in cursive script that reads "Karen Lambert".

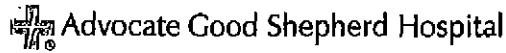
Karen Lambert
President

cc: Mr. Mike Constantino

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> X <i>Morton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery MAR 01 2004
1. Article Addressed to: MS. COURTNEY AVERLY ACTING CHAIRMAN ILLINOIS HEALTH FACILITIES SERVICES AND REVIEW BOARD 525 W. JEFFERSON, 2nd FL. SPRINGFIELD, IL 62761	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7004 0750 0002 8274 1847	
PS Form 3811, February 2004	Domestic Return Receipt	102505-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> X <i>Morton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery MAR 01 2004
1. Article Addressed to: DAMON ARLOLD, M.D., M.P.H. DIRECTOR ILLINOIS DEPARTMENT OF PUBLIC HEALTH 535 W. JEFFERSON SPRINGFIELD, IL 62761	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7004 0750 0002 8274 1854	
PS Form 3811, February 2004	Domestic Return Receipt	102505-02-M-1540

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600



March 4, 2010

The Honorable Dan Duffy
State Senator
330 E. Main Street
Suite 301
Barrington, IL 60010

Dear Senator Duffy:

I am sorry I was not able to talk with you personally but appreciate your Legislative Aide Cindy contacting me regarding changes at Advocate Good Shepherd Hospital. I wanted to make sure you were aware of our hospital's recent need to reduce the number of licensed beds in our behavioral health unit.

I am also sending this letter to provide the formal notice required by the Illinois Health Facilities Planning Act, 30 ILCS 3960 / 12.4. That provision requires us as a hospital to provide written notice within 30 days to area legislators and the Illinois Department of Public Health if we reduce by a "category of service" by 50% or more. We will also be reporting this change to the Illinois Department of Public Health. On January 28, 2010, Good Shepherd Hospital reduced its licensed "acute mental illness" capacity from 14 to 6 beds. We have lost two of our four psychiatrists who care for our patients. Despite ongoing efforts we have not been able to recruit any new psychiatrists.

I want to assure you of our efforts to care for the residents in our area. We have a plan in place to assure that patients are being served. We will keep you informed of our plans going forward. Please call me if you have any questions. I can be reached at 847-842-4005.

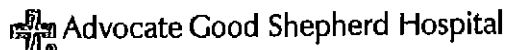
Sincerely,

A handwritten signature in cursive script that reads "Karen Lambert".

Karen Lambert
President

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4. If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>The Honorable Dan Diebly</i> <i>State Senator</i> <i>330 E. Main St.</i> <i>Suite 301</i> <i>Barrington, Ill 60010</i></p>		<p>B. Received by (Printed Name) <i>C</i></p>	<p>C. Date of Delivery <i>3/8</i></p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>7004 0750 0002 8274 1786</p>	
		<p>102593-02-M-1340</p>	

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600



March 4, 2010

Representative Ed Sullivan, Jr.
State Representative
700 North Lake Street
Suite 101
Mundelein, IL 60060

Dear Representative Sullivan:

I left you a message but was not able to connect with you regarding changes at Advocate Good Shepherd Hospital. I wanted to discuss directly with you our hospital's recent need to reduce the number of licensed beds in our behavioral health unit.

Although we have not had an opportunity to discuss this issue by phone, I am sending this letter to provide the formal notice required by the Illinois Health Facilities Planning Act, 30 ILCS 3960 / 12.A. That provision requires us as a hospital to provide written notice within 30 days to area legislators and the Illinois Department of Public Health if we reduce a "category of service" by 50% or more. We will also be reporting this change to the Illinois Department of Public Health. On January 28, 2010, Good Shepherd Hospital reduced its licensed "acute mental illness" capacity from 14 to 6 beds. We have lost two of our four psychiatrists who care for our patients. Despite ongoing efforts we have not been able to recruit any new psychiatrists.

I want to assure you of our efforts to care for the residents in our area. We have a plan in place to assure that patients are being served. We will keep you informed of our plans going forward. Please don't hesitate to call me if you have any questions. I can be reached at 847-842-4005.

Very truly yours,

A handwritten signature in cursive script that reads "Karen Lambert".

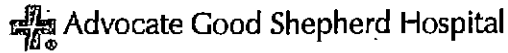
Karen Lambert
President

www.advocatehealth.com

Related to the Evangelical Lutheran Church in America and the United Church of Christ

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jan Smude</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p><i>Representative P. Sullivan State Representative 700 North Lake Street Suite 101 Mendota, Ill 60060</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>MUNDEN MAR 8 2010</i></p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>3. Service Type <i>USPS</i></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 0750 0002 8274 1779</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595 02-M-1840</p>	

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600



March 1, 2010

Representative Mark H. Beaubien, Jr.
State Representative
124-AE Liberty Street
Wauconda, IL 60084

Dear Representative Beaubien:

Thank you for speaking with me recently regarding changes at Advocate Good Shepherd Hospital. I appreciated the opportunity to discuss directly with you our hospital's recent need to reduce the number of licensed beds in our behavioral health unit.

Although we had discussed this issue by phone, I am sending this letter to provide the formal notice required as the Illinois Health Facilities Planning Act, 30 ILCS 3960 / 12.4. That provision requires us as a hospital to provide written notice within 30 days to area legislators and the Illinois Department of Public Health if we reduce by a "category of service" by 50% or more. On January 28, 2010, Good Shepherd Hospital reduced its licensed "acute mental illness" capacity from 14 to 6 beds. We will also be reporting this change to the Illinois Department of Public Health.

We had discussed on the phone the reasons for our need to make this reduction and our plans for caring for these patients. I want to again assure you of our efforts to care for the residents in our area. We will keep you informed of our plans going forward. Once again, thank you for the earlier opportunity to speak with you regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Karen Lambert".

Karen Lambert
President

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Linda L. Jagan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>LINDA L. JAGAN</i></p>	<p>C. Date of Delivery <i>05/14/00</i></p>
<p>1. Article Addressed to: <i>Representative Mark A. Beauchamp State Representative 124 W Liberty St Alamogordo, NJ 08004</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7004 0750 0002 8274 1861</p>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-01-1640

April 30, 2010

Via Certified Mail

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Temporary Suspension of Acute Mental Illness ("AMI") Category of Service

Chairman Galassie:

This letter is to inform the Health Facilities and Services Review Board that Advocate Good Shepherd Hospital must temporarily suspend its AMI operations. Effective immediately we will not be accepting any new patients from other facilities. We will accept new patients through Good Shepherd's Emergency Department over the weekend but will not accept any new patients to the behavioral health unit starting Monday. The unit will remain operational until all patients are discharged.


Due to the departure of key staff, we reduced our AMI unit operating capacity from 14 to 6 beds in January 2010. Because of recent additional staff resignations effective today, it will be necessary for us to temporarily suspend AMI services. We will be pursuing a permit to formally discontinue this category of service.

As with the earlier reduction of services, we are working with other facilities, particularly Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, to service these AMI needs.

Per Board regulations, we will provide you an update every 30 days as to where our temporary suspension stands.

Should you have any questions, please contact Doug Ryder, Vice President, at 847-842-4003.

Sincerely,



Karen Lambert
President, Advocate Good Shepherd Hospital

cc: Mike Constantino
Dave Carvalho

9007154.2(22864-0002)

Via Fax and Certified Mail

May 26, 2010

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Temporary Suspension of Acute Mental Illness ("AMI") Category of Service

Mr. Constantino:

On May 18th, we received your letter in connection with our notice to the Review Board regarding the temporary suspension of our behavioral health unit. This letter provides further detail to confirm that our action was in accordance with Board regulations.

In December 2009, we received notice from two of our four psychiatrists on staff that they would no longer be active on the Good Shepherd professional staff. This left us with only two psychiatrists to cover our 14 bed inpatient behavioral health unit, the emergency department and inpatient consultations. We immediately began a comprehensive outreach effort to area psychiatrists in an effort to recruit additional physicians to the medical staff. We sent certified letters to 73 psychiatrists within a 25 mile radius of the hospital and received very few responses. Those who expressed an interest were interviewed and given additional information as to what services we were seeking from our psychiatrists on staff. Nearly none of those physicians who were interviewed expressed an interest in taking call for the inpatient unit. We did have one physician who was interested in taking call, but this physician was not board certified and therefore did not meet the minimum requirements for staff privileges at Good Shepherd.

Simultaneously to our recruitment efforts, we reached out to our sister Advocate hospitals, Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, to ensure that those patients who needed care could continue to be treated.

With the loss of half of our psychiatrists we considered temporarily suspending our AMI service at that time. Instead, we reduced the operational size of the unit in late February from 14 beds to 6 beds. This reduction was to try to find a unit size in which our two remaining psychiatrists could appropriately cover all the patients on the unit. At the time of that reduction we provided notice to the Review Board, IDPH, and our area legislators in accordance with the Planning Act. Following this reduction, several of our employees began to leave Good Shepherd for employment at other facilities. In mid-April, additional employees on the unit submitted their resignations effective in early May. At that time, it was determined that we could no longer appropriately staff the unit and that operations on the unit would need to be temporarily suspended, likely until the Board could consider permanent discontinuation.

Mr. Mike Constantino

May 26, 2010

Page 2

In many respects, the loss of additional nurses became the final straw. At that point we could no longer continue appropriate clinically care that we would need to suspend service with the new nurse resignations. It also became apparent that we could not restore staffing for the program. With only two psychiatrists on staff, we have a concern about coverage. Should one of those physicians become ill or go on vacation, one physician would have 24/7 coverage of the unit, the emergency department and the medical surgical floors. We do not see additional psychiatrists joining the Good Shepherd medical staff and believe that it will be very difficult to recruit nurses to a six bed unit given that much larger programs exist in our immediate area and would be more a more attractive employment option.

Although Review Board rules would allow us to provide notice of either the reduction in service or the temporary suspension 30 days after the event, in both cases we have sought to adhere fully to your rules and provide notice immediately of the events. Similarly, we will fully comply with your rules regarding temporary suspension and will also seek a permit to permanently discontinue the category of service. We have now sent the requisite impact letters to other facilities and in the very near future we will be submitting an application to the Illinois Health Services and Review Board requesting permanent discontinuation of the unit. We will provide you an update every 30 days on the status of the unit and our application.

Please do not hesitate to call me at 847-842-4005 should you have any additional questions.

Thank you,

A handwritten signature in cursive script that reads "Karen Lambert".

Karen Lambert
President
Advocate Good Shepherd Hospital

9034821.2(22864-0002)

 Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

Via Fax and Certified Mail

June 8, 2010

Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Temporary Closure of Acute Mental Illness ("AMI") Category of Service Update

Mr. Constantino:

Please let this letter serve as an update to or letter to you regarding Advocate Good Shepherd's temporary closure of our Acute Mental Illness beds. At this time we have had no additional requests from psychiatrists to join the Good Shepherd medical staff. The unit remains closed and is not being used for any other purposes at this time. It remains our intention to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to permanently close the unit and for that application to be heard at the Board's September meeting.

Per the Board's rules, we will continue to provide you an update every 30 days on the status of the unit and our application.

Please do not hesitate to call me at 847-842-4005 should you have any additional questions.

Thank you,



Karen Lambert
President
Advocate Good Shepherd Hospital

Related to the Evangelical Lutheran Church in America and the United Church of Christ.



The Rev. Mary E. Tudela
Executive Director
Office 847-382-HOPE (4673)
Fax 847-382-1915
e-mail execdirector@samaritancounselingivsub.org

May 28, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I'm writing to you in response to Advocate Good Shepherd Hospital's recent announcement that it would close their inpatient psychiatric unit. My organization was notified the day the closure occurred. We do not view this decision as Good Shepherd giving up on the mental health needs of Barrington or the surrounding communities. Advocate Good Shepherd is one of the founding organizations of the Samaritan Counseling Center, a non profit provider of faith based counseling services and continues to serve as one of our center's strongest supporters. Good Shepherd has also been involved in leading the community efforts to respond to a number of teen suicides that occurred in the Barrington area, offering a broad range of support and expertise.

Moreover, whenever we have had needs for space to offer the community educational programs related to these and other efforts related to the topics of mental health for our community, Advocate has continually stepped up to allow our use of their space for such programming.

It is our understanding that Good Shepherd is partnering with other Advocate Health Care Hospitals to ensure that area patients needing in patient psychiatric services receive the best care possible from other robust mental health programs operated in its system. We appreciate the many efforts Good Shepherd does for our community and look forward to their continued support and partnership for the mental health needs in Barrington and beyond.

Sincerely,

Samaritan Counseling Center
800 Hart Road, Suite 250 Barrington, IL 60010



VILLAGE OF BARRINGTON

May 27, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Mr. Galassie:

I am the Fire Chief for the Village of Barrington. My EMS crew provides the largest number of ambulance runs to Advocate Good Shepherd Hospital. I understand that the hospital has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plan to take care of patients my crew and I drop off at the emergency department. I understand that the hospital has created Behavioral Health Team to evaluate these patients and create a personalized plan for their care. This plan will be an asset to communities, including Barrington, that the hospital serves.

We have always had an excellent relationship with Good Shepherd when it comes to care of patients with mental health issues. The closing of the unit in no way will impact our relationship with the hospital, and we will not hesitate to continue to take our psychiatric patients to Shepherd for care.

Thank you,

Chief Jim Arie
Village of Barrington

VILLAGE HALL
200 S. HOUGH ST.
BARRINGTON, IL 60010
TEL (847) 304-3400
FAX (847) 304-3400

PRESIDENT & BOARD
MANAGER'S OFFICE
TEL (847) 304-3400
FAX (847) 304-3400

FINANCIAL SERVICES
TEL (847) 304-3400
FAX (847) 381-7506

BUILDINGS & PLANNING
TEL (847) 304-3460
FAX (847) 381-1036

PUBLIC WORKS
300 N. RAYMOND AVE.
BARRINGTON, IL 60010
TEL (847) 381-7803
FAX (847) 382-3030

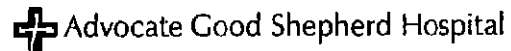
PUBLIC SAFETY
400 N. NORTHWEST HWY.
BARRINGTON, IL 60010

POLICE
TEL (847) 304-3500
FAX (847) 381-2165

FIRE
TEL (847) 304-3600
FAX (847) 381-1868

WWW.BARRINGTON-IL.GOV

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone: 847.381.9600



June 8, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is Leo Jacobs, MD, and I am the Chairman of the Department of Psychiatry at Advocate Good Shepherd Hospital in Barrington, Illinois.

Late in 2009, my department lost half of its members for personal reasons. That left myself and one other psychiatrist to cover a 14 bed unit. Early in 2010 the hospital reduced the number of operational beds to six and ultimately temporarily closed the unit. Given the ongoing difficulty in recruiting additional psychiatrists to the hospital's medical staff, the hospital has decided to permanently close the unit.

My greatest concern is to ensure that psychiatric patients in the service area are cared for. Processes have been put in place at Advocate Good Shepherd Hospital to ensure that inpatients and emergency department patients needing inpatient psychiatric care are handled. Transfer processes have been reinforced between Good Shepherd Hospital and two of its sister facilities, Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital. Since temporary closure has occurred, patients have been successfully transferred to these hospitals.

Sincerely,

A handwritten signature in black ink that reads "Leo I. Jacobs M.D.".

Leo Jacobs, MD
Chairman, Department of Psychiatry

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project Yes No
 Purchase Price: \$ NA
 Fair Market Value: \$ NA

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ NA.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140) Assuming Permit approval by the Review Board in September 2010, by October 1, 2010.

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

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

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Not Applicable

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

FACILITY NAME: Advocate Good Shepherd Hospital		CITY: Barrington			
REPORTING PERIOD DATES: From: January 1, 2008 to: December 31, 2008					
Category of Service	Authorized Beds	Admissions	Patient Days ^a	Bed Changes	Proposed Beds
Medical/Surgical	113	9,241	34,466	0	113
Obstetrics	24	1,942	4,946	0	24
Pediatrics	14	296	652	0	14
Intensive Care	18	957	6,085	0	18
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	14	585	3,881	0	14
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	183	12,984	50,030	0	183

a. Does not include the following observation utilization in authorized beds.

<u>Observation Days</u>	
<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	1,715
Pediatric	55
Total	1,770

This permit application proposes to discontinue the 14-bed AMI bed category of service. When approved the Hospital total bed complement will be reduced to 169.

Facility Bed Capacity and Utilization (2009 Draft AHQ Submittal)

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete.**

FACILITY NAME: Advocate Good Shepherd Hospital		CITY: Barrington			
REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009					
Category of Service	Authorized Beds	Admissions	Patient Days^a	Bed Changes	Proposed Beds
Medical/Surgical	113	8,778	32,874	0	113
Obstetrics	24	1,826	4,572	0	24
Pediatrics	14	316	1,852	0	14
Intensive Care	18	1,053	6,642	0	18
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	14	588	3,864	0	14
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	183	12,561	49,804	0	183

a. Does not include the following observation utilization in authorized beds.

<u>Observation Days</u>	
<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	2,445
Pediatric	62
Total	2,507

This permit application proposes to discontinue the 14-bed AMI bed category of service. When approved the Hospital total bed complement will be reduced to 169.

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Advocate Health and Hospitals Corporation
d/b/a Advocate Good Shepherd Hospital *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Karen A Lambert

SIGNATURE

Karen A. Lambert
PRINTED NAME

President, Advocate Good Shepherd Hospital
PRINTED TITLE

William Santulli

SIGNATURE

William Santulli
PRINTED NAME

Executive Vice President / COO
PRINTED TITLE

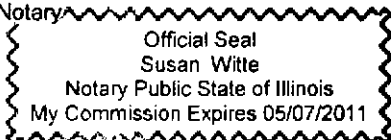
Notarization:
Subscribed and sworn to before me
this 9 day of JUNE, 2010

Notarization:
Subscribed and sworn to before me
this 9 day of JUNE, 2010

Susan Witte

Signature of Notary

Seal

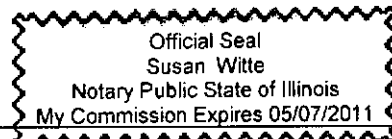


*Insert EXACT legal name of the applicant

Susan Witte

Signature of Notary

Seal



CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Advocate Health Care Network *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

JA Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

President and CEO
PRINTED TITLE

William Santulli
SIGNATURE

William Santulli
PRINTED NAME

Executive Vice President / COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9 day of JUNE, 2010.

Susan Witte
Signature of Notary

Seal
Official Seal
Susan Witte
Notary Public State of Illinois
My Commission Expires 05/07/2011
*Insert EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 9 day of JUNE, 2010

Susan Witte
Signature of Notary

Seal
Official Seal
Susan Witte
Notary Public State of Illinois
My Commission Expires 05/07/2011

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

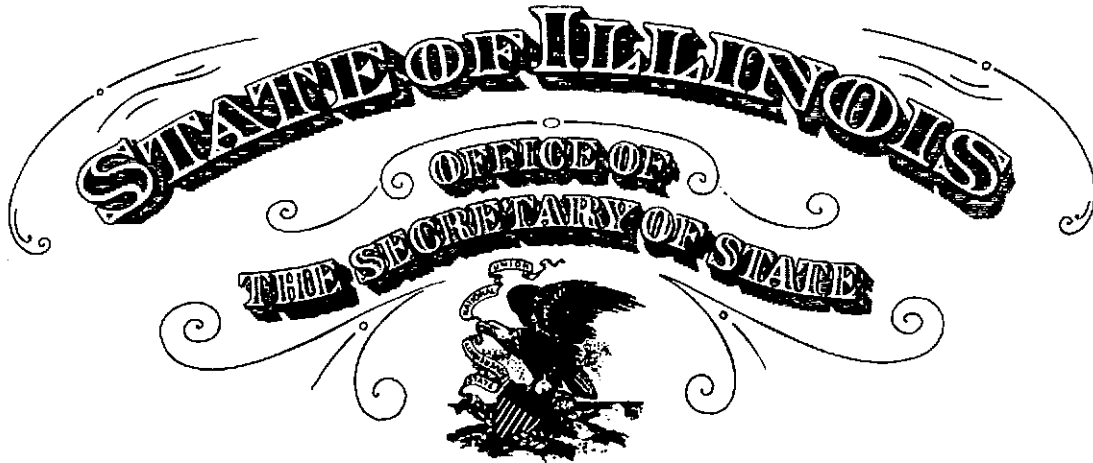
A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	37 – 38
2	Site Ownership	39 – 40
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	41
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	42 – 43
5	Flood Plain Requirements	44
6	Historic Preservation Act Requirements	45
7	Project and Sources of Funds Itemization	46
8	Obligation Document if required	47
9	Cost Space Requirements	48
10	Discontinuation	49 – 102
11	Background of the Applicant	NA
12	Purpose of the Project	NA
13	Alternatives to the Project	NA
14	Size of the Project	NA
15	Project Service Utilization	NA
16	Unfinished or Shell Space	NA
17	Assurances for Unfinished/Shell Space	NA
18	Master Design Project	NA
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	General Long Term Care	NA
29	Specialized Long Term Care	NA
30	Selected Organ Transplantation	NA
31	Kidney Transplantation	NA
32	Subacute Care Hospital Model	NA
33	Post Surgical Recovery Care Center	NA
34	Children's Community-Based Health Care Center	NA
35	Community-Based Residential Rehabilitation Center	NA
36	Long Term Acute Care Hospital	NA
37	Clinical Service Areas Other than Categories of Service	NA
38	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
39	Availability of Funds	NA
40	Financial Waiver	NA
41	Financial Viability	NA
42	Economic Feasibility	NA
43	Safety Net Impact Statement	103 – 116
44	Charity Care Information	117 – 118
	Appendix 1	119 – 148
	Appendix 2	149 – 196



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0917302194

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of JUNE A.D. 2009 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0917302182

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of JUNE A.D. 2009 .

Jesse White

SECRETARY OF STATE

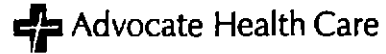
Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Advocate Health and Hospitals Corporation
Address of Site Owner:	2025 Windsor Drive, Oak Brook, Illinois 60523
Street Address or Legal Description of Site:	450 West Highway 22, Barrington, Illinois 60010
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

2025 Windsor Drive
Oak Brook, Illinois 60523
Telephone 630.572.9393



June 9, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 68761

Re: Site Ownership

Dear Mr. Galassie,

This attestation letter is submitted to indicate that Advocate Health and Hospitals Corporation owns the Good Shepherd Hospital site.

We trust it complies with the State Agency Proof of Ownership requirement indicated in the May 2010 Permit Application Edition.

Sincerely,

A handwritten signature in cursive script, appearing to read "William Santulli".

William Santulli
Executive Vice President / COO

Notarization:

Subscribed and sworn to before me
This 10 day of June, 2010

A handwritten signature in cursive script, appearing to read "Susan Witte".

Signature of Notary
Seal



Operating Identity/Licensee

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

Exact Legal Name:	Advocate Health and Hospitals d/b/a Advocate Good Shepherd Hospital		
Address:	450 West Highway 22, Barrington, Illinois 60010		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

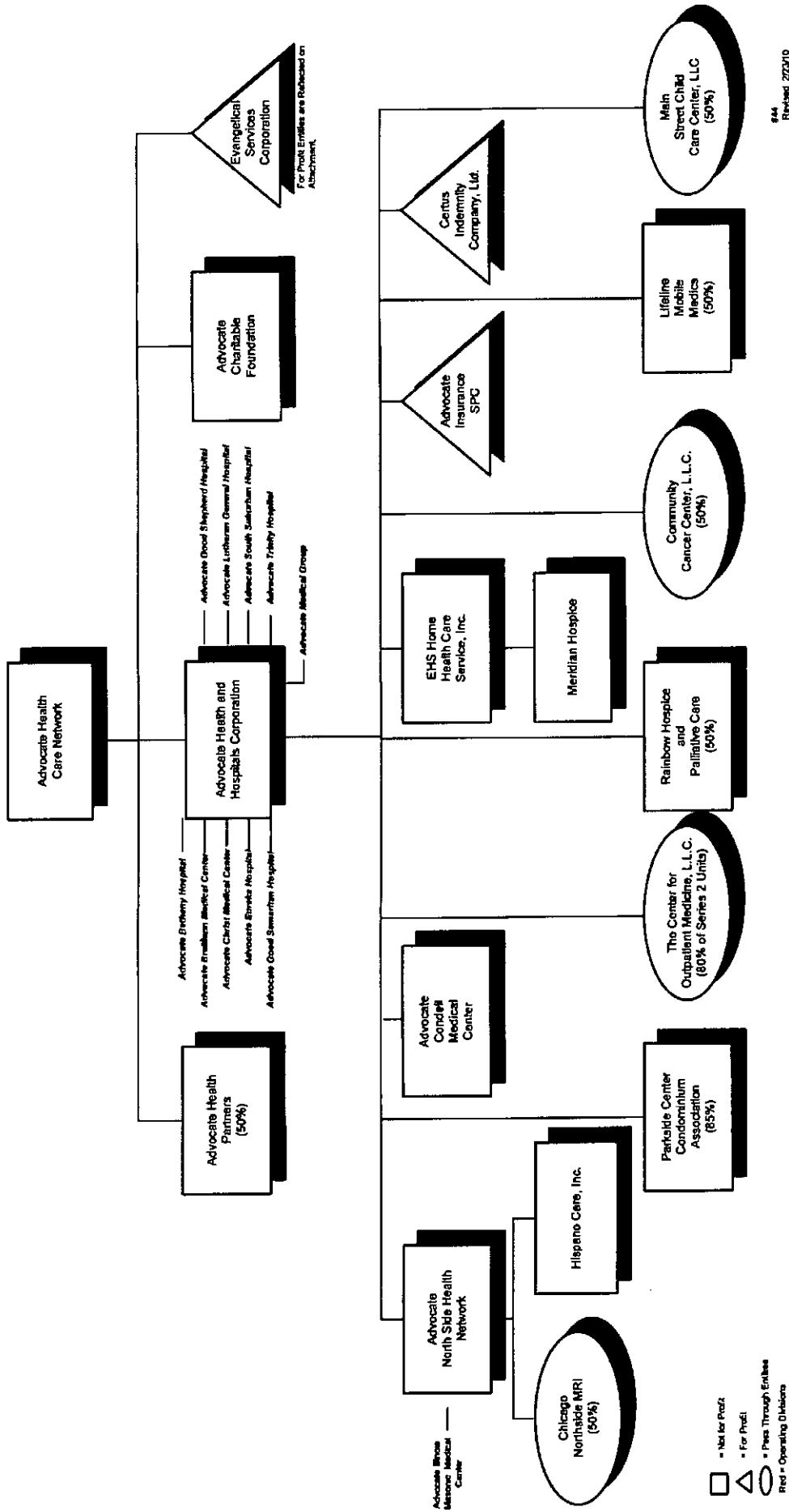
See Attachment 1 for applicable Certificate of Good Standing for the co-applicants.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See following page



□ Not for Profit
 * For Profit
 * Pass Through Entity
 Pric = Operating Divisions
 100% Ownership Unless Otherwise Noted

#44 Revised 2/22/10

Flood Plain Requirements

Not Applicable.

There is no construction involved with this proposed discontinuation.

Historic Resources Preservation Act Requirements

Not Applicable.

There is no demolition, construction, nor modernization associated with this proposed discontinuation.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable

Preliminary

Schematics

Final Working

Anticipated project completion date (refer to Part 1130.140): Assuming Permit approval by the Review Board in September 2010, by October 1, 2010.

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

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON

Contingencies

Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	\$0			0	0		

APPEND DOCUMENTATION AS ATTACHMENT-9- IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Not applicable. There will be no modernized nor vacated space. The discontinued AMI unit will be reassigned, as is, with no associated project costs, for meeting and conference room space as well as storage. The existing AMI unit will not be utilized for clinical services.

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

Advocate Health and Hospitals Corporation d/b/a Advocate Good Shepherd Hospital and Advocate Health Care Network propose to discontinue the Hospital's CON approved 14-bed (now 6) Acute Mental Illness (AMI) Category of Service.

2. Identify all of the other clinical services that are to be discontinued.

No other clinical services will be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated AMI discontinuation date is within 30 days following approval by the Illinois Health Facilities and Services Review Board. Assuming permit approval at the Board's September 2010 meeting, discontinuation will occur by October 1, 2010.

Given that the unit has temporarily suspended operations, and if the AMI unit does not reopen, discontinuation will occur on Permit Approval by the Review Board.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

Space vacated by the discontinued AMI Category of Service (the Unit) will be used for meeting room, conference room, and storage space; see also Attachment 10, Exhibits A and B.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

All AMI patient related records at Good Shepherd Hospital will be kept within the Hospital's current medical record system, as they are now. Medical records will be kept according to Hospital policy which meets all legal, regulatory, and accreditation requirements for record retention.

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

Not applicable; an entire facility is not being discontinued.

Exhibit A

Advocate Good Shepherd Hospital
Acute Mental Illness (AMI) Unit Floor Plan

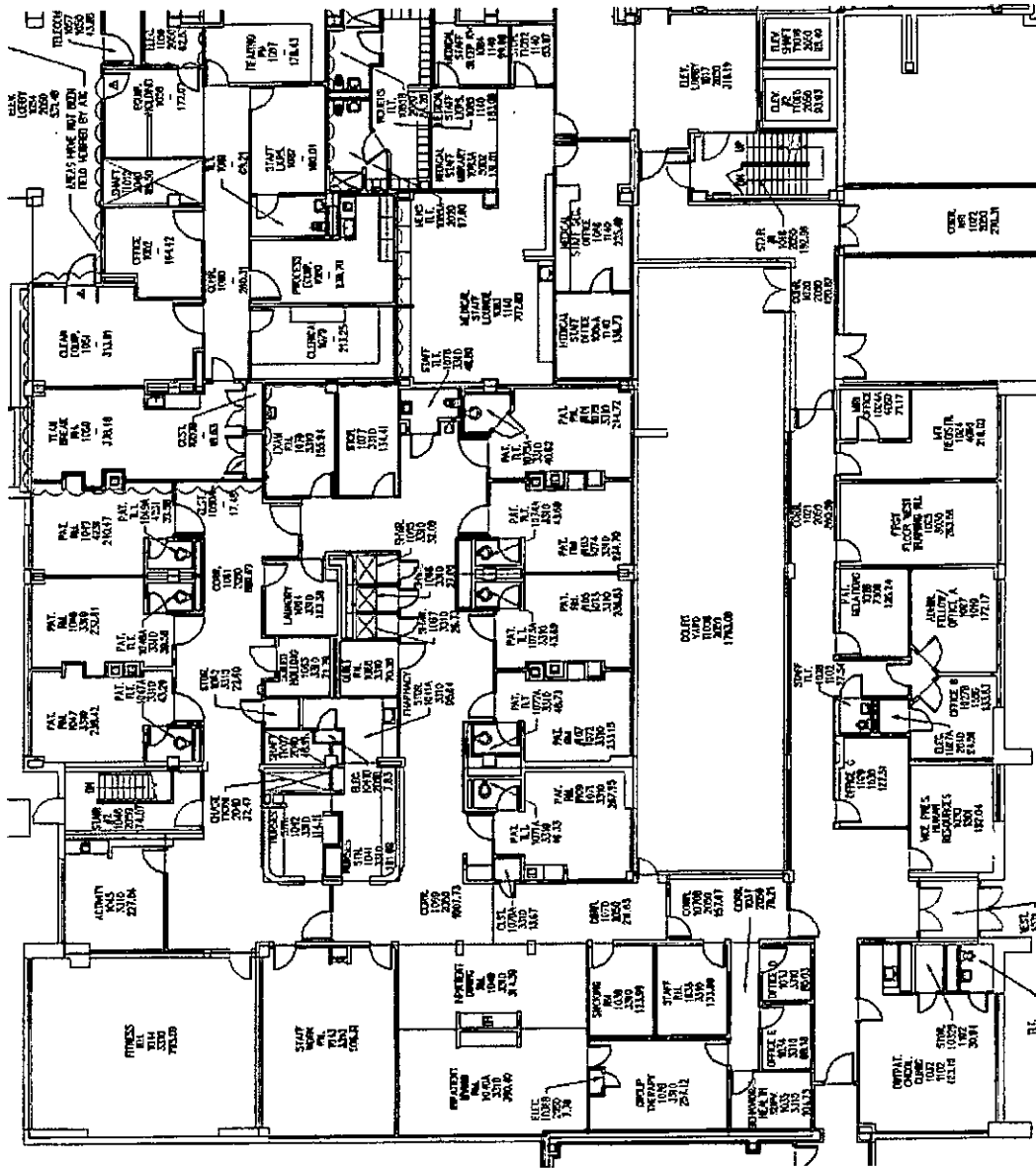


Exhibit B

Advocate Good Shepherd Hospital
Acute Mental Illness (AMI) Inpatient Unit
Key Facility Characteristics / Rooms

Area: Approximately 10,068 DGSF
CON Authorized Beds: 14 (4/22/09) (Now 6 per notification to IDPH on February 25, 2010)

Key Rooms:

Patient rooms (8 each)

Group therapy room

Dining facilities

Activity room

Quiet room

Family room

Patient showers

Nurses station / Pharmacy

Staff support facilities

Laundry (Patient clothes)

Clean holding

Soiled holding

Storage

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

<u>Reasons for Discontinuation is organized as follows:</u>	<u>Page #</u>
Background Trends in Mental Health Care	53
System Background	53
Good Shepherd Program Status / Physician Recruitment	54
Discontinuation Support	56
Hospital Service Area	56
Service Area Population	57
AMI Program Characteristics	57
Primary Program Development Strategy	58
Facilitated Transfer Initiative	59
Summary Comment	60
Impact on Access	93

Advocate Good Shepherd Hospital Reason for Discontinuing its AMI Beds

Advocate Good Shepherd Hospital certifies the proposed discontinuation of the AMI category of service satisfies Section 1110.130(b)(2) review criterion in that there is a current and future **“lack of sufficient staff to adequately provide the (AMI bed category of) service”**.

Advocate Good Shepherd has had difficulty developing and maintaining sufficient staff to support an adult AMI 14-bed inpatient unit. This small size does not provide a sufficient critical mass to support the program. The State Agency criterion 1110.730(f) states “the minimum unit size for a new AMI unit within an MSA is 20 beds”. Based on this criteria, which is assumed to be based on a minimum operational model, the Good Shepherd unit at 14 beds, let alone 6 beds, is too small to maintain its operation. The State Boards’ own performance criteria supports the Hospital’s actual experience and need for discontinuation based on “lack of sufficient staff ...”.

Background Trends in Mental Health Care

US Healthcare continues to undergo fundamental structural changes requiring creative and flexible responses from service providers. Two key forces affecting mental health services are Federal / State policy and requisite reimbursement. Until the early 1970's most of the mentally ill lived in public mental hospitals which had over 500,000 residents in 1955. By 1985 the total mental health resident population in public institutions had decreased approximately 80% to 110,000 residents (National Center for Health Statistics) due primarily to antipsychotic drugs; since 1970 over 60 state psychiatric hospitals have closed and another 59 were reorganized or significantly downsized (AHA; Hospital statistics) due to new care delivery models. Within Illinois, many state mental health hospitals have been closed or downsized in response to this trend. Currently, the State of Illinois operates approximately nine inpatient facilities which are classified as chronic and not acute mental health inpatient units along with ambulatory programs and programs for the developmentally disabled.

States and the federal government have also engaged in shifting mental health care delivery from public to community based programs. Due in part to new drugs and contemporary behavioral health care-delivery models, the trend is to deinstitutionalize mental health care and shift care to community-based models. Reimbursement models, including Medicaid rules, favor providing mental health services in outpatient settings, especially for adults. These settings include such programs as primary care offices, psychiatrist offices, other care-giver offices (psychologists, MSW's, etc), outpatient clinic services, partial hospitalization, and case management programs, in lieu of inpatient programs.

In summary, it is clear public policy favors a community based deinstitutionalized care-model for mental health services. The implication of which reduces demand for inpatient mental health beds and encourages care givers to emphasize an office based or clinic practice rather than covering a 24/7 inpatient unit. These trends have had a major impact on the Advocate Good Shepherd program forcing the Hospital to first downsize the AMI unit and then temporarily discontinue operations due to inadequate staff.

System Background

Advocate Health Care is one of the top 10 healthcare systems in the United States. Serving mainly the Chicagoland area, it is headquartered in Oak Brook, Illinois. Advocate is an integrated healthcare network with more than 200 sites, including 11 acute and specialty care hospitals, community health clinics, as well as home care and hospice services. The health system includes the largest physician network in Illinois. Most recently the IHFSRB approved the merger of the BroMenn System, Bloomington, Illinois, into the Advocate Health Care System.

Advocate Good Shepherd Hospital (AGSH), Barrington, Illinois, is part of Advocate Health Care. We are a 183 bed facility with approximately 700 physicians on staff. Recently we were awarded HealthGrades' Distinguished Hospital for Clinical Excellence Award™. We have earned this national recognition for several years. HealthGrades analyzed approximately 40 million Medicare hospitalization records before conferring this coveted designation on the Hospital.

Good Samaritan Program Status / Physician Recruitment

In December 2009, we received notice from two of our four staff psychiatrists that they would no longer be active on the Good Shepherd professional staff. This left only two psychiatrists to cover our 14-bed inpatient adult behavioral health unit, the emergency department and inpatient consultations.

Given this situation, we immediately began a comprehensive outreach effort to area psychiatrists in an effort to recruit additional physicians to the medical staff. We sent certified letters to 73 psychiatrists within a 25 mile radius of the Hospital. Unfortunately, very few responses were received. The physicians we contacted were identified through publically available data. (See Attachment 10, Exhibit A.1 and Appendix 1) We interviewed the physicians who expressed an interest and provided additional information as to what services were necessary from psychiatrists on our staff. Unfortunately, only one of the physicians we interviewed expressed an interest in taking call for the inpatient unit. This physician was not board certified and therefore could not meet the minimum requirements for staff privileges at Good Shepherd. More specifically, on December 9th Mr. Ryder and Dr. Jacobs (Chair, Department of Psychiatry) met with Dr. V. Dr. V was interested in staff privileges but not taking call, and on December 18th Mr. Ryder met with Dr. S but the physician never requested a pre-application (names omitted for privacy reasons).

At the same time we were working to identify psychiatrists to staff the unit, we also reached out to its sister Advocate hospitals, in particular, Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, to ensure that those patients who needed AMI care could continue to be treated. In addition, we contacted other respected AMI providers, community based mental health providers, and the Elgin Mental Health Center to ensure community access to both inpatient AMI services as well as outpatient mental health services. We also implemented a formal process including both a ED Case Manager program and Behavioral Health Liaison Assessment Team as described on the next page to ensure continuity of AMI care and access programs were supported.

The ED Case Manager provides support for Emergency Department (ED) patients including psychiatric assessments and transfers, discharge planning (including custodial placements, respite stays, charity care-meds, financial assessments / interventions, equipments, hospice, etc...) detox discharge planning, crisis intervention and counseling, and staff / community resources.

The Behavioral Health Liaison Assessment Team provides support for inpatients with psychiatric needs by interviewing the patient / family, completing psychiatric assessments and determining disposition in collaboration with the psychiatrists. The team offers support for the nursing units on appropriate legal documentation as well as assisting in making arrangements for patient transfer to other psychiatric facilities as needed or referrals to outpatient programs. The Hospital's transfer process is provided in Attachment 10, Exhibit a.1.a. The process emphasizes managing patients within the Advocate system but also other respected community based providers.

With the loss of half of the staff psychiatrists in December, we considered temporarily suspending its AMI service. Instead, we reduced the operational size of the unit in late February from 14 beds to 6 beds in an attempt to retain the category of service. This reduction was necessary, as it would have been impossible for the two remaining psychiatrists to appropriately cover all the patients on the unit. At the time of that reduction, we provided notice to the Review Board, IDPH, and area legislators in accordance with the Planning Act (see the Project Description section of this permit application). Unfortunately, following the reduction in operational beds, , additional employees on the AMI unit submitted their resignations effective early May. At that time, we determined that Good Shepherd could no longer appropriately staff the unit and we would need to be temporarily suspend or close the unit, likely until the Board could consider permanent discontinuation. We notified appropriate internal and external stakeholders, including the Governing Council, medical staff members, and local church congregations (See Attachment 10, Exhibits B.1, C.1, and D.1).

After the temporary suspension, it became apparent that we would not be able to restore staffing for the AMI program. With only two psychiatrists on staff we had a significant concern about appropriate coverage. Should one of these physicians become ill or go on vacation, one physician would have 24/7 coverage of the unit, the emergency department, and medical surgical floors. Given our outreach recruitment effort, we do not believe we will be able to recruit new psychiatrists. Additionally recruiting new staff will be next to impossible with only two psychiatrists on our medical staff, given that much larger programs exist in the Hospitals immediate area. These hospitals would be more a more attractive employment option for psychiatric nurses and other key staff given their larger and more stable AMI units.

Additionally, it is not surprising that we had difficulty developing and maintaining sufficient staff to support an adult AMI 14-bed inpatient unit. This small size does not provide a sufficient critical mass to support the program. The State Agency criterion 1110.730(f) states “the minimum unit size for a new AMI unit within an MSA is 20 beds”. Based on this criteria, which we assume was based on a minimum effective and efficient operational model, the Good Shepherd unit at 14 beds, let alone 6 beds, is too small to maintain its operation. The State Boards’ own performance criteria supports the Hospital’s actual experience and need for discontinuation based on “lack of sufficient staff ...”.

In order to ensure continuity of care, a formal process was initiated early this year to facilitate behavioral health patient transfers to the most appropriate care setting, primarily within the Advocate system given temporary suspension and probable AMI bed discontinuation. This process and its outcome are described in this attachment. Attachment 10, Exhibit E.1 provides information on the AMI program patient transfer experience post-temporary closure, for the period May 5 to June 5, 2010. There were 31 transfers, 10 within the Advocate system and 21 to 8 other respected AMI providers.

Discontinuation Support

There are 15 letters supporting discontinuation of Advocate Good Shepherd’s AMI Category of Service. These are included as Attachment 10, Exhibits F.1.a (list) through p., inclusive.

Hospital Service Area

AGSH’s service area was derived by analyzing zip code based hospital discharges and corresponding market share estimates from COMPdata. This analysis concluded the Primary Service Area (PSA) to comprise 12 zip codes accounting for approximately 75% of the Hospital discharges. The Secondary Service Area (SSA) comprises 5 zip codes and approximately 7% of the Hospital discharges. There is approximately 18% immigration from other areas (see Attachment 10, Exhibit 1). The zip codes comprising these service areas are:

<u>Primary Service Area</u>	<u>Secondary Service Area</u>
60010 Barrington	60012 Crystal Lake
60013 Cary	60060 Mundelein
60014 Crystal Lake	60073 Woodstock
60021 Fox River Grove	60110 Carpentersville
60042 Island Lake	
60047 Lake Zurich	
60050 McHenry	
60051 McHenry	
60067 Palatine	
60084 Wauconda	
60102 Algonquin	
60156 Lake In The Hills	

This service area is mapped on Attachment 10, Exhibits 2 and 3. The PSA and SSA overlap four counties in northeast Illinois and the 45 minute AMI adjusted and un-adjusted travel times, per State Agency rules, embraces 5 AMI planning areas.

Advocate Good Shepherd's overall market share in its PSA approximates 28% and 5% in the SSA; see Attachment 10, Exhibit 4, with an overall average approximating 20% in the combined PSA / SSA.

Service Area Population

The greatest portion of AGSH's service area is in Lake and McHenry counties. Attachment 10, Exhibits 5 and 6 profile projected population growth from various sources; Thomson, Reuters, ESRI Business Solutions, and DCEO. These sources indicate population growth in the market suggesting a probable growing demand for healthcare services in the area.

Although this permit application is seeking discontinuation of the AMI bed category of service, the organic population growth suggests Good Shepherd will have increasing demands placed on its remaining services in the future.

AMI Program Characteristics

The Hospital currently has an adult inpatient AMI program with patient admissions comprising both psychiatric and chemical dependency diagnosis. The AMI unit is 14 beds and has the following utilization. (Note: Bed size was reduced to 6 in late February.)

	<u>Calendar Year</u>			<u>2-year % Change</u>
	<u>2006</u>	<u>2007</u>	<u>2008</u>	
Admissions	622	476	585	(5.9%)
Inpatient Days	3,738	3,610	3,881	3.8%
Average Daily Census	6.0	7.6	6.6	10.0%
% Occupancy	42.9%	54.3%	47.1%	--

Source: Hospital Profiles

Overall, AMI admissions are declining, average length of stay is increasing, and the unit occupancy was below the State standard 85% target occupancy rate when open. Currently the unit has temporarily discontinued operations due to lack of adequate staff.

In addition, the AMI units' market share is below the Hospital's average combined market share approximating 20% in the PSA and SSA as shown on the next page:

Select Program Market Share

	<u>Combined PSA / SSA</u>		
	<u>2007</u>	<u>2008</u>	<u>% Change</u>
Psychiatric patients	10.8	12.8	10.7

Source: Hospital records; COMPdata

These factors, coupled with the associated staffing charges for the unit, indicate both current and future mental health patients within the market that require adult inpatient AMI services can be better served through both Advocate system-wide program resources, rather than those available at Advocate Good Shepherd, as well as other community based and regionally based mental health programs. By way of example, the Hospitals transfer process has successfully ensured access.

Primary Program Development Approach

We recognize the community need for comprehensive behavioral health services and an associated adult inpatient AMI program and propose to primarily integrate the Good Shepherd Hospital adult AMI program with our other sister hospitals, primarily Advocate Lutheran General's (ALGH) comprehensive mental health program which provides care for all age groups as well as Advocate Good Samaritan Hospital, and also facilitate transfers within the system and to other respected community based and regional mental health services and programs including Elgin Mental Health Center. The ALGH staff includes physicians who are board certified in general psychiatry, child psychiatry and addiction medicine, clinical psychologists, neuropsychologists, licensed clinical social workers, marriage and family therapists, clinical professional counselors, and certified addiction counselors, along with trained nurses, support staff, and pastoral care counselors. This comprehensive range of professionals provides comprehensive multi-disciplinary care; care which far exceeds Advocate Good Shepherd's limited inpatient capabilities. In addition, the ALGH program includes psychiatric residencies. In addition to its professional complement, Advocate Lutheran General has comprehensive behavioral health services including outpatient, partial hospitalization, and inpatient programs. Lutheran also has capacity to accept Good Shepherd's adult AMI patients. Lutheran General is approximately 20 miles from Good Shepherd and within both an adjusted and unadjusted 45-minute drive time. We will also facilitate transfers to Advocate Good Samaritan Hospital, other Advocate sister hospitals, and to other AMI facilities as appropriate. (See post temporary suspension transfer analysis herein)

Adult inpatient AMI program integration between Good Shepherd and Lutheran General could potentially achieve the following retrospective historical results.

	<u>Integrated AMI Operations</u>		
	<u>2006</u>	<u>2007</u>	<u>2008</u>
<u>AMI Admissions</u>			
AGSH	622	476	585
ALGH	<u>1,480</u>	<u>1,423</u>	<u>1,390</u>
Total	<u>2,102</u>	<u>1,899</u>	<u>1,975</u>
<u>AMI Patient Days</u>			
AGSH	3,738	3,610	3,881
ALGH	<u>12,577</u>	<u>12,110</u>	<u>11,417</u>
Total	<u>16,315</u>	<u>15,720</u>	<u>15,298</u>
<u>Combined Average Daily Census</u>	44.7	43.1	41.9
<u>ALGH AMI Beds</u> (4/8/08 IDPH Bed Adjustment) (5/21/10 inventory addendum)	55	55	55
<u>Percent Occupancy</u>	81.3%	78.3%	76.2%

Note: Advocate Lutheran General is in AMI planning area A-07 and Advocate Good Samaritan is in AMI planning area A-05; each planning area has a calculated excess of AMI beds according to the 5/21/10 adjusted bed inventory. The respective AMI bed excess in these planning areas is 254 AMI beds and 62 AMI beds respectively or a total of 316 excess AMI beds in these two relevant AMI planning areas.

In order to ensure there is no impact on access at Advocate Good Shepherd, we are providing specially trained staff to ensure crisis intervention in our emergency department as well as support for the patient care units. A facilitated transfer initiative is also in place for behavioral health patients. (See Attachment 10, Exhibit A.1.a)

Facilitated Transfer Initiative

Attachment 10, Exhibit E profiles the AMI patient transfers for a 5 week period since temporary closure (May 5 to June 5, 2010). There were 31 total transfers, 10 or approximately 32% within the Advocate system and another 21, or 68%, to 8 other regional providers.

Summary Comment

Advocate Good Shepherd has, in good faith, attempted to maintain its AMI Category of Service. Unfortunately, market-based conditions require us to discontinue this service due to lack of sufficient staff, now and in the future, to provide comprehensive, high-quality access to this service. State Agency rules suggest the minimum AMI bed complement in an MSA to be 20 beds. This performance based size implies smaller bed-sized AMI units such as Advocate Good Shepherd's (originally 14 now 6 AMI beds) had insufficient critical mass to sustain a program, thus supporting the circumstances leading up to reduced operational capacity, temporary suspension of operations, and ultimately seeking permanent discontinuation of the AMI category of service.

Exhibit A.1
Psychiatrists
w/in 25 mile radius of Good Shepherd

<u>McNally, Joseph P., MD ^</u> 75 E Crystal Lake Ave Personal Growth Associates Crystal Lake, IL 60014-6136	Psychiatry
<u>Dave, Amarish A., DO ^</u> 348 S Division St Harvard, IL 60033	Neurology Psychiatry
<u>Agustsson-Mathers, Ann H., DO ^</u> 9113 Trinity Dr Lake in the Hills, IL 60156	Psychiatry
<u>Rafique, Jamal, MD ^</u> 970 S Mchenry Ave Crystal Lake, IL 60014-7449	Psychiatry
<u>Shrivastava, Archana, MD ^</u> 348 S Division St Harvard, IL 60033	Neurology Psychiatry
<u>Anwar, Syed H., MD ^</u> 600 S Randall Rd # 230 Algonquin, IL 60102	Psychiatry
<u>Zahid, Mussarat Y., MD ^</u> 2250 W Algonquin Rd #103 Lake In The Hills, IL 60156-1289	Psychiatry Mental Health Counseling
<u>Vemuri, Ramesh B., MD ^</u> 9113 Trinity Dr Lake in the Hills, IL 60156	Psychiatry
<u>Jampala, Venkata C., MD</u> 970 Mchenry Ave Crystal Lake, IL 60014	Psychiatry Addiction Psychiatry Geriatric Psychiatry
<u>Vedak, Chandragupta S., MD</u> 970 Mchenry Ave Crystal Lake, IL 60014-7449	Psychiatry
<u>Resis, Steven J., MD ^</u> 390 E Congress Pkwy Ste J Crystal Lake, IL 60014	Psychiatry
<u>Naidu, Jayarama B., MD ^</u> 600 S Randall Rd #150 Algonquin, IL 60102	Psychiatry General Practice Internal Medicine Addiction Psychiatry
<u>Madamala, Thakshaka M., MD ^</u> 970 S Mc Henry Ave Crystal Lake, IL 60014	Psychiatry Child and Adolescent Psychiatry
<u>Lee, Soomi, MD</u> 390 E Congress Pkwy # J Crystal Lake, IL 60014	Child and Adolescent Psychiatry Psychiatry

<u>Chadha, Mohinder K., MD</u> 970 S Mc Henry Ave Crystal Lake, IL 60014	Psychiatry Child and Adolescent Psychiatry
<u>Patel, Sangita A., MD ^</u> 348 S Division St Harvard, IL 60033	Internal Medicine Psychiatry
<u>Collins, Mary B., MD ^</u> 475 W Terra Cotta Ave # D1 Crystal Lake, IL 60014-3407	Pediatrics Pediatric Infectious Disease Psychiatry
<u>Haywood, Mitchell C., DO ^</u> 5320 W Elm St Mchenry, IL 60050-4029	Psychiatry
<u>Paul, Janeen H., MD ^</u> 390 Congress Pkwy Ste J Crystal Lake, IL 60014	Psychiatry
<u>Balkin, Sharyl E., MD ^</u> 100 Fox Glen Court Fox River Grove, IL 60021	Psychiatry
<u>Shvarts, Polina P., MD</u> 970 S Mchenry Ave Crystal Lake, IL 60014	Psychiatry
<u>Gumidyala, Eshwar P., MD ^</u> 527 W South St Woodstock, IL 60098-3756	Psychiatry
<u>Estrada, Maria Luisa P., MD ^</u> 820 E Terra Cotta Ave Ste 144 Crystal Lake, IL 60014	Psychiatry
<u>Davis, Catherine Redding, MSW ^ **</u> 527 W South St Woodstock, IL 60098	Mental Health Counseling Psychiatry Clinical Social Work
<u>Kerns, Lawrence L., MD ^</u> 475 W Terra Cotta Ave Crystal Lake, IL 60014-3407	Psychiatry Child and Adolescent Psychiatry
<u>Montes, Jose F., MD ^</u> 666 Russel Ct Ste 214 Woodstock, IL 60098	Psychiatry
<u>Poshni, Aftab, MD</u> 970 S Mchenry Ave Crystal Lake, IL 60014	Psychiatry
<u>Villoch, Christine M., MD ^</u> 565 Lakeview Pkwy Ste 190 Vernon Hills, IL 60061	Physical Medicine and Rehabilitation Psychiatry
<u>Hurwitz, Stephen S., MD</u> 777 Park Ave W Ste 3 Highland Park, IL 60035	Psychiatry

<u>Chhabria, Shakuntala, MD ^ **</u> 222 S Greenleaf St Ste 111 Gurnee, IL 60031	Neurology Psychiatry Neurology w/Spec Qual In Child Pediatrics
<u>Pavlovsky, Stanislav, MD</u> 1401 W Dundee Rd Ste 202 Buffalo Grove, IL 60089	Psychiatry
<u>De Sa Pereira, Elisabeth V., MD</u> 1117 S Milwaukee Ave # B8 Libertyville, IL 60048	Child and Adolescent Psychiatry Psychiatry
<u>Kerns, Lawrence L., MD ^</u> 101 Schelter Rd Lincolnshire, IL 60069-3644	Psychiatry Child and Adolescent Psychiatry
<u>Sawa, Marcia T., MD ^</u> 777 Park Ave W Highland Park, IL 60035	Psychiatry Neurology
<u>Kim, Kwang, MD</u> 423 E Washington St Round Lake, IL 60073	Psychiatry
<u>Rahim, Syed A., MD ^</u> 135 N Arlington Hts Ste 160 Buffalo Grove, IL 60089	Psychiatry
<u>Giacomo, Daniel A., MD ^</u> 718 Glenview Rm 3324 Highland Park, IL 60035	Psychiatry Child and Adolescent Psychiatry
<u>Wagner, Richard H., MD</u> 101 Lions Dr #119 Barrington, IL 60010-3147	Psychiatry
<u>Dubinsky, Inna, MD ^</u> 2525 Waukegan Rd Ste 295 Bannockburn, IL 60015	Psychiatry
<u>Tylkin, Elen, MD ^</u> 1000 Butterfield Rd #1005 Vernon Hills, IL 60061	Psychiatry
<u>Collins, Mary B., MD ^</u> 5057 Shoreline Rd Barrington, IL 60010-1700	Pediatrics Pediatric Infectious Disease Psychiatry
<u>Paul, Janeen H., MD ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Psychiatry
<u>Balkin, Sharyl E., MD ^</u> 234 W Northwest Hwy Barrington, IL 60010-3186	Psychiatry
<u>Golbin, Alexander Z., MD ^</u> 2151 Waukegan Rd # 120 Deerfield, IL 60015	Psychiatry Sleep Medicine

<u>Fabsik, Robert J., DO ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Psychiatry
<u>Reddy, Daram H., MD ^</u> 609 W Greenwood Ave Waukegan, IL 60087-5000	Psychiatry
<u>Kranz, Victoria Y., MD</u> 33 N Waukegan Rd Ste 202 Lake Bluff, IL 60044	Psychiatry
<u>Gust, Deborah Ann, MD</u> 4343 Old Grand Ave Ste 107 C Gurnee, IL 60031	Psychiatry Mental Health Counseling
<u>Welke, Claudia P., MD ^</u> 777 Park Ave W 3 E Chapman Center Highland Park, IL 60035	Psychiatry Child and Adolescent Psychiatry
<u>Greendale, Robert A., MD ^</u> 1787 Saint Johns Ave Highland Park, IL 60035	Psychiatry
<u>Raden, Donald R., MD ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Child and Adolescent Psychiatry Psychiatry
<u>Wilcox, James A., DO</u> 120 N Northwest Hwy Barrington, IL 60010	Family Practice Psychiatry
<u>Singer, Kathryn M., MD</u> 100 Fox Gln Barrington, IL 60010	Psychiatry
<u>Reeder, Carolyn M., PHD ^</u> 1800 Hollister Dr #201 Libertyville, IL 60048	Psychiatry Clinical Psychology
<u>Schreiber, David A., MD ^</u> 718 Glenview # 3324 Highland Park, IL 60035	Child and Adolescent Psychiatry Psychiatry
<u>Hakimi, Yosef, MD ^</u> 1280 Carol Ln Deerfield, IL 60015-2035	Child and Adolescent Psychiatry Psychiatry
<u>Chapman, Norman A., MD ^</u> 420 Lake Cook Rd Ste 15 Deerfield, IL 60015	Psychiatry Child and Adolescent Psychiatry
<u>Solomon, Zachary, MD</u> 2055 Green Bay Rd Highland Park, IL 60035	Psychiatry
<u>Jaksa, Susan C., MD</u> 420 Lake Cook Rd # 113 Deerfield, IL 60015	Psychiatry Clinical Psychology Child and Adolescent Psychiatry

<u>Dekhlyar, Aleksandr, MD ^</u> 1500 S Milwaukee Ave Libertyville, IL 60048	Psychiatry
<u>Lammers, Steven P., MD ^</u> 977 Lakeview Pkwy # 102 Vernon Hills, IL 60061	Psychiatry
<u>Bornstein, Myron, MD ^</u> 1950 Sheridan Rd #106 Highland Park, IL 60035-2536	Psychiatry
<u>Frankfurt, Elena, MD ^</u> 977 Lakeview Pkwy #165 Vernon Hills, IL 60061	Psychiatry
<u>Becker, Lee H., MD</u> 1866 Sheridan Rd #203 Highland Park, IL 60035	Psychiatry
<u>Tayyab, Shazia, MD</u> 31480 N Us Highway 45 Libertyville, IL 60048	Psychiatry
<u>Harley, Rubens G., MD ^</u> 2776 Roslyn Ln Highland Park, IL 60035-1408	Psychiatry
<u>Alexander, Harlan, MD ^</u> 550 N Midlothian Rd #400 Mundelein, IL 60060-1613	Psychiatry
<u>Smith, Helen I., MD ^</u> 777 Park Ave W Highland Park, IL 60035	Psychiatry
<u>Greenbaum, Michael S., MD</u> 31480 N Us Hwy 45 Libertyville, IL 60048	Psychiatry Child and Adolescent Psychiatry
<u>Berman, Elvina, MD</u> 31480 N Us Highway 45 Libertyville, IL 60048	Psychiatry
<u>Okoli, Uzomi C., MD ^</u> 2615 Washington St Waukegan, IL 60085	Psychiatry
<u>Parise, Laura, MD ^</u> 718 Glenview Ave 3 Rd Fl #389 Highland Park, IL 60035	Psychiatry Mental Health Counseling Addiction Psychiatry
<u>Shain, Benjamin N., MD ^</u> 718 Glenview Rd Highland Park Hospital 3fl Highland Park, IL 60035	Psychiatry Clinical Psychology Child and Adolescent Psychiatry

Transfer Process for FUNDED Psychiatric patients

- Step 1: Contact GSAM, LGH, IMMC & CMC for bed for patient and provide information needed.*
- Step 2: Wait two (2) hours.
- Step 3: If no call back, recontact GSAM, LGH, IMMC & CMC for bed. If they have no definitive answer, notify them you are required to escalate. If 'no beds', please note who was spoken to, what was said at what time in the psychiatric transfer log.
- Step 4: Page Leah Montoya @ 1 (847) 569-7127 and let her know you're unable to get bed at Advocate site.
- Step 5: Leah Montoya to page/call CNE and escalate situation.
- Step 6: Do not initially call other sites outside of Advocate unless direction is given by Director or CNE.

***NOTE** Exceptions are made for psych patients with specific insurance requirements (e.g. TriCounty) to go to other facilities and/or patient, family or physician requests other facility.

Transfer Process for UNFUNDED psychiatric patients

- Step 1: Contact USARF screener and complete appropriate documentation.
- Step 2: Contact state facility in appropriate county and request a bed, *and* contact GSAM, LGH, IMMC & CMC for bed for patient and provide information needed.
- Step 3: Wait two (2) hours.
- Step 4: If bed available, transfer patient. If no call back, recontact GSAM, LGH, IMMC & CMC for bed. If they have no definitive answer, notify them we attempted transfer to a state facility and now you are required to escalate. If 'no beds', please note who was spoken to, what was said at what time in the psychiatric transfer log.
- Step 5: Page Leah Montoya @ 1 (847) 569-7127 and let her know you're unable to get bed at Advocate site.
- Step 6: Leah Montoya to page/call CNE and escalate situation.
- Step 7: Do not initially call other sites outside of Advocate unless direction is given by Director or CNE.

Note: This transfer process considers managing AMI patients within the Advocate system, but should be implemented considering respect for family, patient, and physician preference; other respected AMI providers within the region are covered by this process.

April 30, 2010

Dear Governing Council Member:

After months of careful consideration and deliberation, Advocate Good Shepherd Hospital has made the difficult decision to close its Behavioral Health Unit, effective Friday, April 30, 2010.

In December, 2009, Good Shepherd received notice that two of our four staff psychiatrists would be leaving the medical staff. At that time we reduced our bed count on the unit from 14 to 6. Since then, Good Shepherd has worked to recruit additional board-certified psychiatrists to join our medical staff and support our patients. Unfortunately, these attempts have proven unsuccessful.

Please know this decision does not come easily for us. As we shared with you at the December meeting, we've carefully evaluated the effect this will have on the community, and as part of Advocate Health Care, we're fortunate to have resources available to provide treatment options within the system. Our sister hospitals, Advocate Lutheran General and Advocate Good Samaritan operate robust, fully-staffed behavioral health units that include subspecialty programs for adolescent, geriatric psychiatry and intensive treatment beds.

Both Lutheran General and Good Samaritan have agreed to accept and care for patients transferred from our emergency department and inpatient units. In the past several months both have been supporting us already by accepting Good Shepherd patients when our needs have required it. In addition to the two Advocate programs, there are in total another 12 facilities with inpatient psychiatric units within a 45-minute drive of the hospital to accommodate patients' and families' needs.

As part of the process, we will be working through the appropriate regulatory channels to finalize the closure of the program.

Psychiatrists will still be available for consults on the units, and we've implemented our Behavioral Health Liaison Team (BHLT), composed of licensed social workers, to provide additional support in assessment and inpatient psychiatric placement. The BHLT has the ability to perform an initial consultation and to engage our psychiatrists for consultation, should they make that determination.

We wish to thank Drs. Leo Jacobs and Richard Wagner for their dedication to the unit over these past few months during this difficult time. Should you have any concerns about this action, either myself or Doug Ryder, Vice President, Clinical Operations and Service Lines, are available to answer any questions.

Sincerely,



Karen Lambert
President, Advocate Good Shepherd Hospital

April 30, 2010

Dear Good Shepherd Hospital Medical Staff:

After months of careful consideration and deliberation, Advocate Good Shepherd Hospital has made the difficult decision to close its Behavioral Health Unit, effective Friday, April 30, 2010.

In December, 2009, Good Shepherd received notice that two of our four staff psychiatrists would be leaving the medical staff. Since then, Good Shepherd has worked to recruit additional board-certified psychiatrists to join our medical staff and support our patients. Unfortunately, these attempts have proven unsuccessful.

Please know this decision does not come easily for us. We've carefully evaluated the effect this will have on the community, and as part of Advocate Health Care, we're fortunate to have resources available to provide treatment options within the system. Our sister hospitals, Advocate Lutheran General and Advocate Good Samaritan operate robust, fully-staffed behavioral health units that include subspecialty programs for adolescent, geriatric psychiatry and intensive treatment beds.

Both Lutheran General and Good Samaritan have agreed to accept and care for patients transferred from our emergency department and inpatient units. In the past several months both have been supporting us already by accepting Good Shepherd patients when our overflow needs have required it. In addition to the two Advocate programs, there are in total another 12 facilities with inpatient psychiatric units within a 45-minute drive of the hospital to accommodate patients' and families' needs.

Psychiatrists will still be available for consults on the units, and we've implemented our Behavioral Health Liaison Team (BHLT), composed of licensed social workers, to provide additional support in assessment and inpatient psychiatric placement. The BHLT has the ability to perform an initial consultation and to engage our psychiatrists for consultation, should they make that determination. In addition, a social worker is in place in the Emergency Department to identify community resources for emergency department patients.

We wish to thank Drs. Leo Jacobs and Richard Wagner for their dedication to the unit especially over these past few months. Should you have any concerns about this action, either myself or Doug Ryder, Vice President, Clinical Operations and Service Lines, are available to answer any questions.

Sincerely,

Karen Lambert
President, Advocate Good Shepherd Hospital

April 30, 2010

Dear Partner in Ministry:

I would like to take a few minutes of your time to share with you some important information.

After careful evaluation, Advocate Good Shepherd Hospital has decided to close our behavioral health unit. During the past few months we received notice from two of our four psychiatrists that they would be leaving our medical staff. In response, we attempted to recruit additional psychiatrists to our medical staff to serve our inpatient psychiatric patients, but without any success. Due to this inability to recruit additional psychiatrists we made the difficult decision to close the unit.

While we are closing our behavioral health unit, we will continue to care for patients needing psychiatric care. We've implemented a Behavioral Health Liaison Team (BHLT), composed of licensed social workers, to provide additional support in assessment and disposition of inpatients with psychiatric issues.

In addition, we are fortunate to have the resources of our Advocate system behind us. Our sister hospitals, Advocate Lutheran General and Advocate Good Samaritan, operate robust, fully-staffed behavioral health units. Both of these hospitals have agreed to accept and care for patients transferred from our emergency department and inpatient units. These hospitals also offer unique services including adolescent and geriatric subspecialty care. In addition, there are other area community hospitals in the region that offer extensive inpatient psychiatric services.

We are also making every effort to support our valued associates who have given their time and talents at our behavioral health unit. Our human resources department is working closely with our affected associates during this time of transition to help find them employment either at Good Shepherd in other departments or at other Advocate sites.

Since you are an important partner in our healing ministry, I wanted you to be aware of this development right away. Please feel free to call on me if you have any additional questions or concerns.

Blessings on your ministry.

Sincerely,

The Rev. Fred Rajan
Vice President, Mission and Spiritual Care

Exhibit E

Advocate Good Shepherd Hospital
AMI Transfers
Post Temporary Operational Suspension

	May	May	May	May	May June	Total #	Transfer Rate
Week of (2010)	5-8	9-15	16-22	23-29	30 -5		
Total # Patients Requiring Transfer	3	10	6	6	6	31	
Total # Patients Transferred to other facilities	3	10	6	6	6	31	100%
Advocate Transfer Detail							
# GSAM Transfers:	0	3	0	1	1	5	16%
# LGH Transfers:	1	1	2	1	0	5	20%
# CMC Transfers:	0	0	0	0	0	0	0%
Subtotal Advocate System	1	4	2	2	1	10	36%
Other Facility Transfer Detail							
Transfers to ABBH:	1	2	0	2	1	6	20%
Transfers to Adventist Hinsdale:	0	0	0	0	0	0	0%
Transfers to Centegra:	0	0	0	0	1	1	0%
Transfers to Chicago Lakeshore	0	0	0	0	0	0	0%
Transfers to Elgin	0	0	2	1	0	3	12%
Transfers to Evanston:	0	0	0	0	0	0	0%
Transfers to Glen Oaks:	0	1	0	0	0	1	4%
Transfers to Highland Park:	0	0	0	0	0	0	0%
Transfers to Loyola:	0	0	0	0	0	0	0%
Transfers to MacNeal:	0	0	0	0	0	0	0%
Transfers to NCH:	0	0	0	0	1	1	0%
Transfers to Norwegian American:	0	0	0	0	0	0	0%
Transfers to Provena St. Joe:	1	2	2	1	1	7	24%
Transfers to Reed:	0	0	0	0	0	0	0%
Transfers to Riveredge:	0	0	0	0	1	1	0%
Transfers to Scott Nolan Center:	0	0	0	0	0	0	0%
Transfers to St. Joseph – Chicago	0	0	0	0	0	0	0%
Transfers to Streamwood:	0	1	0	0	0	1	4%
Transfers to Vista:	0	0	0	0	0	0	0%
Sub-total other facilities	<u>2</u>	<u>6</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>21</u>	<u>64%</u>
Grand Total	<u>3</u>	<u>10</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>31</u>	<u>100%</u>

Source: Advocate Good Shepherd AMI Patient Transfer Log

AMI Discontinuation Support Letters

Village of Barrington

Children & Teens Medical Center

Samaritan Counseling Center

Lutheran Church of the Atonement

St. Paul United Church of Christ

First Congregational Church

Advocate Good Shepherd Hospital, Mark Gross

Luis Planas, M.D., S.C.

Mercy Barrington Medical Center

Alpine Family Physicians

Tri-County Emergency Physicians, Ltd.

Advocate Good Samaritan Hospital

Advocate Christ Medical Center

Advocate Good Shepherd Hospital, Leo Jacobs, MD

Advocate Lutheran General Hospital



VILLAGE OF BARRINGTON

May 27, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Mr. Galassie:

I am the Fire Chief for the Village of Barrington. My EMS crew provides the largest number of ambulance runs to Advocate Good Shepherd Hospital. I understand that the hospital has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plan to take care of patients my crew and I drop off at the emergency department. I understand that the hospital has created Behavioral Health Team to evaluate these patients and create a personalized plan for their care. This plan will be an asset to communities, including Barrington, that the hospital serves.

We have always had an excellent relationship with Good Shepherd when it comes to care of patients with mental health issues. The closing of the unit in no way will impact our relationship with the hospital, and we will not hesitate to continue to take our psychiatric patients to Shepherd for care.

Thank you,

Chief Jim Arie
Village of Barrington

VILLAGE HALL
200 S. HOUGH ST.
BARRINGTON, IL 60010
(847) 304-3400

PRESIDENT & BOARD
MANAGER'S OFFICE
TEL (847) 304-3400
FAX (847) 304-3490

FINANCIAL SERVICES
TEL (847) 304-3400
FAX (847) 381-7306

BUILDING & PLANNING
TEL (847) 304-3460
FAX (847) 381-1036

PUBLIC WORKS
300 N. RAYMOND AVE.
BARRINGTON, IL 60010
TEL (847) 381-7803
FAX (847) 382-3030

PUBLIC SAFETY
400 N. NORTHWEST HWY.
BARRINGTON, IL 60010

POLICE
TEL (847) 304-3500
FAX (847) 381-2165

FIRE
TEL (847) 304-3600
FAX (847) 381-1889

WWW.BARRINGTON-IL.GOV



Children & Teens MEDICAL CENTER

MICHAEL R. O'DONNELL, M.D., FAAP
ROBERT BELTER, M.D., FAAP
JUNE MANNION, M.D., FAAP
CHRISTINE POULOS, M.D., FAAP
MICHAEL FELL, D.O., FAAP

BARRY SOMMERFELD, M.D., FAAP
MARIA CAMARDA-VOIGHT, M.D., FAAP
JONI LYNN HAMILTON, M.D., FAAP
AMR MEGAHED, M.D., FAAP

June 4, 2010

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

I am writing to you as an independent, private practice pediatrician on Advocate Good Shepherd Hospital's medical staff. I am the immediate past president of the professional medical staff. I understand that Good Shepherd has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plans they have in place going forward to care for behavioral health patients coming through the emergency department and for inpatient consultations.

The decision to suspend inpatient psychiatric operations in no way causes me to discourage my patients in need of emergent psychiatric care from going to Good Shepherd's Emergency Department. I understand that there is a Behavioral Health Liaison Team in place to work in conjunction with the remaining two psychiatrists on staff to evaluate patients and provide for their needs. I also understand that this same team will work closely with the psychiatrists should one of my admitted patients need a psychiatric evaluation. I am also very comfortable with the plan to transfer patients, when the need is determined, to other Advocate hospitals in the area, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, both of which have outstanding psychiatric programs and are within reasonable driving distance.

In summary I am very supportive of the plans Good Shepherd has in place to take care of my patients needing psychiatric care.

Thank you for your consideration of this application.

Sincerely,

Robert Belter, M.D.

1701 WEST WISE ROAD
SCHAUMBURG, IL 60193
(847) 895-2900

27401 WEST HIGHWAY 22 • SUITE 103
LAKE BARRINGTON, IL 60010
(847) 382-8900

820 SOUTH MAIN STREET
ALGONQUIN, IL 60102
(847) 854-5900



The Rev. Mary E. Tudela
Executive Director
Office 847-382-HOPE (4673)
Fax 847-382-1915

e-mail execdirector@samaritancounselingnwsb.org

May 28, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I'm writing to you in response to Advocate Good Shepherd Hospital's recent announcement that it would close their inpatient psychiatric unit. My organization was notified the day the closure occurred. We do not view this decision as Good Shepherd giving up on the mental health needs of Barrington or the surrounding communities. Advocate Good Shepherd is one of the founding organizations of the Samaritan Counseling Center, a non profit provider of faith based counseling services and continues to serve as one of our center's strongest supporters. Good Shepherd has also been involved in leading the community efforts to respond to a number of teen suicides that occurred in the Barrington area, offering a broad range of support and expertise.

Moreover, whenever we have had needs for space to offer the community educational programs related to these and other efforts related to the topics of mental health for our community, Advocate has continually stepped up to allow our use of their space for such programming.

It is our understanding that Good Shepherd is partnering with other Advocate Health Care Hospitals to ensure that area patients needing in patient psychiatric services receive the best care possible from other robust mental health programs operated in its system. We appreciate the many efforts Good Shepherd does for our community and look forward to their continued support and partnership for the mental health needs in Barrington and beyond.

Sincerely,

Samaritan Counseling Center
800 Hart Road, Suite 250 Barrington, IL 60010



Lutheran Church of the Atonement
909 East Main Street
Barrington, Illinois 60010
847.381.0243 ext. 847.381.2427 fax
www.churchofatonement.org

June 1, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

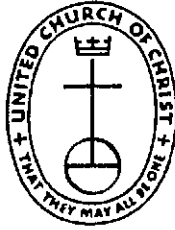
Dear Mr. Galassie:

I have served as senior pastor at Lutheran Church of the Atonement in Barrington since January, 1999. The church is located in the same community as Advocate Good Shepherd Hospital, and many of our parishioners use Good Shepherd Hospital in some capacity for their health care needs. Recently I learned that Good Shepherd Hospital is closing its inpatient behavioral health unit. I was glad to learn at the same time that Good Shepherd Hospital has a plan to care for these patients, and I am very happy that this plan involves sending patients to other Advocate hospitals.

We are also fortunate in that Alexian Brothers Behavioral Health Hospital is nearby and has a good reputation in our community. While it would be nice to have these services in our backyard, Alexian Brothers is less than 10 miles away and would not inconvenience our parishioners. Advocate Lutheran General Hospital is not much farther away and also has an excellent reputation for high quality acute care.

Sincerely,

Rev. Donald L. Wink
Senior Pastor



St. Paul United Church of Christ

401 E. Main Street
Barrington, IL 60010
847-381-0460 FAX: 847-381-0460
www.stpaulUCCbarrington.org
stpaulUCCchurch@yahoo.com

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Galassie:

I understand that Advocate Good Shepherd Hospital will be closing its psychiatric unit. I have a long time association with Good Shepherd Hospital. I received my Clinical Pastoral Education training there and worked for a while as their on-call chaplain. Currently many of my congregants use Good Shepherd Hospital for their health needs, as do I, and it is from personal experience that I can vouch for their high quality patient care throughout the hospital. I understand that with the closing of the psychiatric unit the patients needing mental health services will be referred to other Advocate hospitals such as Advocate Lutheran General Hospital or Advocate Good Samaritan Hospital. There is also an excellent nearby mental health facility outside the Advocate system that is available for those needing care.

I support Good Shepherd Hospital's decision, and believe that it is in the best interest of all concerned.

Sincerely,

Rev. Jeanne Hanson

Welcoming all people and transforming all of our lives through Christ's gospel.



FIRST CONGREGATIONAL CHURCH

UNITED CHURCH OF CHRIST

461 Pierson Street, Crystal Lake, Illinois 60014
Phone and Fax (815) 459-6010
E-mail: office@fcc-cl.org
Web site: <http://fcc-cl.org>

June 2, 2010

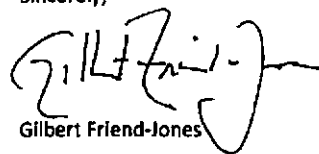
Mr. Dale Galassie, *Chair*
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Galassie:

This church is located approximately ten miles from Advocate Good Shepherd Hospital. Many of my parishioners choose Good Shepherd Hospital as their primary hospital. Many church members also work there.

As you know, Good Shepherd Hospital recently made a decision to discontinue inpatient psychiatric services at its facility. Since I also serve on the Governing Council of the hospital, I want to assure you that the hospital's administration and staff have been most deliberate and thoughtful in arriving at this decision. They have worked through a process that considered a number of options, and they have been intentional about assuring that persons in our community with behavioral health concerns are now, and will continue to be, well cared for. Our sister Advocate hospitals, such as Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, will accept psychiatric patients from our area who need inpatient care. I am confident that they will receive excellent care in those facilities. I applaud Good Shepherd Hospital for its quality of care for psychiatric patients in the past, and its plan to assure care for such patients in the future. If you have any questions, please feel free to call.

Sincerely,



Gilbert Friend-Jones

Rev. Dr. Gilbert (Budd) Friend-Jones
Senior Minister

Rev. Dave Inglis, M. Div.
Associate Minister

Rev. Ann Schaper, Ph.D.
Associate Minister ✦ Pastoral Care

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 28, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

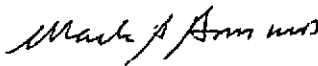
I'm writing to you as the current President of the Medical Staff at Advocate Good Shepherd Hospital. I understand that Advocate Good Shepherd Hospital has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plan to take care of patients coming through the emergency department and inpatient consultations. While the hospital is closing their inpatient unit, this is not an abandonment of the mental health needs of the Good Shepherd community.

As part of the medical staff leadership, I know that this decision was not an easy one, and that every effort was made to recruit additional psychiatrists to the medical staff. Unfortunately the hospital received very little response from area physicians who were contacted. Some physicians who expressed an interest in coming on staff chose not to do so when they learned of the inpatient coverage requirements, and others did not meet the minimum credentialing criteria to get hospital privileges.

As a practicing independent orthopedic surgeon at Good Shepherd, I'm very comfortable with plan in place to take care of any psychiatric issues my patients may develop. The decision to suspend inpatient psychiatric operations in no way will cause me to discourage my patients in need of emergent psychiatric care from going to the Good Shepherd Emergency Department. I understand that there is a Behavioral Health Liaison Team in place to work in conjunction with the remaining psychiatrists on staff to evaluate patients and plan for their needs. I also understand that this same team will work with the psychiatrists should one of my admitted patients need a psychiatric evaluation. I'm also very comfortable with the plan to transfer patients, when indicated, to other Advocate hospitals in the area, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital. These facilities offer specialized psychiatric care, including adolescent and geriatric care. In summary I'm very supportive of the plans in place to take care of my patients needing psychiatric care.

Thank you for your consideration of this application.

Sincerely,



Mark Gross, MD
President, Medical Staff

Related to the Evangelical Lutheran Church in America and the United Church of Christ.

LUIS PLANAS, M.D., S.C.

363 NORTH MAIN STREET
WAUCONDA, ILLINOIS 60084

TELEPHONE (847) 526-2661
FAX (847) 526-2670

June 1, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

I'm writing to you as an independent, private practice internal medicine physician on Advocate Good Shepherd Hospital's medical staff. I understand that Good Shepherd has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plans they have in place going forward to care for behavioral health patients coming through the emergency department and for inpatient consultations.

The decision to suspend inpatient psychiatric operations in no way causes me to discourage my patients in need of emergent psychiatric care from going to Good Shepherd's Emergency Department. I understand that there is a Behavioral Health Liaison Team in place to work in conjunction with the remaining two psychiatrists on staff to evaluate patients and provide for their needs. I also understand that this same team will work closely with the psychiatrists should one of my admitted patients need a psychiatric evaluation. I'm also very comfortable with the plan to transfer patients, when the need is determined, to other Advocate hospitals in the area, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, both of which have outstanding psychiatric programs and are within reasonable driving distance.

In summary I'm very supportive of the plans Good Shepherd has in place to take care of my patients needing psychiatric care.

Thank you for your consideration of this application.

Sincerely,

Luis Planas, M.D.



MERCY BARRINGTON MEDICAL CENTER

Mercy Health System
500 WEST HIGHWAY 22
BARRINGTON, ILLINOIS 60010
847 • 381 • 3000
A System for Life

June 3, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

I'm writing to you as an independent, private practice (family medicine) physician on the Advocate Good Shepherd Hospital's medical staff. I understand that Good Shepherd has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plans they have in place going forward to care for behavioral health patients coming through the emergency department and for inpatient consultations.

The decision to suspend inpatient psychiatric operations in no way causes me to discourage my patients in need of emergent psychiatric care from going to Good Shepherd's Emergency Department. I understand that there is a Behavioral Health Liaison Team in place to work in conjunction with the remaining two psychiatrists on staff to evaluate patients and provide for their needs. I also understand that this same team will work closely with the psychiatrists should one of my admitted patients need a psychiatric evaluation. I'm also very comfortable with the plan to transfer patients, when the need is determined, to other Advocate hospitals in the area, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital, both of which have outstanding psychiatric programs and are within reasonable driving distance.

In summary I'm very supportive of the plans Good Shepherd has in place to take care of my patients needing psychiatric care.

Thank you for your consideration of this application.

Sincerely,

Daniel R. Di Iorio, MD, DC

ALPINE FAMILY PHYSICIANS

A

350 Surryse Road, Suite 100
Lake Zurich, Illinois 60047

John Kolb, MD
Robert Trauscht, MD
Jeffrey Uhler, MD
Alison Drumm, MD
Shad Ahmad, MD
Celeste Galizia-Cress, DO
Mary Mueller, PA-C
350 Surryse Road, Suite 100
Lake Zurich, Illinois 60047
Ph: 847.438.2144
Fax: 847.438.4654

Brent Petersen, MD
Raza Mehdi, MD
Philip Favia, MD
Dawn Jenkins, PA-C
Rebecca Lukens, PA-C
1345 Ryan Parkway
Algonquin, Illinois 60102
Ph: 847.658.9555
Fax: 847.658.2167

June 4, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

I'm writing to you as an independent Family Practice Physician on the Advocate Good Shepherd medical staff. I understand that Advocate Good Shepherd has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. I'm also aware of the plan to take care of patients coming through the emergency department and inpatient consultations.

The decision to suspend inpatient psychiatric operations in no way will cause me to discourage my patients in need of emergent psychiatric care from going to the Good Shepherd Emergency Department. I understand that there is a Behavioral Health Liaison Team in place to work in conjunction with the remaining psychiatrists on staff to evaluate patients and plan for their needs. I also understand that this same team will work with the psychiatrists should one of my admitted patients need a psychiatric evaluation. I'm also very comfortable with the plan to transfer patients, when indicated, to other Advocate hospitals in the area, specifically Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital.

In summary, I'm very supportive of the plans in place to take care of my patients needing psychiatric care.

Thank you for your consideration of this application.

Sincerely,



Raza Mehdi, M.D.

TRI-COUNTY EMERGENCY PHYSICIANS, LTD.
450 W. HIGHWAY 22
BARRINGTON, IL 60010
(847) 381-9600

June 7, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Chairman Galassie:

I am the Chair for the Department of Emergency Medicine at Advocate Good Shepherd Hospital and represent Tri-County Emergency Physicians, independent physicians who provide both Emergency Department and Urgent Care coverage for the hospital. I understand that Advocate Good Shepherd Hospital has had to temporarily suspend operations of its inpatient behavioral health unit and will be applying to the Illinois Health Facilities and Services Review Board to decommission these beds. My physician colleagues and I are an integral part of the plan to take care of patients coming through the emergency department.

Many times we serve as the first point of contact for psychiatric patients in need of care. Since the hospital no longer has an inpatient unit to provide care, we have a plan in place to stabilize patients presenting at the emergency department, evaluate them in conjunction with the hospital's newly created Behavioral Health Liaison Team, the psychiatrists on staff and then transfer them to a nearby facility. The hospital is making every effort to transfer these patients to another Advocate facility, and we have a track record of successful transfers to sister facilities. Through this plan we also work very closely with the Department of Nursing and Care Management to ensure smooth transitions to another facility for both patients and family members.

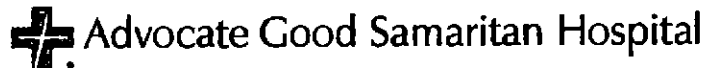
In summary, I'm in full support of the plans put in place by the hospital to care for psychiatric patients coming through the emergency department.

Sincerely,



Joe Giangrosso, MD
Chair, Emergency Medicine

3815 Highland Avenue
Downers Grove, Illinois 60515-1590
Telephone 630.275.5900



June 11, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is David Fox and I am the President of Advocate Good Samaritan Hospital in Downers Grove.

As part of Advocate Health Care, Good Samaritan Hospital has been working collaboratively with Good Shepherd Hospital with regard to its inpatient behavioral health patients since the beginning of the year. When the hospital needed to downsize its unit due to the lack of psychiatrists on staff, Good Samaritan willingly accepted a number of transfers from the hospital when its unit was full. With temporary closure, we continue to accept transfers of inpatient psychiatric patients without discrimination.

Advocate Good Shepherd Hospital is submitting a Certificate of Need application to the Illinois Health Facilities and Services Review Board to decommission its inpatient behavioral health unit beds. As part of Advocate Health Care, we support this decision and Good Samaritan Hospital will continue to work collaboratively with Good Shepherd Hospital to ensure that the inpatient psychiatric needs of its service area patients are met.

I am happy to answer any questions you might have.

Sincerely,

A handwritten signature in cursive script that reads "David Fox".

David Fox
President
Advocate Good Samaritan Hospital

4440 West 95th Street
Oak Lawn, Illinois 60453-2699
Telephone 708.684.8000
www.advocatehealth.com



June 11, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is Ken Lukhard and I am the President of Advocate Christ Medical Center in Oak Lawn.

Since the beginning of the year, Good Shepherd Hospital has reached out to Christ Medical Center to develop a collaborative transfer relationship with regard to its inpatient behavioral health patients. After the hospital needed to downsize its units due to the lack of psychiatrists on staff, Christ Medical Center agreed to accept any transfers of patients when its unit was full. With temporary closure of the unit, we continue to agree to accept any transfers of inpatient psychiatric patients without discrimination.

Christ Medical Center supports Good Shepherd's decision to submit a Certificate of Need application to decommission its inpatient behavioral health unit beds. Christ Medical Center commits to continue to work collaboratively with Good Shepherd Hospital to ensure that the inpatient psychiatric needs of its service area patients are met.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Ken Lukhard".

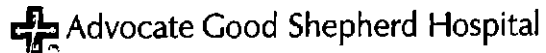
Kenneth W. Lukhard
President
Advocate Christ Medical Center and
Hope Children's Hospital

Related to the Evangelical Lutheran Church in America and the United Church of Christ

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center



450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600



June 8, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is Leo Jacobs, MD, and I am the Chairman of the Department of Psychiatry at Advocate Good Shepherd Hospital in Barrington, Illinois.


Late in 2009, my department lost half of its members for personal reasons. That left myself and one other psychiatrist to cover a 14 bed unit. Early in 2010 the hospital reduced the number of operational beds to six and ultimately temporarily closed the unit. Given the ongoing difficulty in recruiting additional psychiatrists to the hospital's medical staff, the hospital has decided to permanently close the unit.

My greatest concern is to ensure that psychiatric patients in the service area are cared for. Processes have been put in place at Advocate Good Shepherd Hospital to ensure that inpatients and emergency department patients needing inpatient psychiatric care are handled. Transfer processes have been reinforced between Good Shepherd Hospital and two of its sister facilities, Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital. Since temporary closure has occurred, patients have been successfully transferred to these hospitals.

Sincerely,

A handwritten signature in black ink that reads "Leo I. Jacobs M.D." in a cursive style.

Leo Jacobs, MD
Chairman, Department of Psychiatry

 Advocate
Lutheran General Hospital
Lutheran General Children's Hospital

1775 Dempster Street || Park Ridge, IL 60068 || T 847.723.2210 || advocatehealth.com

June 10, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Mr. Galassie:

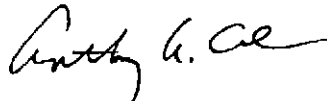
My name is Tony Armada and I am the President of Advocate Lutheran General Hospital in Park Ridge.

As part of Advocate Health Care, Lutheran General Hospital has been working collaboratively with Good Shepherd Hospital with regard to its inpatient behavioral health patients since the beginning of the year. When the hospital needed to downsize its unit due to the lack of psychiatrists on staff, Lutheran General accepted transfers from Good Shepherd Hospital when its unit was full. Now that the hospital has temporarily closed its unit, we continue to accept transfers of inpatient psychiatric patients without discrimination.

Lutheran General supports Good Shepherd's decision to submit a Certificate of Need application to decommission its inpatient behavioral health unit beds. We will continue to work collaboratively with Good Shepherd to ensure that the inpatient psychiatric needs of its service area patients are met.

Please contact me if you have any questions.

Sincerely,



Anthony A. Armada, FACHE
President

Related to the Evangelical Lutheran Church in America and the United Church of Christ
Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center



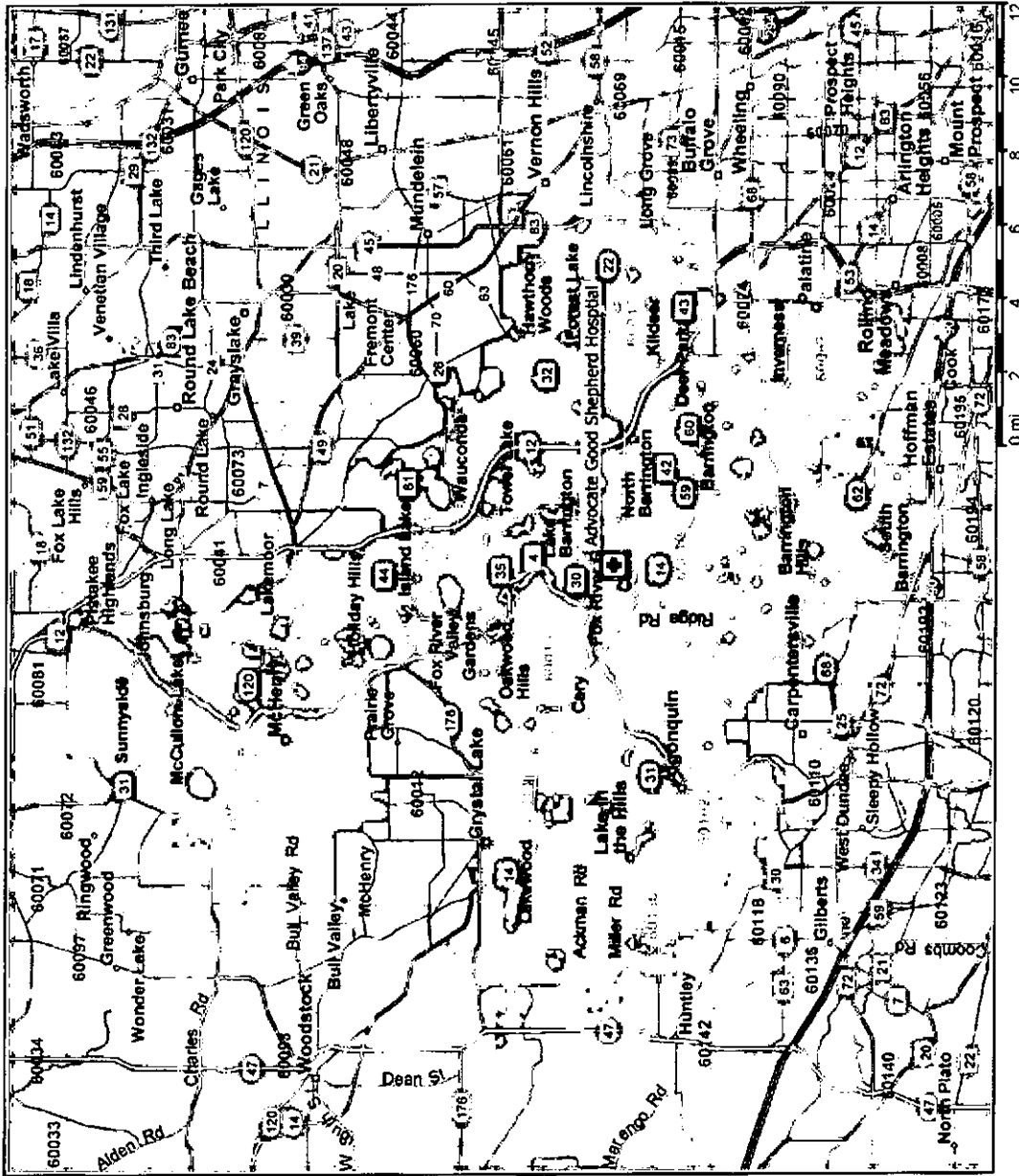
Exhibit 1

Advocate Good Shepherd Admissions

	<u>2007</u>	<u>2008</u>	<u>2009</u> (est)
PSA	9,822	9,917	9,496
SSA	<u>953</u>	<u>905</u>	<u>856</u>
Sub Total	10,775	10,822	10,352
Other	<u>2,028</u>	<u>2,162</u>	<u>2,305</u>
Total	<u>12,803</u>	<u>12,984</u>	<u>12,657</u>

Source: Hospital Records, COMPdata and Hospital Profiles

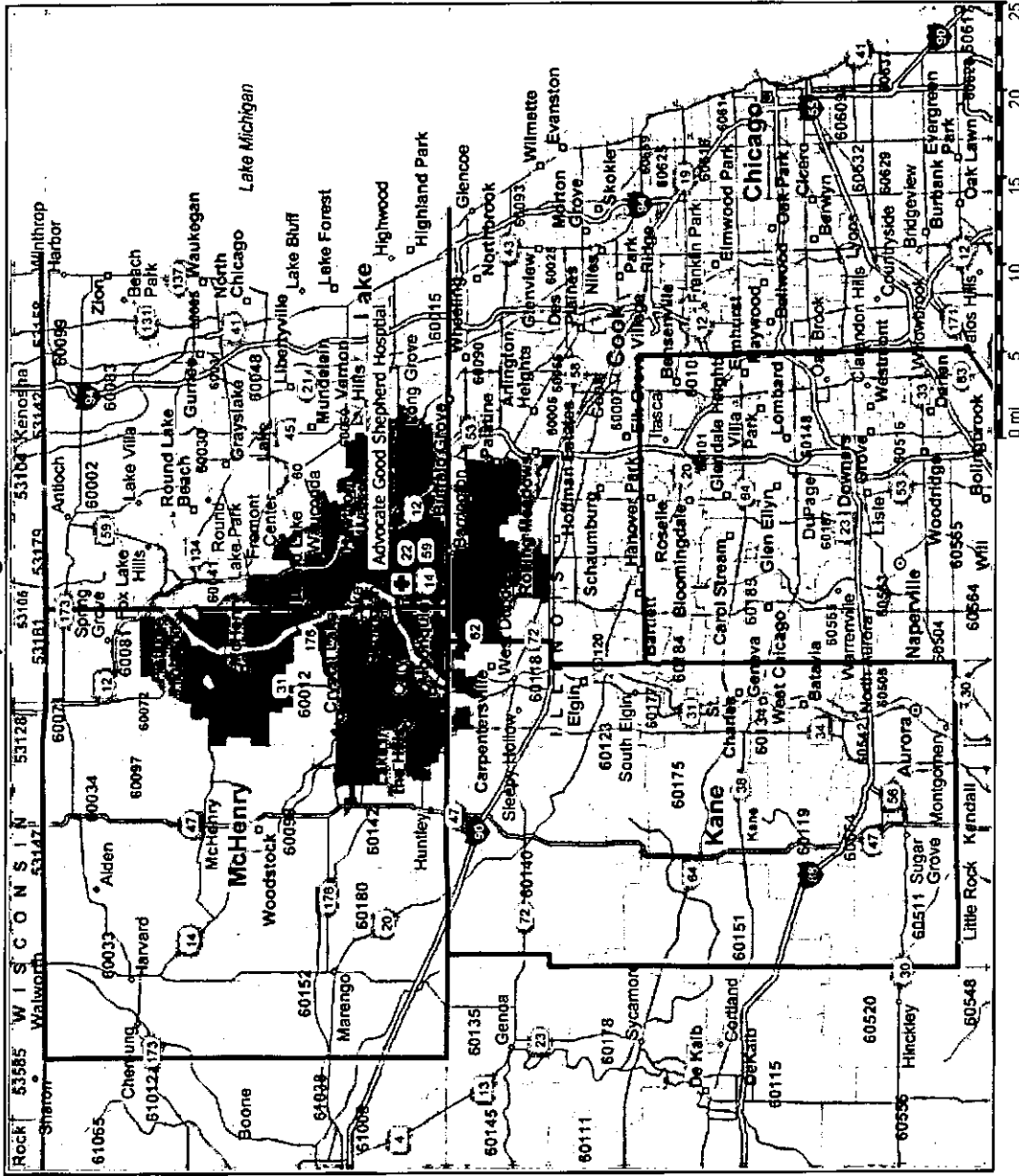
AGSH Service Area



- Service Area by Zip Code
- Primary Service Area (PSA)
- Secondary Service Area (SSA)
- Pushpins
- Advocate Good Shepherd Hospital

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AGSH Service Area with County Designations



- Service Area by Zip Code
- Primary Service Area (PSA)
- Secondary Service Area (SSA)
- Pushpins
- Advocate Good Shepherd Hospital

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Exhibit 4

Advocate Good Shepherd Market Share

	<u>2007</u>	<u>2008</u>	<u>2009</u> (est)
PSA	28.6%	28.3%	27.8%
SSA	<u>5.3%</u>	<u>5.2%</u>	<u>4.7%</u>
PSA / SSA Average	20.6%	20.6%	19.9%

Source: Hospital Records, COMPdata

Exhibit 5

Advocate Good Shepherd Hospital Service Area

Population by Zip Code and Source

<u>Zip Code</u>	<u>Municipality</u>	<u>Thomson Population</u>			<u>ESRI Population</u>		
		<u>2008</u>	<u>2013</u>	<u>% Change</u>	<u>2009</u>	<u>2014</u>	<u>% Change</u>
<u>Primary Service Area (PSA)</u>							
60010	Barrington	44,347	46,212	4.21%	43,909	45,132	2.79%
60013	Cary	30,105	33,831	12.38%	29,415	31,961	8.66%
60014	Crystal Lake	50,324	54,729	8.75%	51,047	54,199	6.17%
60021	Fox River Grove	6,282	6,580	4.74%	6,278	6,413	2.15%
60042	Island Lake	10,152	10,986	8.22%	9,054	9,183	1.42%
60047	Lake Zurich	43,821	47,802	9.08%	43,672	46,588	6.68%
60050	McHenry	31,680	35,062	10.68%	33,596	37,044	10.26%
60051	McHenry	24,462	26,625	8.84%	29,357	32,928	12.16%
60067	Palatine	38,769	39,653	2.28%	38,159	38,305	0.38%
60084	Wauconda	15,747	17,650	12.08%	15,859	17,993	13.46%
60102	Algonquin	34,693	40,217	15.92%	33,879	37,586	10.94%
60156	Lake in the Hills	<u>32,123</u>	<u>37,706</u>	17.38%	<u>30,430</u>	<u>33,894</u>	11.38%
	Total PSA	<u>362,505</u>	<u>397,053</u>	9.53%	<u>364,655</u>	<u>391,226</u>	7.29%
<u>Secondary Service Area (SSA)</u>							
60012	Crystal Lake	11,487	12,477	8.62%	12,537	13,481	7.53%
60060	Mundelein	38,384	39,868	3.87%	40,122	42,051	4.81%
60073	Round Lake	56,130	64,567	15.03%	56,807	62,967	10.84%
60098	Woodstock	32,498	35,520	9.30%	33,549	36,527	8.88%
60110	Carpentersville	<u>40,410</u>	<u>45,208</u>	11.87%	<u>42,577</u>	<u>46,766</u>	9.84%
	Total SSA	<u>178,909</u>	<u>197,640</u>	10.47%	<u>185,592</u>	<u>201,792</u>	8.73%
	PSA/SSA Service Areas	<u>541,414</u>	<u>594,693</u>	9.84%	<u>550,247</u>	<u>593,018</u>	7.77%

Source: Thomson Reuters; ESRI Business Solutions

Excludes immigration

PSA/SSA admissions approximate 10,822 in 2008 or 83.3% of the total

Exhibit 6
Advocate Good Shepherd Hospital Service Area
Population by County and Source

<u>County</u>	<u>ESRI Population</u>			<u>DCEO Population</u>		
	<u>2009</u>	<u>2014</u>	<u>% Change</u>	<u>2010</u>	<u>2015</u>	<u>% Change</u>
Cook County, Illinois	5,366,825	5,330,177	-0.68%	5,472,429	5,562,950	1.65%
Kane County, Illinois	523,238	580,253	10.90%	516,914	572,277	10.71%
Lake County, Illinois	728,086	763,297	4.84%	762,918	794,851	4.19%
McHenry County, Illinois	330,636	363,154	9.83%	337,034	377,315	11.95%
State of Illinois	13,114,513	13,412,757	2.27%	13,279,091	13,748,695	3.54%

Source: ESRI Business Solutions; Illinois Department of Commerce and Economic Opportunity

IMPACT ON ACCESS:

1. **Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.**

Advocate Good Shepherd Hospital is committed to facilitate mental health services in its market area even though unforeseen circumstances have forced the Hospital to temporarily suspend operating its 14-bed (now 6) adult AMI category of service. As demonstrated in this Permit Application, the Hospital has proactively attempted to maintain the AMI program in the face of overwhelming obstacles, but has not been successful in its efforts.

Outreach was made to psychiatrists within a 25 mile radius of the Hospital, (these physicians were identified through publicly available data (see Appendix 1), Advocate sister hospitals, in particular, Lutheran General and Good Samaritan, other local AMI providers within a 45-minute unadjusted and adjusted drive time, local community based mental health programs, as well as the local state mental health facility, Elgin Mental Health Center. In addition, Provena Mercy Hospital, Aurora, voluntarily offered to accept Advocate Good Shepherd's AMI patients without discrimination, consistent with Review Board's rules.

Although Elgin Mental Health Center is classified as a chronic and not acute provider of AMI services within the State of Illinois, the facility does accept AMI patients and Advocate Good Shepherd has an excellent working relationship with the staff. The various patient transfers, post-temporary closure of the Advocate Good Shepherd inpatient adult AMI unit demonstrate, in part, this relationship (See Attachment 10, Exhibit E.1). In addition, the Hospital's sister organizations within the Advocate System, namely Advocate Northside Health Systems and Advocate Brommen, partner with the Illinois Department of Human Services, Division of Mental Health, in providing services to those in need of mental health services these relationships again demonstrating the Systems commitment to mental health services and working with other providers to facilitate care and ensure access.

Advocate Good Shepherd also has a positive relationship with Samaritan House, a local mental health counseling center which understands and supports the AMI discontinuation.

These various factors indicate Advocate Good Shepherd and its sister organizations within the Advocate system are committed to provide or facilitate access to mental health services and, specific to this permit application, the AMI category of service. Within the Chicagoland area, four (4) Advocate hospitals, Illinois Masonic, Christ Hospital, Good Samaritan Hospital, and Lutheran General provide AMI inpatient services, excluding the Good Shepherd program which has temporarily suspended operations. These four facilities have a combined total 191 AMI beds and sufficient capacity to absorb Advocate Good Shepherd's historical AMI average daily census. This fact, combined with Advocate Good Shepherd's relationship with other respected AMI providers in the market and region, the documentation of successful patient transfers, as well as support from other AMI providers indicates that access will not be compromised. In addition, the various Chicagoland Advocate system hospitals providing AMI services are in AMI planning areas A-01, A-04, A-05, A-07, and A-09. These planning areas, combined, have an excess of 408 AMI beds pre-discontinuation and, if approved, 394 excess AMI beds, post discontinuation. Thus, there is a calculated AMI bed excess within the region, and access will not be adversely affected.

The Advocate system, while recognizing its relationship with other respected AMI providers within the defined 45-minute market and also the Chicagoland region serviced by the Advocate system, is primarily focusing AMI program coordination between Advocate Good Shepherd and its sister hospitals, Lutheran General and Good Samaritan, to ensure access for its patients. Even so, in the recent past, patient, family and physician preference has resulted in the majority of the patient transfers to providers outside the Advocate system.

The analysis which follows considers transfers within the Advocate system. Advocate Good Shepherd Hospital is in AMI planning area A-09. Advocate Lutheran General Hospital is in AMI planning area A-07 and Advocate Good Samaritan Hospital is in planning area A-05. According to IDPH revised bed need determinations for AMI beds, dated May 21, 2010, each respective planning area has an AMI bed excess, except A-09. However, assuming AMI program coordination within the Advocate system, in particular, Good Samaritan and Lutheran General, their respective planning areas have excess beds, as noted on the following page, specific to the three planning areas in consideration.

<u>AMI Planning Area</u>	<u>Derived Existing Beds</u>	<u>Calculated Bed Need</u>	<u>Excess AMI Beds</u>
A-05 HSA7	312	250	62
A-07 HSA7	820	566	254
A-09 HSA8	69	73	(4)
Total	1,201	889	312

Source: Addendum to Inventory of Health Care Facilities; Changes to Acute Mental Illness; March 19, 2008 to May 21, 2010

Note: The calculated need and excess AMI beds provide the basis for the calculated existing beds within each respective planning area.

Discontinuing the AMI category of service at Advocate Good Shepherd will not have an adverse effect upon residents' access to care in the market area principally because the Good Shepherd program will be primarily coordinated with the Lutheran General AMI program with facilitated transfers to other Advocate sister hospitals and other respected AMI providers considering patient, family and physician preference. Additionally, Advocate Good Shepherd will maintain, onsite, the Behavioral Health Liaison Assessment Team for those patients receiving mental health services prior to transfer as noted herein. Attachment 10, Exhibit E.1 profiles successful transfer experience for the 5-week period May 5 through June 5, 2010. In addition, responses to required impact letters indicate sufficient beds to accommodate Advocate Good Shepherds patients, pre-temporary closure, "without restrictions, conditions, limitations, or discrimination".

2. **Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.**

Attachment 10, Exhibits 7, 8, and 9 profiles those AMI providers within 45-minutes normal and adjusted travel time from the Advocate Good Shepherd campus. There are 14 total hospitals within an unadjusted 45-minute travel time and 11 within an adjusted travel time from the Advocate Good Shepherd site. Each was sent an impact letter, the draft of which is included as Attachment 10, Exhibit 10. The impact letters were dated May 4, 2010. In addition, although it is categorized as a chronic and not acute provider of AMI services, the Elgin Mental Health Center was also sent an impact letter.

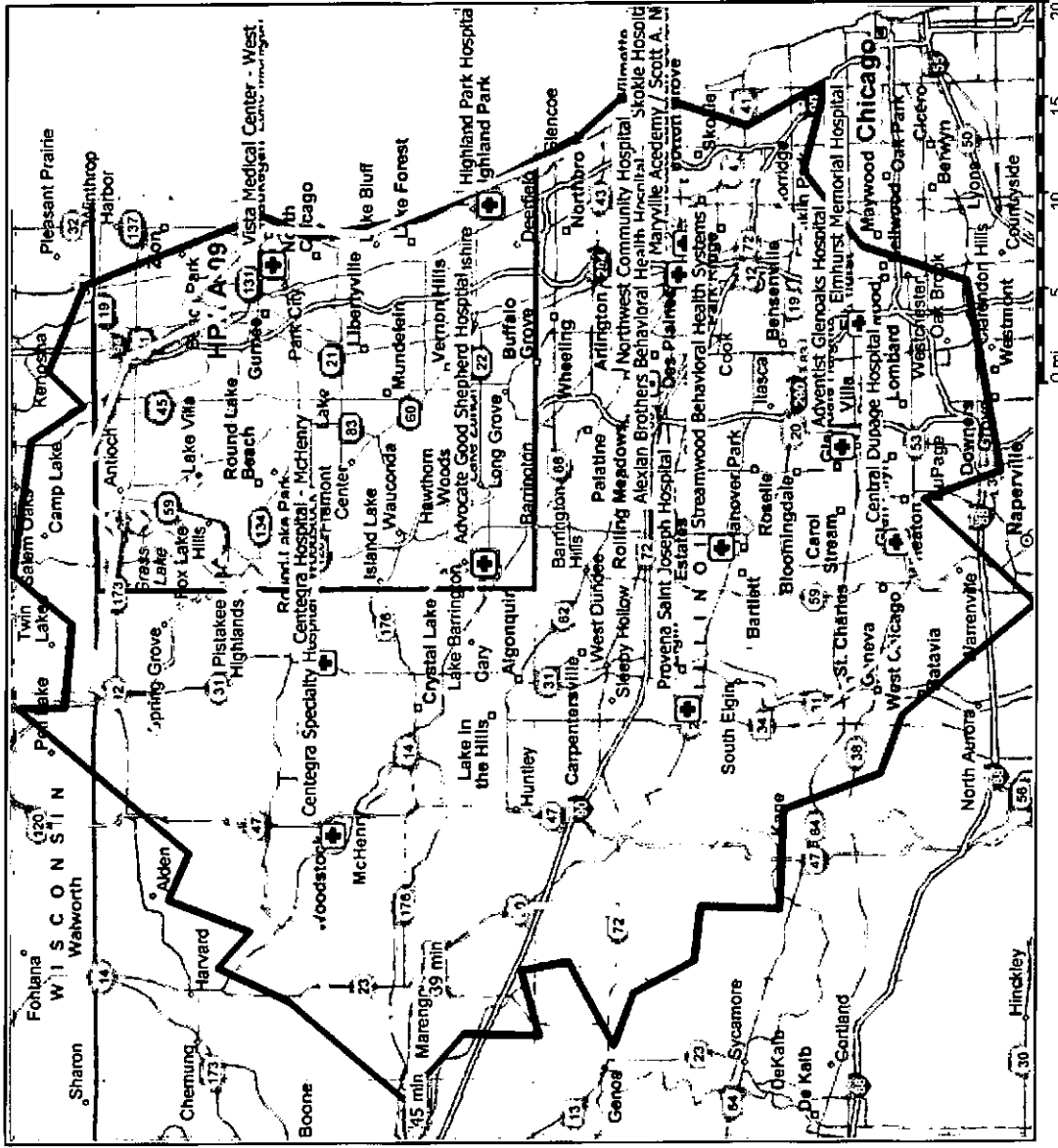
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

Appendix 2 contains a listing of the 14 facilities within a 45-minute unadjusted travel time from Advocate Good Shepherd. Each received an impact letter. There were eight (8) responses which are summarized below. Six (6) were from within the 45-minute normal unadjusted travel time and two from outside the 45-minute unadjusted travel time.

<u>Hospitals Within a 45-minute Drive Time</u>	<u>Total AMI Beds</u>	<u>Available AMI Beds</u>	<u>Written Response</u>
Advocate Lutheran General	55	24	Accepts patients without conditions
Provena St. Joseph (Elgin)	30	13	Accept patients without conditions
Northwest Community	32	--	No negative impact
Central Dupage	15	--	No negative impact
Centegra (Woodstock)	44	0	No capacity to accept AMI patients
Vista Health System	46	--	Response letter stated negative impact on county residents; no statement re impact on Vista. However, Vista has reached out to Advocate Good Shepherd to encourage AMI transfers and to encourage referrals from Good Shepherd to Vista (see Attachment 10, Exhibit 11). The e-mail notes there is bed availability at Vista.
Sub-Total	<u>222</u>	<u>37</u>	
<u>Hospitals Outside 45-minute Drive Time</u>			
Provena Mercy Medical Center	95	50	Accept patients without conditions
Advocate Christ Medical Center	56	24	Accepts patients without conditions
Advocate Good Samaritan	41	17	Accepts patients without discrimination
Sub-Total	<u>192</u>	<u>91</u>	
Grand Total	<u>414</u>	<u>128</u>	

As noted in the impact letter, pre-temporary closure, the Advocate Good Shepherds' AMI units ADC was 5.9 patients. The impact letter responses indicate that this census can and will be accommodated without conditions. In addition, there is capacity within the Advocate system, in particular, Lutheran General, to accommodate the AMI patients when discontinuation occurs.

AMI Facilities within 45 Minutes



- Pushpins**
- ➡ Advocate Good Shepherd Hospital
 - ➡ Centegra Hospital - McHenry
 - ➡ Centegra Specialty Hospital - Woodstock
 - ➡ Maryville Academy / Scott A. Nolan Center
 - ➡ Streamwood Behavioral Health Systems
 - ➡ Northwest Community Hospital
 - ➡ Alexian Brothers Behavioral Health Hospital
 - ➡ Skokie Hospital (Rush North Shore)
 - ➡ Provena Saint Joseph Hospital
 - ➡ Advocate Lutheran General Hospital
 - ➡ Einhurst Memorial Hospital
 - ➡ Adventist Glenoaks Hospital
 - ➡ Central Dupage Hospital
 - ➡ Highland Park Hospital
 - ➡ Vista Medical Center - West
 - AMI Health Planning Areas
 - ☐ HPA A-09

Red Line – Unadjusted Travel Time

Yellow Line – Adjusted Travel Time

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Exhibit 8

Bed Capacity / Availability

Acute Mental Illness Facilities within 45 Minutes of Advocate Good Shepherd Hospital

HPA	Facility	Authorized Beds	ADC	Available Beds	Patient Days	Percent Occupancy		Travel Time	
						Occupancy	MapQuest	Adjusted	Adjusted
A-09	Advocate Good Shepherd Hospital (AGSH)	14	10.6	3	3,881	75.9%	0	0	0
Other Acute Mental Illness (AMI) Facilities in Health Planning Area (HPA) A-09									
A-09	Highland Park Hospital	13	9.0	4	3,268	68.9%	34	39	39
A-09	Vista Medical Center - West	46	28.9	17	10,545	62.8%	39	45	45
Subtotal/Average Other AMI Facilities in HPA A-09		59	37.8	21	13,813	64.1%			
Other Acute Mental Illness Facilities within 45 Minutes Normal (Adjusted) Travel Time of AGSH									
A-07	Alexian Brothers Behavioral Health	137	125.7	11	45,876	91.7%	20	23	23
A-10	Centegra Hospital - McHenry *	0	0.1	0	25	--	22	25	25
A-07	Northwest Community Hospital	32	25.4	6	9,253	79.2%	27	31	31
A-07	Streamwood Behavioral Health Systems	162	104.1	57	37,981	64.2%	27	31	31
A-07	Maryville Academy / Scott A. Nolan Center	180	0.0	180	0	0.0%	30	35	35
A-10	Centegra Specialty Hospital - Woodstock	44	29.3	14	10,684	66.5%	33	38	38
A-11	Provena Saint Joseph Hospital	30	16.9	13	6,181	56.4%	34	39	39
A-07	Advocate Lutheran General Hospital	55	31.3	23	11,417	56.9%	39	45	45
A-05	Adventist Glen Oaks Hospital	58	43.9	14	16,006	75.6%	39	45	45
Subtotal/Average Other AMI Facilities within 45 Minutes Adjusted		698	376.5	321	137,423	53.9%			
Total/Average Other AMI Facilities within 45 Minutes Adjusted		757	414.3	342	151,236	54.7%			
Other Acute Mental Illness Facilities within 45 Minutes MapQuest Travel Time of AGSH (Unadjusted)									
A-05	Elmhurst Memorial Hospital	18	11.8	6	4,316	65.8%	42	48	48
A-08	Skokie Hospital (Rush North Shore)	42	15.5	26	5,660	36.9%	43	49	49
A-05	Central DuPage Hospital	15	15.0	0	5,475	100.0%	43	49	49
Subtotal/Average Other AMI Facilities Outside 45 Minutes Unadjusted		75	42.3	32	15,451	56.4%			
Grand Total Other AMI Facilities		832	456.7	375	166,687	54.9%			

* Project #07-122 approved the discontinuation of the entire 15-bed AMI service; project completion date is 1/31/2009.

Source: MapQuest.com; 2008 IDPH Hospital Profiles

Exhibit 9

Acute Mental Illness Facilities within 45 Minutes of Advocate Good Shepherd Hospital

HPA	Facility	Address	Municipality	Zip	Administrator	Distance	Travel Time	
							MapQuest	Adjusted
A-09	Advocate Good Shepherd Hospital (AGSH)	450 West Highway 22	Barrington	60010	Karen Lambert	0	0	0
Other Acute Mental Illness (AMI) Facilities in Health Planning Area (HPA) A-09								
A-09	Highland Park Hospital	718 Glenview Avenue	Highland Park	60035	Jeffrey Hillebrand	19.76	34	39
A-09	Vista Medical Center - West	2615 West Washington	Waukegan	60085	Barbara J. Martin	25	39	45
Other Acute Mental Illness Facilities within 45 Minutes Normal (Adjusted) Travel Time of AGSH								
A-07	Alexian Brothers Behavioral Health	1650 Moon Lake Blvd	Hoffman Estates	60169	Francine McGouey	12.01	20	23
A-10	Centegra Hospital - McHenry *	4201 Medical Center Drive	McHenry	60050	Michael S. Eesley	13.12	22	25
A-07	Northwest Community Hospital	800 West Central Road	Arlington Heights	60005	Bruce Cowther	17.05	27	31
A-07	Streamwood Behavioral Health Systems	1400 East Irving Park Road	Streamwood	60107	Cindy Meyer	15.6	27	31
A-07	Maryville Academy / Scott A. Nolan Center	555 Wilson Lane	Des Plaines	60016	Teresa Maganzini	21.22	30	35
A-10	Centegra Specialty Hospital - Woodstock	527 West South Street	Woodstock	60098	Michael S. Eesley	17.97	33	38
A-11	Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	60123	William A. Brown	22.25	34	39
A-07	Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	60068	David Stark	22.61	39	45
A-05	Adventist Glen Oaks Hospital	701 Winthrop Avenue	Glendale Heights	60139	Brinsley Lewis	28.43	39	45
Other Acute Mental Illness Facilities within 45 Minutes MapQuest Travel Time of AGSH (Unadjusted)								
A-05	Elmhurst Memorial Hospital	200 Berteau Avenue	Elmhurst	60126	Leo F. Fronza	31.37	42	48
A-08	Skokie Hospital (Rush North Shore)	9600 Gross Point Road	Skokie	60076	Jeffrey Hillebrand	28.18	43	49
A-05	Central DuPage Hospital	25 North Winfield Road	Winfield	60190	Maureen Taus	27.5	43	49

* Project #07-122 approved the discontinuation of the entire 15-bed AMI service; project completion date is 1/31/2009.

Source: MapQuest.com; 2008 IDPH Hospital Profiles

May 4, 2010

(Name)
(Title)
(Hospital)
(Address)
(City, State, Zip)

Re: Proposed Discontinuation; Acute Mental Illness (“AMI”) Category of Service

Dear (Administrator):

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the “Review Board”) to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all “existing or approved” service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

Due to the departure of key staff, we reduced our AMI unit operating capacity from 14 to 6 beds in January 2010. Because of recent additional staff resignations, it will be necessary for us to temporarily suspend AMI services pending formal Review Board approval. Our anticipated date of formal discontinuation, pending Review Board approval, would be as soon as possible after the September 14, 2010 Review Board meeting. Our historical AMI utilization is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	476	3,610	9.9
2008	585	3,881	10.6
2009	588	4,572	12.5
2010	81	531	5.9

Source: Illinois Hospital Data Summary (AHQ, IDPH) and unpublished CY 2009 data and 2010 YTD March data

In accordance with Review Board rules, we are requesting your response within 15 days of receiving this letter as to the impact our AMI discontinuation may have on your facility and whether your facility has available capacity to assume additional acute mental illness patients “without restrictions, conditions, limitations, or discrimination”. As with our recent reductions in AMI service, we would anticipate that many of our present AMI services would be absorbed by our affiliated

hospitals at Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital. If you are able to assume additional AMI patients under these requirements, please provide your total bed capacity for this category of service, number of available AMI beds, average daily census, and the estimated number of the additional AMI patients that your facility could accept.

Please send your response to Trent Gordon, Director, Business Development, Advocate Good Shepherd Hospital, 450 West Highway 22, MOB I Suite #13, Barrington, Illinois, 60010. If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact Mr. Gordon at 847-842-4259 or via email (trent.gordon@advocatehealth.com).

Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

Exhibit 11
Vista Correspondence Seeking AMI Transfers

----- Original Message -----
From: Terry Barrett <Terry_Barrett@CHS.net>
To: Elrod, Jennifer
Sent: Thu May 27 06:14:51 2010
Subject: Vista Medical Center - Behavioral Health Services

Good Morning Jennifer:

It was a pleasure talking with you and discussing the Behavioral Health services Vista and Advocate offer, as well as coordination of care.

As you may be already aware, Vista has MAT (Mobile Assessment Team) Workers in our 2 emergency rooms, who are responsible for psychiatric assessments and transfers. I have initiated a process whereby it is extremely efficient to make referrals and contact the MAT Workers directly.
Attached you will find the process sheet with detailed step-by-step procedures.

As discussed, we have a 6 bed Child unit (ages 3-12) and 10 bed Adolescent unit (ages 13-18). This unit does fluctuate in census on a regular basis, therefore, we generally DO have bed availability. Please feel free to make referrals for Child/Adolescent Inpatient treatment and we will gladly consider acceptance of these patients.

Once again, thank you very much for taking the time to talk with me. If you ever have any questions, please do not hesitate to contact me.

Have a great day!

Terry

(See attached file: VMCW - Emergency Contact (MAT).doc) (See attached file: Behavioral Health Flyer.pdf) (See attached file: Child Brochure.pdf) (See attached file: SkillsBrochure-Teen-CMYK-072909REV..pdf) (See attached file: Adult Brochure.pdf) (See attached file: ECT.pdf)

-----Original Message-----
From: Terry Barrett [mailto:Terry_Barrett@CHS.net]
Sent: Tuesday, June 15, 2010 11:15 AM
To: Elrod, Jennifer
Subject: 10 OPEN Child/Adolescent Beds @ Vista Medical Center West

Good Morning:

I just wanted to keep you updated as to our bed availability.....

We have 10 OPEN Child/Adolescent beds, which is highly unusual for this time.

If you have any referrals, they are greatly appreciated. I have included our MAT (Mobile Assessment Team) Emergency Referral contact numbers for your team.

Thank you very much and it is great working with you and your team!

Terry

(See attached file: VMCW - Emergency Contact (MAT).doc)

Terry Barrett | Manager of Program Development | Vista Health System
2615 Washington Street, Waukegan, IL
Office: 847-625-6009 | Pager: 847-360-4341, 7103# | terry_barrett@chs.net

**ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR PERMIT**

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Safety Net Impact Statement

Overview

Along with providing quality care to nearly 1 million people annually, Advocate provides essential community services and programs to patients, families and communities. These community benefits, as defined in the Illinois Community Benefits Act, are provided free, subsidized or without full reimbursement from Medicaid, Medicare, and similar governmental programs. As a result, Advocate's mission and its impact extend well-beyond the walls of its hospitals and other sites of care to make a positive difference.

Advocate provides benefits in all of the following categories:

- Charity Care and Other Uncompensated Costs
- Subsidized Health Services
- Hospital-Based Education
- Volunteer Services
- Language-Assistance Services, and
- Donations.

Advocate's 2009 Community Benefits Report will be submitted to the Illinois Attorney General's Office in July 2010.

Total community benefits for 2008 were more than \$373 million. This amount represents a \$29.5 million increase from its 2007 Community Benefits Journal. A summary of the benefits initiatives is attached as Attachment 77, Exhibit 1.

Advocate's program to patients who need financial assistance includes the following:

- Advocate provides charity care consideration for patients with incomes up to six times the federal poverty level – one of the most generous sets of guidelines of any health care provider in the country.
- Advocate and its financial counselors make every effort to help patients who are uninsured, underinsured, or face financial challenges.

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

Discontinuing the acute mental illness (AMI) category of service will not have an impact on essential safety net services in the community. We will maintain our current acute care programs and our behavioral health crisis response teams. There is demonstrated market area support and bed availability to accept our AMI patients without any restrictions or limitations. There will be no adverse impact in the market or impact on market access. Due to staffing shortages, the AMI unit is currently closed pending discontinuation. Patient access has already been accommodated through other providers.

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

We understand this question in the Safety Net Impact Statement criterion as asking whether the closure of Advocate Good Shepherd's AMI Category of Service will burden other area providers. The unit has closed temporarily pending formal discontinuation, and there has been no reported burden on other AMI providers. Providers in the region have indicated their willingness to take hospital patients. In addition, management from Vista West contacted us by phone and e-mail to discuss facilitating transfers to their facility (see Attachment 10, Exhibit 11). As discussed below, the discontinuation project is not expected to adversely impact the ability of other area providers to cross-subsidize safety net services.

In general, cross-subsidization arises when positive revenues in one provider's services subsidize or affect losses for a safety net service.

The evidence of the lack of adverse impact is evidenced both by the availability of AMI beds within the region and also by the large number of providers which have indicated a desire to accept Advocate Good Shepherd's patients within State Agency criterion as well as the fact temporary closure has, to the best of our knowledge, not adversely affected other providers.

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

Discontinuing the AMI category of service is not expected to impact any related safety net services in that there is sufficient interest within the market area to accept current AMI patients as demonstrated by the respective impact letter responses. In addition, Advocate Good Shepherd Hospital has a plan in place as described herein to manage behavioral health patients within the Advocate system, as appropriate, and, as the patient and their family agree, assist in making other placements, as required. Also, there is no change in the Hospital's other services associated with the proposed AMI category of service discontinuation.

In contemplating the future of these services at our hospital, we reached out to other community constituents who could be impacted by our decision. Not only to notify them, but to work through our plans with them to ensure that the surrounding community continued to be served. Within the application you will find letters from Samaritan House (a local community provider of outpatient mental health services), the Barrington Fire Chief, and a number of independent primary care physicians and local congregations confirming that this was the appropriate cause of action.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

Advocate Health Care Network and Advocate Health and Hospitals Corporation certify that the following charity care and community benefits information is accurate and complete and in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2006	2007	2008
Inpatient	361	75	195
Outpatient	<u>2,312</u>	<u>174</u>	<u>365</u>
Total	<u>2,673</u>	<u>249</u>	<u>560</u>
Charity (cost In dollars)			
Inpatient	736,464	\$ 312,400	2,135,300
Outpatient	<u>179,536</u>	<u>98,000</u>	<u>523,600</u>
Total	<u>916,000</u>	<u>\$ 410,400</u>	<u>2,658,900</u>

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

Safety Net Information per PA 96-0031			
MEDICAID			
Medicaid (# of patients)	2006	2007	2008
Inpatient	384	419	587
Outpatient	<u>4,470</u>	<u>7,310</u>	<u>8,628</u>
Total	<u>4,854</u>	<u>7,729</u>	<u>9,215</u>
Medicaid (gross revenue)			
Inpatient	\$10,034,000	\$12,432,000	\$16,334,000
Outpatient	<u>4,899,000</u>	<u>6,879,000</u>	<u>9,965,000</u>
Total	<u>\$14,933,000</u>	<u>\$19,311,000</u>	<u>\$26,299,000</u>
Medicaid (net revenue)			
Inpatient	\$ 2,104,000	\$ 2,581,000	\$ 2,865,000
Outpatient	<u>117,000</u>	<u>629,000</u>	<u>698,000</u>
Total	<u>\$ 2,221,000</u>	<u>\$ 3,210,000</u>	<u>\$ 3,563,000</u>

Source: Annual Hospital Profiles (AHQ); IDPH; Hospital Data; Community Benefits Report

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

In 2008, the Advocate system provided more than \$373 million in charitable care and services. This represents an approximate \$29.5 million increase over 2007.

Advocate's community benefits investment allows it to meet the health and wellness needs of its communities and expands access to care.

In addition to \$32.4 million in free and charity care for the uninsured and underinsured, Advocate supplied more than \$228 million in care without full reimbursement from Medicare and Medicaid or other government-sponsored programs.

In addition to free and subsidized care, Advocate also offers programs and services that respond to communities' unique healthcare needs. These include health and wellness screenings, behavior health services, and school-based health care. Also provided are language-assistance services and interpreters and non-English educational materials.

In addition to patient care services, Advocate is involved in hospital-based education to train physicians, nurses, radiology technicians, physical therapists and a host of others to meet the ever growing need for skilled health care professionals.

Advocate is also engaged in multiple research projects that will result in new techniques, drugs, and devices to improve the health and well being of patients everywhere.

See the following exhibits:

Attachment 43, Exhibit 1

News Release

Attachment 43, Exhibit 2

Charity Care Policy



[Advocate](#) > [About Us](#) > [News](#)

Advocate Health Care reports \$373 million in community benefits

System reports \$29.5 million increase in charitable care and services
Oak Brook, Ill. (June 30, 2009) —

Advocate Health Care, a not-for-profit, faith-based health care system, today announced it provided more than \$373 million in charitable care and services during 2008 to the communities it serves throughout Chicagoland. This total represents a \$29.5 million increase from its 2007 community benefits contribution.

Advocate's community benefits investment allows it to meet the health and wellness needs of its communities and expands access to care. The 8.6 percent increase from 2007's total underscores the dedication of Advocate physicians, nurses and associates to provide for the underserved and vulnerable.

"Advocate is proud to report our continuing commitment to providing substantial, and vital, care and service to our communities," said Jim Skogsbergh, president and CEO of Advocate Health Care. "Our \$373 million community benefit contribution in 2008 illustrates Advocate's healing mission and dedication to meeting the needs of those that we are so privileged to serve."

Advocate provided \$32.4 million in free and discounted charity care for the uninsured and underinsured, and supplied more than \$228 million in care without full reimbursement from Medicare, Medicaid or other government-sponsored programs. In 2008, these benefits alone totaled \$260 million in health care service costs.

In addition to free and subsidized health care, Advocate also offers programs and services that respond to communities' unique needs. These include health and wellness screenings, behavioral health services, and school-based health care. Also provided are language-assistance services, such as interpreters and non-English patient education materials.

Advocate's 2008 donations, such as contributions of equipment, supplies and clinic space, increased 20 percent over 2007. And the system increased its provision of medical education and training by more than \$3.5 million.

Advocate is able to provide these substantial benefits in its diverse communities, in large part, due to its tax exempt not-for-profit status. This flexibility, established through a continuing partnership with state and local governments, allows Advocate's more than 200 sites of care to deploy health care services and programs tailored to the health and wellness needs of individual communities.

A detailed breakdown of Advocate's community benefits contributions was provided in its Community Benefits Report, recently filed with the State.

About Advocate Health Care

Advocate Health Care, a nationally-ranked health system, is the largest health care provider in Illinois. Advocate operates more than 200 sites of care across

metropolitan Chicago, including nine acute care hospitals, two children's hospitals, four Level I trauma centers (the state's highest designation in trauma care), a home health care company and one of the region's largest medical groups. As a not-for-profit, mission-based health system affiliated with the Evangelical Lutheran Church in America and the United Church of Christ, Advocate contributed more than \$373 million in charitable care and services to communities across Chicagoland in 2008.

Contact:

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Advocate Health Care

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1.800.3.ADVOCATE / TDD 630.990.4700
También tenemos representantes que hablan español.

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Advocate Health Care

Policies

Policy Information/Details

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Site/Location	Systemwide	Revised Date	05/01/2007
Policy Number	90.003.011	Reviewed Date	05/01/2007
Policy Title	Hospital Charity Assistance Policy (Previously Titled Charity Care)	Origination Date	01/17/1996
Originated by	Finance		
Approved by	President & CEO		
Release Information	Non-Release OR Release Only with Approval		
Supersedes	None		

Policy:

Hospital Charity Assistance Policy (Previously Titled Charity Care)

I. POLICY

Advocate Health Care (Advocate) is an expression of the healing and teaching ministries of the Evangelical Lutheran Church in America and the United Church of Christ. The fundamental purpose of Advocate Health Care is to provide quality health care and health-related services that effectively and efficiently meet the needs of individuals, families and communities.

Consistent with Advocate's values of compassion and stewardship, it is the policy of Advocate Health Care to provide charity assistance to patients in need. This policy identifies circumstances under which Advocate hospitals will extend services free-of-charge, or at a reduced amount, to an individual whose financial status makes it impossible or impractical to pay fully for the services. Given the sensitive nature of these requests, all communications with the patient or family members will be handled in strict confidence and in a compassionate manner.

The provision of charity assistance is subject to various requirements, including the timely completion and submission of a charity assistance application and supporting documentation. Nothing in this policy shall be deemed to take precedence over federal, state or local laws or regulations currently in effect or that may be promulgated in the future.

This policy is intended to benefit Advocate's community consistent with its values of compassion and stewardship. This policy does not guarantee any third party or person any rights, claims, benefits or privileges. The existence of a charity care policy does not constitute an offer to any particular patient and creates no contractual rights or obligations. This policy is subject to change or modification. The hospital may also depart from the criteria described below on a case-by-case basis where the hospital determines it is appropriate to do so.

II. DEFINITIONS OF TERMS

Charity Assistance: Health care services that Advocate facilities provide free-of-charge, or are at a reduced amount, to individuals who meet certain financial eligibility criteria.

Cost of Providing Services: The hospital's established usual and customary charges at the time of initial billing, multiplied (reduced) by the hospital's relationship of costs to charges (also referred to as the hospital's "cost to charge ratio"), taken from the most recently Medicare cost report. Costs will be updated annually.

Emergency services: Services provided to a patient for a medical condition with acute symptoms of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or with respect to a pregnant woman, the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. With respect to a woman who is having contractions, there is inadequate time to effect a safe transfer to another hospital before delivery, or the transfer may pose a threat to the health or safety of the woman or her unborn child.

Urgent services: Services to treat an unexpected illness or injury that requires immediate medical attention (usually within 48 hours), is not life threatening, but where a prolonged delay in treatment may threaten the patient's health or well-being.

Elective services: Services to treat a condition that does not require immediate attention, so that the timing of care is subject to the choice of the patient or physician. Elective services include procedures that are advantageous to the patient, but not urgent and also include non-medically necessary services, such as cosmetic and dental surgery performed solely to improve appearance or other elective procedures not typically covered by health insurance plans. Elective services that are not medically necessary will not be considered for charity assistance.

Medically Necessary services: Services or supplies that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational or vocational services. Medically necessary services may be provided in emergency, urgent or elective situations.

Federal Poverty Level: Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this policy, the poverty level indicated in these published guidelines represents gross income. Eligibility criteria will be updated annually.

Gross Income: Gross earnings reportable to the federal government.

Uninsured Patient: A patient who does not have third party coverage from a health insurer, a health care service plan, crime victim's assistance program, Medicare, or Medicaid, and whose injury is not compensable for purposes of workers' compensation, automobile insurance, or other insurance, as determined by the hospital based on documents and information provided by the patient or obtained from other sources, to pay for health care services provided.

Patient Cooperation: Patient cooperation is required as a condition of receiving assistance. Patient cooperation includes providing, in a timely and forthright manner, information regarding any available third party coverage; and financial information and documents needed to apply for third party coverage through government or other programs (e.g., Medicare, Medicaid, All Kids, Family Care, third party liability, Crime Victims funds, Section 1011 funds, etc.) and to determine the patient's eligibility for charity assistance. Patients are asked to provide the information and documents within thirty (30) days of the hospital request unless other compelling circumstances are brought to the hospital's attention. Patients are also asked to provide information to or file documents with such third parties where necessary.

III. PROCEDURES

A. Communication

The hospital will communicate the availability of charity assistance in the applicable languages of the hospital community. Means of communication will include:

1. The health care consent that is signed upon registration for hospital services will include a statement that financial counseling, including charity assistance consideration, is available upon request.
2. Signs will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to hospital access, registration, emergency department, cashier, and business office locations.
3. Brochures will be placed in hospital access, registration, emergency department, cashier, and business office locations, and will include guidance on how a patient may obtain information on applying for Medicare, Medicaid, All Kids, Family Care etc., and the hospital's charity assistance program. A hospital contact and telephone number for financial assistance will be included.
4. The Advocate Health Care Website will post notice in a prominent place that financial assistance is available, will explain the financial assistance application process, and provide a copy of the financial assistance application.

Hospital bills to patients registered without insurance will include a request that the patient inform the hospital of any available health insurance coverage, Medicare or Medicaid; a statement that the uninsured patient may be eligible for Medicare, Medicaid, FamilyCare, All Kids or the hospital's charity assistance program; and a hospital contact and telephone number to request financial assistance.

B. Evaluation Guidelines

1. Gross income is defined as gross earnings reportable to the federal government. The amount of charity assistance approved will be based on the table below and may be adjusted based on the financial status of the patient, which includes a review of income, assets, expenses (including medical expenses), extenuating financial circumstances and the availability of third party health care benefits, such as those listed in the earlier paragraph concerning "patient cooperation". Specific criteria and formulas used as guidelines to determine hospital charity assistance adjustments will be revised annually after the poverty level guidelines are published by the federal government and will include the most recent Medicare cost to charge ratios.
2. The following table shall be used to determine the discounts to be offered to patients qualifying for charity care consideration.

Multiple of FPL	0 - 1	1 - 2	2 - 3	3 - 4
Expected Payment	\$0	\$0	Cost of Services Provided	Cost of Services Provided
Maximum Expected Payment	\$0	\$0	5% of Income	10% of Income

Federal poverty level income guidelines and maximum payment thresholds may be found in Exhibit 1.

Expected payment is determined by multiplying (reducing) the charges on the patient

bill by the hospital's cost to charge ratio, subject to the maximum payment levels provided above. The hospital cost to charge ratios are found in Exhibit 2.

Charity assistance consideration for elective services: Charity assistance discounts related to elective services are subject to budget constraints and are at the discretion of the hospital. Nothing in this paragraph is intended to change the hospital's obligations or practices pursuant to federal or state law respecting the treatment of emergency medical conditions without regard to the patient's ability to pay.

3. The amount of charity assistance will be determined once all third-party payment amounts have been identified.

C. Procedures

1. Requests for financial assistance may be initiated by any of the following individuals and at any point during the patient account cycle:
 - a. The patient/guarantor
 - b. A representative for the patient/guarantor
 - c. A hospital representative on behalf of the patient/applicant
 - d. Patient's attending physician
2. Notwithstanding considerations outlined elsewhere in this policy, it is the responsibility of the patient to cooperate with the charity assistance process. This includes providing information about any available third party health coverage; providing in a timely and forthright manner all documentation needed to apply for funding through government or other programs (e.g., Medicare, Medicaid, All Kids, FamilyCare, third party liability, Crime Victims funding, etc.) and to determine the patient's eligibility for hospital charity assistance; and signing or submitting such forms as might be requested by potential third party payors. Failure to do so may adversely affect consideration of the patient's charity assistance application. Patients are asked to provide the information and documents within thirty (30) days of the hospital request unless other compelling circumstances are brought to the hospital's attention.

The application for charity assistance must be completed and signed by the patient (or guarantor/representative). The hospital financial counselor will assist the applicant in the process. Applications are considered complete when all the necessary documentation is provided. Applications without sufficient documentation will be placed on hold until the required documentation is received or denied if not received after the hospital has made reasonable attempts to request the documentation.

If the patient is deceased and a responsible party is not identified, a hospital representative may generate the request and complete the application using available information and documents (e.g., IDPA spend down form, estate document, etc.).

3. Family income is defined as gross earnings reportable to the federal government. Income documentation is defined as one or more of the following, and must be provided prior to the adjudication of the application.
 - a. Prior year's income tax return or most recent W-2 form.
 - b. Last Pay Stub (or, if applies, copy of unemployment statement, social security letter, etc.)
 - c. If no documentation is available, a signed statement on a form provided by the hospital that testifies to the patient's financial status may be provided by the

person(s) providing financial support to the patient.

4. Applicants whose current financial position is, in their judgment or in the judgment of the hospital, not adequately reflected by the above income reports may submit, or be required to submit, additional statements and/or documentation which more completely describes any extenuating circumstances affecting their financial position; (i.e., an individual who is temporarily disabled may submit a physician's report documenting his/her inability to work for a given period of time.)

IV. EXHIBITS/ATTACHMENTS

Exhibit 1: Federal Poverty Level Guidelines

Exhibit 2: Hospital Cost to Charge Ratios

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

CHARITY CARE – Advocate System			
	2006	2007	2008
Net Patient Revenue			
Amount of Charity Care (charges)	\$113,620,000	\$111,409,000	\$125,400,000
Cost of Charity Care	\$29,135,000	\$29,709,000	\$32,354,000

CHARITY CARE – Advocate Good Shepherd			
	2006	2007	2008
Net Patient Revenue			
Amount of Charity Care (charges)	\$1,722,000	\$1,013,688	\$3,250,000
Cost of Charity Care	916,000	410,400	2,658,900

Appendix 1

Physician Outreach Letters

Physician List

Outreach Letter Example

Outreach Letter Return Receipts

Appendix 2

Impact Letters

Hospital List

Impact Letter Return Receipts

Impact Letter Responses

Appendix 1

Exhibit A.1 Psychiatrists w/in 25 mile radius of Good Shepherd	
<u>McNally, Joseph P., MD ^</u> 75 E Crystal Lake Ave Personal Growth Associates Crystal Lake, IL 60014-6136	Psychiatry
<u>Dave, Amarish A., DO ^</u> 348 S Division St Harvard, IL 60033	Neurology Psychiatry
<u>Agustsson-Mathers, Ann H., DO ^</u> 9113 Trinity Dr Lake in the Hills, IL 60156	Psychiatry
<u>Rafique, Jamal, MD ^</u> 970 S Mchenry Ave Crystal Lake, IL 60014-7449	Psychiatry
<u>Shrivastava, Archana, MD ^</u> 348 S Division St Harvard, IL 60033	Neurology Psychiatry
<u>Anwar, Syed H., MD ^</u> 600 S Randall Rd # 230 Algonquin, IL 60102	Psychiatry
<u>Zahid, Musarat Y., MD ^</u> 2250 W Algonquin Rd #103 Lake In The Hills, IL 60156-1289	Psychiatry Mental Health Counseling
<u>Vemuri, Ramesh B., MD ^</u> 9113 Trinity Dr Lake in the Hills, IL 60156	Psychiatry
<u>Jampala, Venkata C., MD</u> 970 Mchenry Ave Crystal Lake, IL 60014	Psychiatry Addiction Psychiatry Geriatric Psychiatry
<u>Vedak, Chandrapu S., MD</u> 970 Mchenry Ave Crystal Lake, IL 60014-7449	Psychiatry
<u>Resis, Steven J., MD ^</u> 390 E Congress Pkwy Ste J Crystal Lake, IL 60014	Psychiatry
<u>Naidu, Jayarama B., MD ^</u> 600 S Randall Rd #150 Algonquin, IL 60102	Psychiatry General Practice Internal Medicine Addiction Psychiatry
<u>Madamala, Thakshaka M., MD ^</u> 970 S Mc Henry Ave Crystal Lake, IL 60014	Psychiatry Child and Adolescent Psychiatry
<u>Lee, Soomi, MD</u> 390 E Congress Pkwy # J Crystal Lake, IL 60014	Child and Adolescent Psychiatry Psychiatry

<u>Chadha, Mohinder K., MD</u> 970 S Mc Henry Ave Crystal Lake, IL 60014	Psychiatry Child and Adolescent Psychiatry
<u>Patel, Sangita A., MD ^</u> 348 S Division St Harvard, IL 60033	Internal Medicine Psychiatry
<u>Collins, Marv B., MD ^</u> 475 W Terra Cotta Ave # D1 Crystal Lake, IL 60014-3407	Pediatrics Pediatric Infectious Disease Psychiatry
<u>Hawwood, Mitchell C., DO ^</u> 5320 W Elm St Mchenry, IL 60050-4029	Psychiatry
<u>Paul, Janeen H., MD ^</u> 390 Congress Pkwy Ste J Crystal Lake, IL 60014	Psychiatry
<u>Balkin, Sharyl E., MD ^</u> 100 Fox Glen Court Fox River Grove, IL 60021	Psychiatry
<u>Shvarts, Polina P., MD</u> 970 S Mchenry Ave Crystal Lake, IL 60014	Psychiatry
<u>Gumidyala, Eshwar P., MD ^</u> 527 W South St Woodstock, IL 60098-3756	Psychiatry
<u>Estrada, Maria Luisa P., MD ^</u> 820 E Terra Cotta Ave Ste 144 Crystal Lake, IL 60014	Psychiatry
<u>Davis, Catherine Redding, MSW ^ **</u> 527 W South St Woodstock, IL 60098	Mental Health Counseling Psychiatry Clinical Social Work
<u>Kerns, Lawrence L., MD ^</u> 475 W Terra Cotta Ave Crystal Lake, IL 60014-3407	Psychiatry Child and Adolescent Psychiatry
<u>Montes, Jose F., MD ^</u> 666 Russel Ct Ste 214 Woodstock, IL 60098	Psychiatry
<u>Poshni, Aftab, MD</u> 970 S Mchenry Ave Crystal Lake, IL 60014	Psychiatry
<u>Villoch, Christine M., MD ^</u> 565 Lakeview Pkwy Ste 190 Vernon Hills, IL 60061	Physical Medicine and Rehabilitation Psychiatry
<u>Hurwitz, Stephen S., MD</u> 777 Park Ave W Ste 3 Highland Park, IL 60035	Psychiatry

<u>Chhabria, Shakuntala, MD ^ **</u> 222 S Greenleaf St Ste 111 Gurnee, IL 60031	Neurology Psychiatry Neurology w/Spec Qual In Child Pediatrics
<u>Pavlovsky, Stanislav, MD</u> 1401 W Dundee Rd Ste 202 Buffalo Grove, IL 60089	Psychiatry
<u>De Sa Pereira, Elisabeth V., MD</u> 1117 S Milwaukee Ave # B8 Libertyville, IL 60048	Child and Adolescent Psychiatry Psychiatry
<u>Kerns, Lawrence L., MD ^</u> 101 Schelter Rd Lincolnshire, IL 60069-3644	Psychiatry Child and Adolescent Psychiatry
<u>Sawa, Marcia T., MD ^</u> 777 Park Ave W Highland Park, IL 60035	Psychiatry Neurology
<u>Kim, Kwang, MD</u> 423 E Washington St Round Lake, IL 60073	Psychiatry
<u>Rahim, Syed A., MD ^</u> 135 N Arlington Hts Ste 160 Buffalo Grove, IL 60089	Psychiatry
<u>Giacomo, Daniel A., MD ^</u> 718 Glenview Rm 3324 Highland Park, IL 60035	Psychiatry Child and Adolescent Psychiatry
<u>Wagner, Richard H., MD</u> 101 Lions Dr #119 Barrington, IL 60010-3147	Psychiatry
<u>Dubinsky, Inna, MD ^</u> 2525 Waukegan Rd Ste 295 Bannockburn, IL 60015	Psychiatry
<u>Tytkin, Elen, MD ^</u> 1000 Butterfield Rd #1005 Vernon Hills, IL 60061	Psychiatry
<u>Collins, Mary B., MD ^</u> 5057 Shoreline Rd Barrington, IL 60010-1700	Pediatrics Pediatric Infectious Disease Psychiatry
<u>Paul, Janeen H., MD ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Psychiatry
<u>Balkin, Sharyl E., MD ^</u> 234 W Northwest Hwy Barrington, IL 60010-3186	Psychiatry
<u>Golbin, Alexander Z., MD ^</u> 2151 Waukegan Rd # 120 Deerfield, IL 60015	Psychiatry Sleep Medicine

<u>Fabsik, Robert J., DO ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Psychiatry
<u>Reddy, Daram H., MD ^</u> 609 W Greenwood Ave Waukegan, IL 60087-5000	Psychiatry
<u>Kranz, Victoria Y., MD</u> 33 N Waukegan Rd Ste 202 Lake Bluff, IL 60044	Psychiatry
<u>Gust, Deborah Ann, MD</u> 4343 Old Grand Ave Ste 107 C Gurnee, IL 60031	Psychiatry Mental Health Counseling
<u>Welke, Claudia P., MD ^</u> 777 Park Ave W 3 E Chapman Center Highland Park, IL 60035	Psychiatry Child and Adolescent Psychiatry
<u>Greendale, Robert A., MD ^</u> 1787 Saint Johns Ave Highland Park, IL 60035	Psychiatry
<u>Raden, Donald R., MD ^</u> 3 Hawthorn Pkwy Ste 260 Vernon Hills, IL 60061	Child and Adolescent Psychiatry Psychiatry
<u>Wilcox, James A., DO</u> 120 N Northwest Hwy Barrington, IL 60010	Family Practice Psychiatry
<u>Singer, Kathryn M., MD</u> 100 Fox Gln Barrington, IL 60010	Psychiatry
<u>Reeder, Carolyn M., PHD ^</u> 1800 Hollister Dr #201 Libertyville, IL 60048	Psychiatry Clinical Psychology
<u>Schreiber, David A., MD ^</u> 718 Glenview # 3324 Highland Park, IL 60035	Child and Adolescent Psychiatry Psychiatry
<u>Hakimi, Yosef, MD ^</u> 1280 Carol Ln Deerfield, IL 60015-2035	Child and Adolescent Psychiatry Psychiatry
<u>Chapman, Norman A., MD ^</u> 420 Lake Cook Rd Ste 15 Deerfield, IL 60015	Psychiatry Child and Adolescent Psychiatry
<u>Solomon, Zachary, MD</u> 2055 Green Bay Rd Highland Park, IL 60035	Psychiatry
<u>Jaksa, Susan C., MD</u> 420 Lake Cook Rd # 113 Deerfield, IL 60015	Psychiatry Clinical Psychology Child and Adolescent Psychiatry

<u>Dekhtyar, Aleksandr, MD ^</u> 1500 S Milwaukee Ave Libertyville, IL 60048	Psychiatry
<u>Lammers, Steven P., MD ^</u> 977 Lakeview Pkwy # 102 Vernon Hills, IL 60061	Psychiatry
<u>Bornstein, Myron, MD ^</u> 1950 Sheridan Rd #106 Highland Park, IL 60035-2536	Psychiatry
<u>Frankfurt, Elena, MD ^</u> 977 Lakeview Pkwy #165 Vernon Hills, IL 60061	Psychiatry
<u>Becker, Lee H., MD</u> 1866 Sheridan Rd #203 Highland Park, IL 60035	Psychiatry
<u>Tayab, Shazia, MD</u> 31480 N Us Highway 45 Libertyville, IL 60048	Psychiatry
<u>Harley, Rubens G., MD ^</u> 2776 Roslyn Ln Highland Park, IL 60035-1408	Psychiatry
<u>Alexander, Harlan, MD ^</u> 550 N Midlothian Rd #400 Mundelein, IL 60060-1613	Psychiatry
<u>Smith, Helen I., MD ^</u> 777 Park Ave W Highland Park, IL 60035	Psychiatry
<u>Greenbaum, Michael S., MD</u> 31480 N Us Hwy 45 Libertyville, IL 60048	Psychiatry Child and Adolescent Psychiatry
<u>Berman, Evina, MD</u> 31480 N Us Highway 45 Libertyville, IL 60048	Psychiatry
<u>Okoli, Uzomi C., MD ^</u> 2615 Washington St Waukegan, IL 60085	Psychiatry
<u>Parise, Laura, MD ^</u> 718 Glenview Ave 3 Rd Fl #389 Highland Park, IL 60035	Psychiatry Mental Health Counseling Addiction Psychiatry
<u>Shain, Benjamin N., MD ^</u> 718 Glenview Rd Highland Park Hospital 3fl Highland Park, IL 60035	Psychiatry Clinical Psychology Child and Adolescent Psychiatry

Outreach Letter Example

December 4, 2009

CAROLE ROSANOVA
21627 ANDOVER RD
KILDEER, IL 60047

Dear Dr. ROSANOVA:

Advocate Good Shepherd Hospital is reaching out to its service area psychiatrists to see if there is an interest in joining our medical staff. As you may know, Advocate Good Shepherd Hospital operates a 14 bed inpatient adult psychiatric unit. The hospital as a whole operates 183 beds.

As a member of the active medical staff, you would be required to participate in the hospital's call roster for emergency department and inpatient medical/surgical unit consults including following the care of these patients if admitted to the inpatient adult psychiatric unit. In addition you would have admitting privileges to the unit for any current patients in your practice.

If you would like to talk to me more about practicing at Good Shepherd's medical staff, please contact me by December 15th at (847) 842-4002. I look forward to hearing from you.

Sincerely,

Barry Rosen, MD
Vice President, Medical Management

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joe Balw</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Katharine Barbas</i></p> <p>C. Date of Delivery <i>12/14/09</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Recipient Name and Address JOSEPH McNALLY 75 E Crystal Lake Avenue CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1630 0004 4686 7657</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-16</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joe Balw</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Katharine Barbas</i></p> <p>C. Date of Delivery <i>12/14/09</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Recipient Name and Address MARY LUISA ESTRADA 820 E. TERRA COTTA AVENUE 144 CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv) 7008 1630 0004 4686 7688</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	<p>A. Signature <input checked="" type="checkbox"/> <i>J. Brock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>J. Brock</i></p> <p>C. Date of Delivery <i>12/17</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Recipient Name and Address POLINA SHVARTS 970 MCHENRY AVENUE CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv) 7006 3450 0003 5504 2743</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10255-02-M-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Paul Lancy</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery <i>Paul Lancy</i> 12-7-07</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>JAYARAMA NAIDU 1710 N RANDALL RD # 100 ELGIN, IL 60123</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0004 4686 7633</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jennifer Hidalgo</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery <i>Jennifer Hidalgo</i> 12-7-07</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>SYED ANWAR 2620 LARKING AVE, STE 202 ELGIN, IL 60123</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 3450 0003 5504 2767</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Diane Finefield</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery DIANE FINEFIELD 12-7-07</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>NAGESWARA NAGARAKANTI 750 S STATE ST ELGIN, IL 60123</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0004 4686 7930</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>George Selzer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: ESHWAR GUMIDYALA 970 MCHENRY AVE CRYSTAL LAKE, IL 60014	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7006 3450 0003 5504 2637	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Instabrock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) C. Date of Delivery <i>Instabrock</i> 10/17 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: AFTAB POSHNI 970 MCHENRY AVENUE CRYSTAL LAKE, IL 60014	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from 7008 1830 0004 4686 7695	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>J. Brodie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) C. Date of Delivery <i>J. Brodie</i> 10/17 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: THAKSHAKAMANI MADAMALA 970 MCHENRY AVE CRYSTAL LAKE, IL 60014	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7008 1830 0004 4686 7756	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Kristin Seaton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: DENNIS BRIGHTWELL 4100 VETERANS PKWY MCHENRY, IL 60050		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery 12/7/09	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 3450 0003 5504 2651			
PS Form 3811, February 2004 Domestic Return Receipt 102565-02-11-11			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Kristin Seaton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: MARIA NARVASA 4100 VETERANS PKWY MCHENRY, IL 60050		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery 12/7/09	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 3830 0004 4686 7671			
PS Form 3811, February 2004 Domestic Return Receipt 102565-02-11-11			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>J. Brock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: CHANDRAGUPT VEDAK 970 MCHENRY AVE CRYSTAL LAKE, IL 60014		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery T. Brock 10/1/09	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 3830 0004 4686 7770			
PS Form 3811, February 2004 Domestic Return Receipt 102565-02-11-16			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>W. Zaniew</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: MICHELLE FRANK 1644 W COLONIAL PKWY INVERNESS, IL 60067		B. Received by (Printed Name) <i>W. Zaniew</i> C. Date of Delivery <i>12-7-09</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 3450 0003 5504 2668		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-11-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>W. Zaniew</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: MITCHELL HAYWOOD 1644 W COLONIAL PKWY INVERNESS, IL 60087		B. Received by (Printed Name) <i>W. Zaniew</i> C. Date of Delivery <i>12-7-09</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0004 4686 7862		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-11-11	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Michelle Patmaude</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: SANGITA PATEL 348 S. DIVISION STREET HARVARD, IL 60033		B. Received by (Printed Name) <i>Michelle Patmaude</i> C. Date of Delivery <i>12-7-09</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0004 4686 7909		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-11-11	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Michelle Kross</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) C. Date of Delivery <i>Michelle Kross 12-20-09</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 7886	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Harriet Kross</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) C. Date of Delivery <i>Harriet Kross 12-20-09</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 7926	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Michael Rachman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) C. Date of Delivery <i>Michael Rachman 12-20-09</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 8098	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x/T Madia</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>T. Madia</i> G. Date of Delivery <i>12-7-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">LAWRENCE KERNS 124 HARRISON ST BARRINGTON, IL 60010</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>7008 1830 0004 4686 7879</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102598-02-N-11</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	<p>A. Signature <i>Michelle K...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Michelle K...</i></p> <p>C. Date of Delivery <i>12-10-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>ANNA AGUSTSSON-MATHERS 9113 TRINITY DR LAKE IN THE HILLS, IL 60156</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchand <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <u>7006 3450 0003 5504 2736</u> (Transfer from)</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Michelle K...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Michelle K...</i></p> <p>C. Date of Delivery <i>12-10-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>RAMASH VERMURI 9113 TRINITY DRIVE LAKE IN THE HILLS, IL 60014.</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchand <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <u>7008 1830 0004 4686 7640</u> (Transfer from service label)</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Robert Baker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Gloria Hernandez</i></p> <p>C. Date of Delivery <i>11/17/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>ROBERT BAKER 4160 ROUTE 83 LONG GROVE, IL 60047</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchand <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <u>7008 1830 0004 4686 8111</u> (Transfer from service label)</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) EON GADLEY	C. Date of Delivery 12/7/09
JOSE MONTES 666 RUSSELL COURT, STE 214 WOODSTOCK, IL 60098		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7008 1830 0004 4686 7558		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-04-15	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) T. Brock	C. Date of Delivery 12/19
VENKATA JAMPALA 870 MCHENRY AVENUE CRYSTAL LAKE, IL 60014		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7008 1830 0004 4686 7596		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-04-15	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) T. Brock	C. Date of Delivery 12/19
MOHINDER CHADHA 0 S. MCHENRY AVENUE RYSTAL LAKE, IL 60014		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7008 1830 0004 4686 7626		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-04-15	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Carolyn Federman</i></p> <p>B. Received by (Printed Name) <i>Carolyn Federman</i></p> <p>C. Date of Delivery <i>2/10/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 8128	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11		

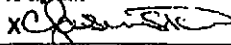
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Krishnamurthy Gururajan</i></p> <p>B. Received by (Printed Name) <i>KRISHNAMURTHY GURURAJAN</i></p> <p>C. Date of Delivery <i>2/10/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 8104	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Beck Prudhomo</i></p> <p>B. Received by (Printed Name) <i>Beck Prudhomo</i></p> <p>C. Date of Delivery <i>2/10/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)	7008 1830 0004 4686 7542	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>X [Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address
	B. Received by (Printed Name) <i>GIN WOLF</i>	C. Date of Delivery <i>12-7-09</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
MUSSARET ZAHID 1530 N. RANDALL ROAD ELGIN, IL 60123		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from) 7006 3450 0003 5504 2750		
PS Form 3811, February 2004 Domestic Return Receipt 107595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>X Betty L Rice</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address
	B. Received by (Printed Name) <i>BETTY RICE</i>	C. Date of Delivery <i>12/2/09</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: DAVID MORRISON 650 N 1ST BANK DR PALATINE, IL 60067		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7006 3450 0003 5504 2729		
PS Form 3811, February 2004 Domestic Return Receipt 107595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>X Beth Pulliam</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>12/7</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: JOANNA CABAN 423 E WASHINGTON ST ROUND LAKE PARK, IL 60073		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7006 3450 0003 5504 2712		
PS Form 3811, February 2004 Domestic Return Receipt 107595-02-M-15		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) Connie Jasinski</p> <p>C. Date of Delivery 12/7/04</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>STEVEN RESIS 390 E. CONGRESS PKWY, STE J CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Num (Transfer from)	7008 1830 0004 4686 7718
PS Form 3811, February 2004 Domestic Return Receipt 102665-02-M-11	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) Connie Jasinski</p> <p>C. Date of Delivery 12/7/04</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>PAUL JANEEN 390 CONGRESS PKWAY STE J CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7008 1830 0004 4686 7602
PS Form 3811, February 2004 Domestic Return Receipt 102665-02-M-11	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) Connie Jasinski</p> <p>C. Date of Delivery 12/7/04</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>SOOMI LEE 390 E. CONGRESS PKWY, STE J CRYSTAL LAKE, IL 60014</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7008 1830 0004 4686 7749
PS Form 3811, February 2004 Domestic Return Receipt 102665-02-M-11	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <i>X Paul Maher</i>		
	B. Received by (Printed Name) <i>P. Maher</i>	C. Date of Delivery <i>12/7</i>	
1. Article Addressed to: <p style="text-align: center;">DALE GIOLAS 200 FOX GLN BARRINGTON, IL 60010</p>			D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <small>(Transfer from service label)</small>			G. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004 Domestic Return Receipt 102635-02-M-11			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number <small>(Transfer from service label)</small>			7008 1830 0004 4686 7664

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <i>X Kiran Bardi</i>		
	B. Received by (Printed Name) <i>KIRAN BARDI</i>	C. Date of Delivery <i>12/7</i>	
1. Article Addressed to: <p style="text-align: center;">NAUSHEEN DIN 600 FOX GLN BARRINGTON, IL 60010</p>			D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <small>(Transfer from service label)</small>			G. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004 Domestic Return Receipt 102635-02-M-11			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number <small>(Transfer from service label)</small>			7008 1830 0004 4686 7893

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <i>X J. Brock</i>		
	B. Received by (Printed Name) <i>J. Brock</i>	C. Date of Delivery <i>12/7</i>	
1. Article Addressed to: <p style="text-align: center;">AFTAB POSHNI 970 MCHENRY AVE CRYSTAL LAKE, IL 60014</p>			D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <small>(Transfer from service label)</small>			G. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004 Domestic Return Receipt 102635-02-M-11			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number <small>(Transfer from service label)</small>			7008 1830 0004 4686 8074

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Carole Rocanova 21627 Andover Rd Kildeer, IL 60077</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7008 1830 0004 4686 8067</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>GAREY MALEK 151 N MICHIGAN AVE # 815 CHICAGO, IL 60601</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7006 3450 0003 5504 2606</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11</p>			

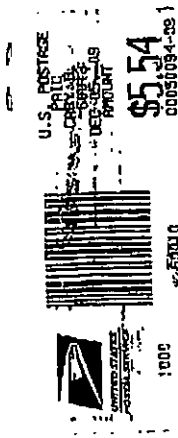
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>MARLENE CASIANO 901 FOX GLEN CT BARRINGTON, IL 60010</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7008 1830 0004 4686 7589</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-11</p>			

450 West Highway 22
Barrington, Illinois 60010-1901



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LEO GOLDMAN
261 LAKE COOK ROAD
BARRINGTON, ILLINOIS 60014

CERTIFIED MAIL

450
Barrington, IL 60010
12/17/09

RTS In-Store
US Postal Service
70061830000465727

Priority Mail
CERTIFIED

DOUG RYDER

GOOD-SHEPHERD-HOSP
GOOD-SHEPHERD-HOSP



30845

For up-to-the-minute package information, use Star Tracker.

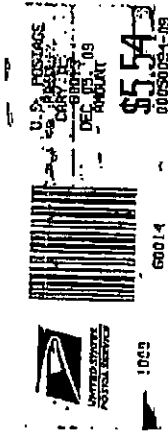


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MLGA

MARY COLLINS
LAW TERRACE VILLAGE #D1
261 LAKE COOK ROAD
BARRINGTON, ILLINOIS 60014

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GOOD SHEPHERD HOSP
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 For up to the minute postage information, visit us at usps.com

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 MICHELLE MC CLELLAN
 10014
 1st Floor
 2nd Floor
 Return

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CERTIFIED MAIL

7008 1630 0004 4666 8083
 DONALD FAGERSON
 901 BIESTERFIELD RD
 ELK GROVE VLG, IL 60007

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For up to the minute postage information, visit us at usps.com

450 West Highway 22
Barrington, Illinois 60010-1901



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FORWARDING ORDER EXPIRED

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527 W SOUTH ST

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450 West Highway 22
Barrington, Illinois 60010-1901

Advocate Good Shg

CERTIFIED MAIL™

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CERTIFIED MAIL
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FIRST CLASS PERMIT NO. 580014

270 Arizona
NAME
PAM JANEEN
970 MCHENRY AVENUE 1st FLOOR
CRYSTAL LAKE, IL 60014-7008

STF

NOT TO BE USED ON OR 12/11/09
* 500 BY JUNE 30, 2009
IDENTIFY SENDER BY ZIP CODE
FOR RETURN TO SENDER
CRYSTAL LAKE, IL 60014-7008
BC: 600 4758-41

CERTIFIED MAIL™

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450 West Highway 22
Barrington, Illinois 60010-1901



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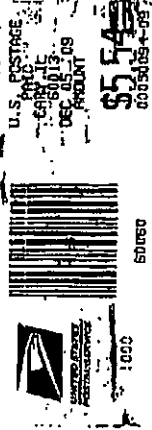
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*500 PUPPALA
970 MCHENRY AVE
CRYSTAL LAKE, IL 60014*

450 West Highway 22
Barrington, Illinois 60010-1901



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HARLAN ALEXANDER
560 N. MIDLOTHIAN RD. #400

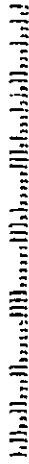
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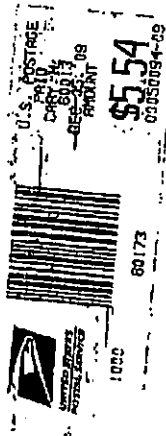
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450 West Highway 22
Barrington, Illinois 60010-1901



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Harlan Alexander



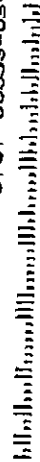
KATHERINE GODFREY

999 N PLAZA DR STE 300

NIXIE 601 SE 1 75 12/25/09

RETURN TO SENDER
REFUSED
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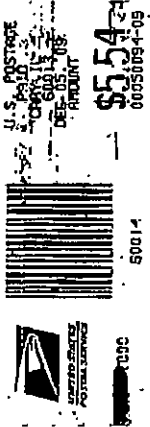


6005094-09

450 West Highway 22
Barrington, Illinois 60010-1901

Advocate Good Shepherd Hospital

262 7894 400 0897 8002



NAME
1st Street
2nd Street



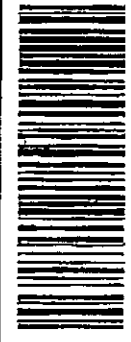
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Horizons

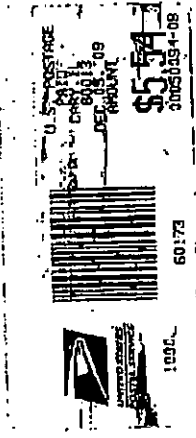
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HORIZONS BEHAVIORAL HEALTH
200 STAL LAKE IL 60014

CERTIFIED MAIL

450 West Highway 22
Barrington, Illinois 60010-1901



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ANNA FLYNN
POLE W... NO 1000

*paid
by
SF*
REFUSED

450 West Highway 22
Barrington, Illinois 60010-1901

CERTIFIED MAIL



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Horizons

JUNVAL RAFIQUE
970 M CHENRY AVE
CRYSTAL LAKE, IL 60014



60014

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* 500 USE A CD95C 02 12/11/09
NUMBER OF NEW ADDRESSES
REGISTERED WITH THE HEALTH
DEPARTMENT ON 12/11/09
CRYSTAL LAKE, IL 60014-7555

NOT DELIVERABLE
TO ADDRESSEE
UNABLE TO FIND
RECIPIENT

0001675555 00707-00428-05-41

SELF

Exhibit 9

Acute Mental Illness Facilities within 45 Minutes of Advocate Good Shepherd Hospital

HPA	Facility	Address	Municipality	Zip	Administrator	Distance	Travel Time	
							MapQuest	Adjusted
A-09	Advocate Good Shepherd Hospital (AGSH)	450 West Highway 22	Barrington	60010	Karen Lambert	0	0	0
Other Acute Mental Illness (AMI) Facilities in Health Planning Area (HPA) A-09								
A-09	Highland Park Hospital	718 Glenview Avenue	Highland Park	60035	Jeffrey Hillebrand	19.76	34	39
A-09	Vista Medical Center - West	2615 West Washington	Waukegan	60085	Barbara J. Martin	25	39	45
Other Acute Mental Illness Facilities within 45 Minutes Normal (Adjusted) Travel Time of AGSH								
A-07	Alexian Brothers Behavioral Health	1650 Moon Lake Blvd 4201 Medical Center Drive	Hoffman Estates	60169	Francine McGouey Michael S. Eesley	12.01	20	23
A-10	Centegra Hospital - McHenry *	800 West Central Road 1400 East Irving Park Road	McHenry Arlington Heights	60050	Bruce Cowther	13.12	22	25
A-07	Northwest Community Hospital	555 Wilson Lane	Streamwood	60005	Cindy Meyer	17.05	27	31
A-07	Streamwood Behavioral Health Systems Maryville Academy / Scott A. Nolan Center	527 West South Street	Des Plaines	60016	Teresa Maganzini Michael S. Eesley	21.22	30	35
A-10	Centegra Specialty Hospital - Woodstock	77 North Airline Street 1775 Dempster Street	Woodstock	60098	William A. Brown	17.97	33	38
A-11	Provena Saint Joseph Hospital	701 Winthrop Avenue	Elgin	60123	David Stark	22.25	34	39
A-07	Advocate Lutheran General Hospital	200 Berteau Avenue	Park Ridge Glendale Heights	60068	Brinsley Lewis	22.61	39	45
A-05	Adventist Glen Oaks Hospital	200 Berteau Avenue	Elmhurst	60139	Leo F. Fronza	28.43	42	48
Other Acute Mental Illness Facilities within 45 Minutes MapQuest Travel Time of AGSH (Unadjusted)								
A-05	Elmhurst Memorial Hospital	9600 Gross Point Road 25 North Winfield Road	Skokie Winfield	60076 60190	Jeffrey Hillebrand Maureen Taus	31.37	43	49
A-08	Skokie Hospital (Rush North Shore)					28.18	43	49
A-05	Central DuPage Hospital					27.5	43	49

* Project #07-122 approved the discontinuation of the entire 15-bed AMI service; project completion date is 1/31/2009.

Source: MapQuest.com; 2008 IDPH Hospital Profiles

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Highland Park Hospital
718 Glenview Avenue
Highland Park, IL 60035

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Jesse Hall:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

Due to the departure of key staff, we reduced our AMI unit operating capacity from 14 to 6 beds in January 2010. Because of recent additional staff resignations, it will be necessary for us to temporarily suspend AMI services pending formal Review Board approval. Our anticipated date of formal discontinuation, pending Review Board approval, would be as soon as possible after the September 14, 2010 Review Board meeting. Our historical AMI utilization is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	476	3,610	9.9
2008	585	3,881	10.6
2009	588	4,572	12.5
2010	81	531	5.9

Source: Illinois Hospital Data Summary (AHQ, IDPH) and unpublished CY 2009 data and 2010 YTD March data

Related to the Evangelical Lutheran Church in America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 # advocatehealth.com

In accordance with Review Board rules, we are requesting your response within 15 days of receiving this letter as to the impact our AMI discontinuation may have on your facility and whether your facility has available capacity to assume additional acute mental illness patients "without restrictions, conditions, limitations, or discrimination". As with our recent reductions in AMI service, we would anticipate that many of our present AMI services would be absorbed by our affiliated hospitals at Advocate Luthcran General Hospital and Advocate Good Samaritan Hospital. If you are able to assume additional AMI patients under these requirements, please provide your total bed capacity for this category of service, number of available AMI beds, average daily census, and the estimated number of the additional AMI patients that your facility could accept.

Please send your response to Trent Gordon, Director, Business Development, Advocate Good Shepherd Hospital, 450 West Highway 22, MOB 1 Suite #13, Barrington, Illinois, 60010. If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact Mr. Gordon at 847-842-4259 or via email (trent.gordon@advocatehealth.com).

Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

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Related to the Evangelical Lutheran Church In America and the United Church of Christ.

Advocate Good Shepherd Hospital

460 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Vista Medical Center - West
2615 West Washington
Waukegan, IL 60085

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Barbara J. Martin:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Related to the Evangelical Lutheran Church in America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

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Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

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Related to the Evangelical Lutheran Church in America and the United Church of Christ.



Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Alexian Brothers Behavioral Health
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Francine McGoucy:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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CY 2009 data and 2010 YTD March data

Related to the Evangelical Lutheran Church In America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

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Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

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Unknown document property name.(22864-0002)
Related to the Evangelical Lutheran Church In America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Centegra Hospital - McHenry *
4201 Medical Center Drive
McHenry, IL 60050

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Michael S. Easley:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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CY 2009 data and 2010 YTD March data

Related to the Evangelical Lutheran Church in America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

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Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

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Related to the Evangelical Lutheran Church in America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Bruce Cowther:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Source: Illinois Hospital Data Summary (AHQ, IDPH) and unpublished CY 2009 data and 2010 YTD March data

Related to the Evangelical Lutheran Church in America and the United Church of Christ.

Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

In accordance with Review Board rules, we are requesting your response within 15 days of receiving this letter as to the impact our AMI discontinuation may have on your facility and whether your facility has available capacity to assume additional acute mental illness patients "without restrictions, conditions, limitations, or discrimination". As with our recent reductions in AMI service, we would anticipate that many of our present AMI services would be absorbed by our affiliated hospitals at Advocate Lutheran General Hospital and Advocate Good Samaritan Hospital. If you are able to assume additional AMI patients under these requirements, please provide your total bed capacity for this category of service, number of available AMI beds, average daily census, and the estimated number of the additional AMI patients that your facility could accept.

Please send your response to Trent Gordon, Director, Business Development, Advocate Good Shepherd Hospital, 450 West Highway 22, MOB I Suite #13, Barrington, Illinois, 60010. If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact Mr. Gordon at 847-842-4259 or via email (trent.gordon@advocatehealth.com).

Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

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Related to the Evangelical Lutheran Church In America and the United Church of Christ.

Advocate Good Shepherd Hospital

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May 4, 2010

Streamwood Behavioral Health Systems
1400 East Irving Park Road
Streamwood, IL 60107

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Cindy Meyer:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

Due to the departure of key staff, we reduced our AMI unit operating capacity from 14 to 6 beds in January 2010. Because of recent additional staff resignations, it will be necessary for us to temporarily suspend AMI services pending formal Review Board approval. Our anticipated date of formal discontinuation, pending Review Board approval, would be as soon as possible after the September 14, 2010 Review Board meeting. Our historical AMI utilization is as follows:

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 **Advocate Good Shepherd Hospital**

460 West Highway 22 || Berrington, IL 60010 || T 847.381.0123 || advocatehealth.com

May 4, 2010

Maryville Academy / Scott A. Nolan Center
555 Wilson Lane
Des Plaines, IL 60016

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Teresa Maganzini:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

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May 4, 2010

Centegra Specialty Hospital - Woodstock
527 West South Street
Woodstock, IL 60098

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Michael S. Easley:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Please send your response to Trent Gordon, Director, Business Development, Advocate Good Shepherd Hospital, 450 West Highway 22, MOB I Suite #13, Barrington, Illinois, 60010. If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact Mr. Gordon at 847-842-4259 or via email (trent.gordon@advocatehealth.com).

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Advocate Good Shepherd Hospital

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May 4, 2010

Provena Saint Joseph Hospital
77 North Airlite Street
Elgin, IL 60123

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear William A. Brown:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

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Sincerely,



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Advocate Good Shepherd Hospital

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May 4, 2010

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Anthony Armada:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

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May 4, 2010

Adventist Glen Oaks Hospital
701 Winthrop Avenue
Glendale Heights, IL 60139

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Brinsley Lewis:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

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Advocate Good Shepherd Hospital

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May 4, 2010

Elmhurst Memorial Hospital
200 Berteau Avenue
Elmhurst, IL 60126

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Leo F. Fronza:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

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May 4, 2010

Skokie Hospital (Rush North Shore)
9600 Gross Point Road
Skokie, IL 60076

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Kristen Murto:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

450 West Highway 22 # Barrington, IL 60010 || T 847.381.0123 # advocatehealth.com

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Advocate Good Shepherd Hospital

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May 4, 2010

Central DuPage Hospital
25 North Winfield Road
Winfield, IL 60190

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Maureen Taus:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. In accordance with Review Board rules, any permit application submitted for discontinuation requires the applicants contact all "existing or approved" service providers within its service area, as defined by a 45-minute normal travel time from the respective site, at least 30 days prior to filing an application. We have determined your facility is located within this geographic area and are providing you with this notice of our intent to discontinue our AMI unit. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

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Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

June 10, 2010

Paul Brock
Elgin Mental Health Center
750 South State Street
Elgin, IL 60123

Re: Proposed Discontinuation; Acute Mental Illness ("AMI") Category of Service

Dear Mr. Brock:

Advocate Good Shepherd Hospital intends to file a Permit Application with the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its acute mental illness category of service. We invite you to share with us any impact discontinuing the AMI category of service may have on your facility.

Due to the departure of key staff, we reduced our AMI unit operating capacity from 14 to 6 beds in January 2010. Because of recent additional staff resignation, it was necessary for us to temporarily suspend AMI services effective April 30th pending formal Review Board approval. After our temporary closure we have transferred a number of patients to your facility, and we appreciate the ease with which your staff has worked with us during those transfers. Our anticipated date of formal discontinuation, pending Review Board approval, would be as soon as possible after the September 14, 20 Review Board meeting. Our historical AMI utilization is as follows:

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Advocate Good Shepherd Hospital

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closely with your facility for the appropriate patients. If you are able to assume additional AMI patients under these requirements, please provide your total bed capacity for this category of service, number of available AMI beds, average daily census, and the estimated number of the additional AMI patients that your facility could accept.

Please send your response to Trent Gordon, Director, Business Development, Advocate Good Shepherd Hospital, 450 West Highway 22, MOB I Suite #13, Barrington, Illinois, 60010.

If you have any questions about our plans or how we can continue to work together to transfer patients, please do not hesitate to contact Trent at 847-842-4259 or via email (trent.gordon@advocatehealth.com). Thank you again for all of your assistance in helping serve our community during this difficult transition time for us.

Sincerely,



Karen Lambert
President
Advocate Good Shepherd Hospital

8993066.2(22864-0002)

Related to the Evangelical Lutheran Church in America and the United Church of Christ.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Jessica Hall
 President
 Highland Park Hospital
 718 Glenview Ave
 Highland Park, IL 60035

2. Article Number: 7009 2820 0000 9254 2082
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: MAY 5 2004
 D. Is delivery address different from item 1? Yes No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Francine McGonney
 Altman Brothers Behavioral Health
 1650 Moor Lake Blvd
 Hoffman Estates, IL 60169

2. Article Number: 7009 2820 0000 9254 2525
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: MAY 5 2004
 D. Is delivery address different from item 1? Yes No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Vista Health Care
 Barbara Martin
 President
 2615 West Washington
 Washington, IL 60085

2. Article Number: 7009 2820 0000 9254 2099
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: 5/5/10
 D. Is delivery address different from item 1? Yes No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Michael Eskey
 CEO and President
 Centegra - McHenry
 4201 Medical Center Drive
 McHenry, IL 60050

2. Article Number: 7009 2820 0000 9254 2532
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: *[Signature]*
 D. Is delivery address different from item 1? Yes No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
LEO F. FRONZA
ELMHURST MEMORIAL HOSPITAL
200 BUREAU AVENUE
ELMHURST, ILL - 60126

2. Article Number (Transfer from service label) 7009 2820 0000 9254 2150
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-4-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Address
B. Received by (Printed Name) *[Name]* C. Date of Delivery *MAY 4 2010*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ANTHONY ARMADA
ADVOCATE LUTHERAN GENERAL HOSPITAL
1775 DEMPSTER ST.
PARK RIDGE, ILL - 60068

2. Article Number (Transfer from service label) 7009 2820 0000 9254 2136
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-4-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Address
B. Received by (Printed Name) *[Name]* C. Date of Delivery *5-11-10*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
BRADLEY LEWIS
ADVENTIST GLEN OAKS HOSPITAL
701 WINTHROP AVENUE
GLENDALE HEIGHTS, ILL - 60139

2. Article Number (Transfer from service label) 7009 2820 0000 9254 2143
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-4-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Address
B. Received by (Printed Name) *[Name]* C. Date of Delivery *5-11-10*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
WILLIAM A. BROWN
ROVENA ST. JOSEPH HOSPITAL
17 NORTH AIRLITE ST
GIN, ILL - 60123

2. Article Number (Transfer from service label) 7009 2820 0000 9254 2129
PS Form 3811, February 2004 Domestic Return Receipt 10255-02-4-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Address
B. Received by (Printed Name) *[Name]* C. Date of Delivery *5-11-10*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Dale Galante
 Chairman
 Illinois Health Facilities and
 Services Review Board, 2nd floor
 525 West Jefferson Street, 2nd floor
 Springfield, IL 62761

2. Article Number: 7009 2820 0000 9254 2518
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Dale Galante*
 Agent
 Address

B. Received by (Printed Name): *Dale Galante*
 C. Date of Delivery: *MAY 05 2010*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 MAUREEN TAUS
 CENTRAL DUPAGE HOSPITAL
 25 NORTH WINFIELD
 WINFIELD, IL -
 60190

2. Article Number: 7009 2820 0000 9254 2419
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Maureen Taus*
 Agent
 Address

B. Received by (Printed Name): *Maureen Taus*
 C. Date of Delivery: *MAY 05 2010*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Mike Costantano
 Illinois Health Facilities and
 Services Review Board
 25 West Jefferson Street, 2nd floor
 Springfield, IL 62761

2. Article Number: 7009 2820 0000 9254 2426
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mike Costantano*
 Agent
 Address

B. Received by (Printed Name): *Mike Costantano*
 C. Date of Delivery: *MAY 05 2010*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 KRISTEN MURTOS
 SKOKIE HOSPITAL
 (RUSH NORTH SHARED)
 9600 GROSS POINT ROAD
 SKOKIE, IL -
 60076

2. Article Number: 7009 2820 0000 9254 2167
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kristen Murtos*
 Agent
 Address

B. Received by (Printed Name): *Kristen Murtos*
 C. Date of Delivery: *MAY 05 2010*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Bruce Crastler President CEO Northwest Community Hospital 800 West Central Road Arlington Heights, IL 60005</p>	<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: TERESA MAGANZINI MARYVILLE ACADEMY/ SCOTT A. NOLAN CENTER 555 WILSON LANE DES PLAINES, IL 60016</p>	<p>COMPLETE THIS SECTION: ON DELIVERY</p> <p>A. Signature: <i>[Signature]</i> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>MARY</u> Date of Delivery <u>5/4/10</u></p> <p>C. Date of Delivery <u>5/4/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	<p>COMPLETE THIS SECTION: OF DELIVERY</p> <p>A. Signature: <i>[Signature]</i> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>TERESA</u> Date of Delivery <u>5/4/10</u></p> <p>C. Date of Delivery <u>5/4/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number <u>7009 2820 0000 9254 2549</u> (transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt</p>	<p>2. Article Number <u>7009 2820 0000 9254 2075</u> (transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Cindy Meyer Streamwood Behavioral Health 5 yhm 1400 East Irving Park Road Streamwood, IL 60107</p>	<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: MICHAEL S. EASLEY CENTIGERA SPECIALTY HOSPITAL- WOODSTOCK 527 W. SOUTH ST WOODSTOCK, IL 60098</p>	<p>COMPLETE THIS SECTION: ON DELIVERY</p> <p>A. Signature: <i>[Signature]</i> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>5-4</u> Date of Delivery <u>5-4</u></p> <p>C. Date of Delivery <u>5-4</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	<p>COMPLETE THIS SECTION: OF DELIVERY</p> <p>A. Signature: <i>[Signature]</i> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>AMBER MOORE</u> Date of Delivery <u>5-5-10</u></p> <p>C. Date of Delivery <u>5-5-10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number <u>7009 2820 0000 9254 2068</u> (transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt</p>	<p>2. Article Number <u>7009 2820 0000 9254 2112</u> (transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

FedEx. USA Airbill
Express

833226110481

1 From Package not being used
Date 6/10/2010 Sender's FedEx Account Number 1257-2296-2
Sender's Name Trent Gordon Phone (847) 381-9600
Company GOOD SHEPHERD HOSP/ADMIN DEPT
Address 450 W IL ROUTE 22
City BARRINGTON State IL ZIP 60010

2 Your Internal Billing Reference
No. 25 characters or less

3 To Recipient's Name Paul Brock Phone (847) 742-1040
Company Elgin Mental Health Center
Address 750 South State Street
City Elgin State IL ZIP 60123

For more information, visit fedex.com

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Questions? Visit our Web site at fedex.com or call 1.800.Go.FedEx® (634.6333).

SP612
0215
Sender's City

4a Express Package Service
 FedEx Priority Overnight FedEx Standard Overnight
 FedEx 2Day FedEx Express Saver
 FedEx 1Day Freight FedEx 2Day Freight

4b Express Freight Service
 FedEx 1Day Freight FedEx 2Day Freight

5 Packaging
 FedEx Envelope* FedEx Pak* Other

6 Special Handling
 SATURDAY Delivery BULD (Weighted) at FedEx Location HOLD (Signature) at FedEx Location
 No Yes No Yes Dry Ice Carga Aéreo Only


7 Payment Method
 Prepaid Account Third Party Credit Card Cash/Check

Total Packages: 1 Total Weight: 1.00 Total Declared Value: 20

8 Reference Signature 447

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.

Impact Letters Received From Within the 45-minute Unadjusted Travel Time

 Advocate
Lutheran General Hospital
Lutheran General Children's Hospital

1775 Dempster Street || Park Ridge, IL 60068 || T 847.723.2210 || advocatehealth.com

June 10, 2010

Mr. Trent Gordon
Advocate Good Shepherd Hospital
450 West Highway 22
MOB 1, Suite #13
Barrington, Illinois 60010

Dear Mr. Gordon:

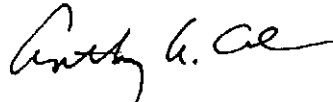
This letter is in response to Karen Lambert's letter dated May 4 notifying us of Advocate Good Shepherd's temporary closure and your intent to file a Certificate of Need Application with the State to discontinue your inpatient Acute Mental Illness ("AMI") beds. In accordance with the Illinois Health Facilities and Services Review Board rules, we have assessed the impact the discontinuation would have on Lutheran General and whether or not we have the capacity to assume additional AMI patients without restrictions, conditions, limitations or discrimination.

As reported in the most recent Annual Hospital Questionnaire, Lutheran General has 55 licensed AMI beds. In Calendar Year 2008, we had 11,417 inpatient days resulting in an average daily census of 31.3. Advocate Lutheran General Hospital is prepared, willing and able to accept transfers from your facility. As you're aware, we have a psychiatric residency program and also offer sub-specialized psychiatric services in adolescent and geriatric psychiatry.

We look forward to working with you to ensure a smooth continuity of care for these patients.

Please feel free to contact me with any additional questions or concerns.

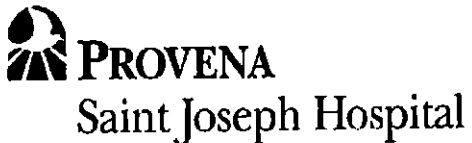
Sincerely,



Anthony A. Armada, FACHE
President

Related to the Evangelical Lutheran Church In America and the United Church of Christ
Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center





May 11, 2010

Mr. Trend Gordon
Director of Business Development
Advocate Good Shepherd Hospital
450 W. Highway 22
Barrington, IL 60010

Re: Advocate Good Shepherd Hospital
Acute Mental Illness Service Discontinuation

Dear Mr. Gordon:

We are in receipt of the letter requesting an impact assessment of closing the acute mental illness (AMI) service at Advocate Good Shepherd Hospital.

Based upon Advocate Good Shepherd Hospital 2010 volume as stated in your letter (5.9 average daily census), we could accept all of your AMI patients. This would have increased our 2009 average daily census to 22.4 and our overall occupancy to 74.7 percent. We would accept these adult patients "without restrictions, conditions, limitations, or discrimination."

Sincerely,



Stephen Scogna
Interim President & CEO

SS/par

Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.

May 24, 2010

Mr. Trent Gordon
Director of Business Development
Advocate Good Shepherd Hospital
450 West Highway 22, MOB I Suite #13
Barrington, IL 60010

RE: Proposed discontinuation of AMI at Advocate Good Shepherd Hospital

Dear Mr. Gordon:

I have reviewed the decision to discontinue Acute Mental Illness ("AMI") Category of Service with key leadership staff at Behavioral Health Services of Central DuPage Hospital. We do not see any negative impact on our hospital, behavioral health services, or psychiatric services.

Because our location is a considerable distance from Good Shepherd, the direct impact we would expect as a result of your proposed discontinuation of services is expected to be minimal for our hospital.

We wish you well in your transition.

Sincerely,



Michael Tinken
Director, Behavioral Health Services of Central DuPage Hospital

Behavioral Health Services

27 West 350 High Lake Road | Winfield, Illinois 60190 | 630.933.4000 | Fax: 630.933.1933 | www.cdh.org

800 West Central Road
Arlington Heights, Illinois 60005
www.nch.org



May 6, 2010

Trent Gordon, Director
Business Development
Advocate Good Shepherd Hospital
450 West Highway 22
MOB 1 Suite #13
Barrington, IL 60010


Dear Mr. Gordon:

This letter is written in response to your notification of the proposed discontinuation of your acute mental illness service.

As you point out, I would expect very little immediate impact on Northwest Community Hospital by your closing this facility, as I would imagine you will be making every effort to move these patients to your affiliate hospitals. That said, your action is understandable and it is my guess that although the demand for mental health services will materially grow as the "baby boomer" generation ages, and given the clear signals of the State and insurance companies, mental health is a low priority, I would anticipate many other programs having to take the course that you are taking and close the doors over the next few years. I realize these are difficult decisions. It is never easy to remove an important service from your community. That said I applaud your taking a close look at the reality of the situation and making the tough decision. Be assured that we at Northwest Community are undergoing the same evaluation.

I wish you the best of luck with your plans moving forward.

Sincerely,


Bruce K. Crowther
President & CEO

BKC/sll

cc: J. Novak, Psy.D
A. Stefaniu
M. Zenn

Bruce K. Crowther
President and Chief Executive Officer

847.618.5015 tel
847.618.5009 fax
bcrowther@nch.org

May 18, 2010

Mr. Trent Gordon
Director, Business Development
Advocate Good Shepherd Hospital
450 West Highway 22
MOB I Suite #13
Barrington, IL 60010

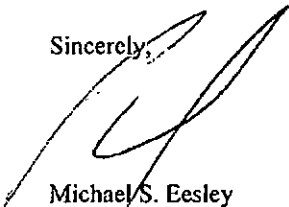
Dear Mr. Gordon,

This letter is in response to the letter from Karen Lambert dated May 4 regarding Advocate Good Shepherd Hospital's intent to discontinue the Acute Mental Illness (AMI) category of service. In accordance with Review Board Rules she requested that we assess the impact the discontinuation would have on our facility and whether our facility has available capacity to assume additional acute mental illness patients without restrictions, conditions, limitations or discrimination.

Based on our current staffed beds, we do not have additional capacity to assume additional AMI patients. Centegra Specialty Hospital – Woodstock, South Street has 36 Authorized AMI beds, 24 of which are currently set up and staffed. As reported in the most recent IDPH Annual Hospital Questionnaire, in calendar year 2009 we had 7,304 patient days resulting in an average daily census of 20.0 for the AMI category of service. Again, we don't anticipate being able to accept any additional AMI patients at this time.

Please feel free to contact me if you have any questions.

Sincerely,



Michael S. Eesley
President and Chief Executive Officer
Centegra Specialty Hospital – Woodstock, South Street

cc: Michael Constantino, Health Facilities and Services Review Board



May 18, 2010

Ms. Karen Lambert
President
Advocate Good Shepherd Hospital
450 West Highway 22
Barrington, IL 60010

Dear Ms. Lambert:

This letter is being provided in response to your letter of May 4, 2010 (received May 5, 2010) in which you asked for me to comment on the impact that the proposed discontinuation of your AMI service would have on Vista Medical Center-West.

Should you discontinue your service, Vista Medical Center-West would be the only provider in all of Lake County—which has a population nearing three-quarters of a million people—providing inpatient acute mental illness services to adult patients. We have experienced an increase in patients referred to Vista-West's AMI unit from the western part of the county since you reduced your number of beds earlier this year, and with the announcement that you have already closed the unit (*Northwest Herald* May 2, 2010), I anticipate that the number of referrals will increase.

With Good Shepherd being located in the southwestern part of the county and Vista-West being located in the northeastern part of the county, under the most ideal circumstances the drive time to Vista-West for county residents living near Good Shepherd approaches 45 minutes, making any family interaction difficult. As a result, the continued closure of your unit will have a negative impact on county residents.

Sincerely,

A handwritten signature in cursive script that reads "Barbara J. Martin".

Barbara J. Martin
President & CEO
Vista Health System

cc M. Constantino, IHFSRB staff

Vista Medical Center East • Vista Medical Center West • Vista Surgery Center • Vista Imaging Center Gurnee
Vista MRI Institute • Vista Imaging Center Vernon Hills • Vista Physical Medicine • Vista Work Power Center
1324 North Sheridan Road, Waukegan, Illinois 60085 • 847-360-3000

Impact Letters Outside the 45-minute Unadjusted Travel Time

 **PROVENA**
Mercy Medical Center

May 11, 2010

Mr. Trend Gordon
Director of Business Development
Advocate Good Shepherd Hospital
450 W. Highway 22
Barrington, IL 60010

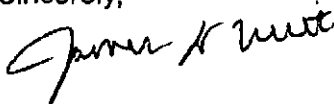
**Re: Advocate Good Shepherd Hospital
Acute Mental Illness Service Discontinuation**

Dear Mr. Gordon:

We are in receipt of the letter requesting an impact assessment of closing the acute mental illness (AMI) service at Advocate Good Shepherd Hospital.

Based upon Advocate Good Shepherd Hospital 2010 volume as stated in your letter (5.9 average daily census), we could accept all of your AMI patients. This would have increased our 2009 average daily census to 51.5 and our overall occupancy to 54.2 percent. We would accept these adult patients "without restrictions, conditions, limitations, or discrimination."

Sincerely,



James D. Witt, FACHE, RN
President & CEO

JDW/sh

Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.

3815 Highland Avenue
Downers Grove, Illinois 60515-1590
Telephone 630.275.5900



June 11, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is David Fox and I am the President of Advocate Good Samaritan Hospital in Downers Grove.

As part of Advocate Health Care, Good Samaritan Hospital has been working collaboratively with Good Shepherd Hospital with regard to its inpatient behavioral health patients since the beginning of the year. When the hospital needed to downsize its unit due to the lack of psychiatrists on staff, Good Samaritan willingly accepted a number of transfers from the hospital when its unit was full. With temporary closure, we continue to accept transfers of inpatient psychiatric patients without discrimination.

Advocate Good Shepherd Hospital is submitting a Certificate of Need application to the Illinois Health Facilities and Services Review Board to decommission its inpatient behavioral health unit beds. As part of Advocate Health Care, we support this decision and Good Samaritan Hospital will continue to work collaboratively with Good Shepherd Hospital to ensure that the inpatient psychiatric needs of its service area patients are met.

I am happy to answer any questions you might have.

Sincerely,

A handwritten signature in cursive script that reads "David Fox".

David Fox
President
Advocate Good Samaritan Hospital

4440 West 95th Street
Oak Lawn, Illinois 60453-2699
Telephone 708.684.8000
www.advocatehealth.com



June 11, 2010

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Mr. Galassie:

My name is Ken Lukhard and I am the President of Advocate Christ Medical Center in Oak Lawn.

Since the beginning of the year, Good Shepherd Hospital has reached out to Christ Medical Center to develop a collaborative transfer relationship with regard to its inpatient behavioral health patients. After the hospital needed to downsize its units due to the lack of psychiatrists on staff, Christ Medical Center agreed to accept any transfers of patients when its unit was full. With temporary closure of the unit, we continue to agree to accept any transfers of inpatient psychiatric patients without discrimination.

Christ Medical Center supports Good Shepherd's decision to submit a Certificate of Need application to decommission its inpatient behavioral health unit beds. Christ Medical Center commits to continue to work collaboratively with Good Shepherd Hospital to ensure that the inpatient psychiatric needs of its service area patients are met.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Ken Lukhard".

Kenneth W. Lukhard
President
Advocate Christ Medical Center and
Hope Children's Hospital

Related to the Evangelical Lutheran Church in America and the United Church of Christ

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center

