



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

April 19, 2012

Frances Meehan, Attorney
Much Shelist
190 North Wacker Drive, Suite 1800
Chicago, Illinois 60606

RE: **WITHDRAWAL**
Health Facilities Planning Act
Project #12-016, Direct Dialysis
APPLICANT/PERMIT HOLDER: Symphony Dialysis, LLC

Dear Ms. Meehan:

You are advised that as per Part 1130 as outlined below, your application for Project #12-016 is null and void and is considered withdrawn effective April 19, 2012 (**date 45 days from completeness notice receipt**). The certified completeness letter was received at your office March 5, 2012. 77 IAC 1130.620(c)(5) states:

".... If the application is deemed incomplete, the applicant shall be allowed 45 days from the date of receipt of the notification to provide all necessary information to complete the application. . . If IDPH finds that the application remains incomplete at the end of the allotted response period, the application shall be declared null and void, and all fees paid forfeited."

Section 1130.620(D)(1)(i) Technical Assistance, Letter of Intent, Classification, Completeness Review, and Review Procedures

D) Completeness Review

- 1) Upon receipt of an application for permit, IDPH shall determine whether the application is complete or incomplete. An application for any project shall be deemed complete within 10 business days after receipt if all of the following have been met:**

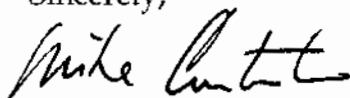
- i. verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFSRB;**

The applicants, Symphony Dialysis, LLC did not submit additional information per

an earlier request, sent on February 17, 2012 (see attached).

If you wish to pursue this application, a new Application form will need to be filed in accordance with the prescribed time allotments. If you should have any questions, please contact our office at (217) 782-3516 (TDD # 800-547-0466 for hearing impaired only).

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Constantino". The signature is fluid and cursive, with the first name "Mike" being more prominent.

Mike Constantino, Chief
Program Review Section

bcc: Mike Constantino
Division Staff
Project File-Original
Don Williams

Roate, George

From: Roate, George
Sent: Friday, February 17, 2012 12:05 PM
To: fmeehan@muchshelist.com
Cc: Constantino, Mike
Subject: Completeness Review Project #12-016 Direst Dialysis

Good morning, Ms. Meehan:

My name is George Roate, I am conducting the completeness review for the above mentioned project, and found the following:

- 1) Charity Care Statement, Attachment 44: While it appears that the applicants Symphony Dialysis is a newly established entity with no history of providing charity care. As statement confirming this is still needed.
- 2) Certificate of Good Standing from Symphony Dialysis, Attachment 4: I see the letter and Articles of Organization from the Secretary of State's Office, but a Certificate of Good Standing is necessary to proceed. This Certificate of Good Standing can be obtained from the Secretary of State's Office (217) 782-6961. The Certificate of Good Standing must be less than 18 months old.
- 3) Anticipated Project Completion Date, Page 8: While this will not prevent an application from being called complete, it is required for the State Agency Report and our records.
- 4) Criterion 1110.230(a) Background of Applicant: Please review subsections 1, 2, and 3 of this section to determine required documents.
- 5) Criterion 1110.230(b) Purpose of Project: Please review subsections 1 through 6 of this section for applicable criteria.
- 6) Criterion 1110.230(c) Alternatives to Proposed Project: Please review subsections 1 through 3 for applicable criteria.

Section VI Mergers Consolidations, and Acquisitions/Changes of Ownership

- 1) Criterion 1110.240(a) Impact Statement: Please review subsections 1 through 5.
- 2) Criterion 1110.240(b) Access: Please review subsections 1 through 3.
- 3) Criterion 1110.240(c) Health Care System; Please review sections 1 through 7.
- 4) A copy of the transaction document: I found a copy of the lease, but a signed copy of the transaction is required.

Section VIII 1120 Financial Viability

- 1) Criterion 1120.120 Availability of Funds: It is seen where \$1,000,000 is listed under All Other Funds and Sources, however, the project costs and sources of funds page (application p.6), does not reflect this amount. Assuming this is the price for the transaction, it must be listed under acquisition of building and other property, and the source of funds identified.
- 2) 1120.140
 - a. Reasonableness of Financing Arrangements: Please review subsections 1 and 2, if applicable.
 - b. Conditions of Debt Financing: Please review subsections 1 through 3, if applicable.
 - d. Projected Operating Costs
 - e. Total Effect of Project on Capital Costs

I have attached a copy of the application dated May 2010 (most recent), and highlighted the above mentioned criteria. The document is in Word, and the highlights can be removed and used to complete the applicable criteria. Board Staff has until February 29, 2012 to deem the application complete. If the requested information is not received by this date, the application will be deemed incomplete. Thank you.



Project 12-016 CON
APPLICATION...

George Roate
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Office of Health Systems Development
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Springfield, Illinois 62761
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Fax: (217) 785-4111