

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

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

12-073

Facility/Project Identification

AUG 07 2012

Facility Name: MetroSouth Medical Center		
Street Address: 12935 South Gregory Street		
City and Zip Code: Blue Island, Illinois 60406		
County: Cook	Health Service Area: VII	Health Planning Area: A-04

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Applicant/Co-Applicant Identification

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

Exact Legal Name: Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center
Address: 4000 Meridian Boulevard, Franklin, Tennessee 37067
Name of Registered Agent: CT Corporation
Name of Chief Executive Officer: Martin G. Schweinhart
CEO Address: 4000 Meridian Boulevard, Franklin, Tennessee 37067
Telephone Number: 615-465-7000

Type of Ownership of Applicant/Co-Applicant

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

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.

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: Clare Connor Ranalli
Title: Partner
Company Name: Holland & Knight LLP
Address: 131 S. Dearborn Street, Suite 3000, Chicago, Illinois 60603
Telephone Number: 312-578-6567
E-mail Address: clare.ranalli@hklaw.com
Fax Number: 312-578-6666

Additional Contact

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

Name: Joseph Hylak-Reinholtz
Title: Associate
Company Name: Holland & Knight LLP
Address: 131 S. Dearborn Street, Suite 3000, Chicago, Illinois 60603
Telephone Number: 312-715-5885
E-mail Address: jreinholtz@hklaw.com
Fax Number: 312-578-6666

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: MetroSouth Medical Center		
Street Address: 12935 South Gregory Street		
City and Zip Code: Blue Island, Illinois 60406		
County: Cook	Health Service Area: VII	Health Planning Area: A-04

Applicant/Co-Applicant Identification

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

Exact Legal Name: Community Health Systems, Inc.	
Address: 4000 Meridian Boulevard, Franklin, Tennessee 37067	
Name of Registered Agent: CT Corporation	
Name of Chief Executive Officer: Wayne T. Smith	
CEO Address: 4000 Meridian Boulevard, Franklin, Tennessee 37067	
Telephone Number: 615-465-7000	

Type of Ownership of Applicant/Co-Applicant

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

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E-mail Address: jreinholtz@hklaw.com
Fax Number: 312-578-6666

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:	Enrique Beckmann, M.D.
Title:	Chief Executive Officer
Company Name:	Blue Island Illinois Hospital Company, LLC
Address:	12935 South Gregory Street, Blue Island, Illinois 60406
Telephone Number:	708-597-2000
E-mail Address:	enrique_beckmann@MetroSouthMedicalCenter.com
Fax Number:	708-389-9480

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Blue Island Illinois Hospital Company, LLC
Address of Site Owner:	As above
Street Address or Legal Description of Site:	As above
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:	Blue Island Illinois Hospital Company d/b/a MetroSouth Medical Center		
Address:	12935 South Gregory Street, Blue Island, Illinois 60406		
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other	
- 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.

Flood Plain Requirements**Not Applicable**

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

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.

MetroSouth Medical Center proposed establishment of Acute Mental Illinois category of service. The service would be offered in 14 beds and focus on geriatric patients. The service will address the need of a number of patients both from the community and who present to the MSMC emergency department with behavioral health diagnosis and/or a combination of behavioral health and medical diagnoses, requiring in-patient admission.

The project is substantive, as it proposes establishment of a new category of service by an existing health care facility (77 IAC 1110.40).

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. 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	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			0
Site Preparation			0
Off Site Work			0
New Construction Contracts			0
Modernization Contracts	\$700,000		\$700,000
Contingencies	\$ 50,000		\$ 50,000
Architectural/Engineering Fees	\$ 50,000		\$ 50,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$100,000		\$100,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			0
Fair Market Value of Leased Space or Equipment			0
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			0
TOTAL USES OF FUNDS	\$900,000		\$900,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$900,000		\$900,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			0
Mortgages			0
Leases (fair market value)			0
Governmental Appropriations			0
Grants			0
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			\$900,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$_____

Fair Market Value: \$_____

The project involves the establishment of a new facility or a new category of service

☒ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is \$ 52,000

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): 12/31/13

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

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

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

☒ Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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							
AMI	900,000	8,130*			8,130		
Total Clinical	900,000	8,130			8,130		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	900,000	8,130			8,130		

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

***Note: The square footage amounts provided above reflect department gross square footage ("DGSF").**

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: MetroSouth Medical Center			CITY: Blue Island, Illinois		
REPORTING PERIOD DATES: From: January 1, 2011 To: December 31, 2011					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	272	6,584	28,831		272
Obstetrics	30	2,974	5,116		30
Pediatrics					
Intensive Care	28	1,123	4,784		28
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	0	N/A	N/A	+14	14
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other (identify)					
TOTALS:	330	10,681	38,731		344

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

SIGNATURE _____

Martin G. Schweinhart

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of __________
Signature of Notary

Seal

SIGNATURE _____

Rachel A. Seifert

PRINTED NAME

Executive Vice President and Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of __________
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

SIGNATURE _____

Martin G. Schweinhart

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of __________
Signature of Notary

Seal

SIGNATURE _____

Rachel A. Seifert

PRINTED NAME

Executive Vice President and Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of __________
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- 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 behalf of MetroSouth Medical Center *
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.

Enrique Beckmann MD, PhD
SIGNATURE

Enrique Beckmann, MD, PhD

PRINTED NAME

Chief Executive Officer

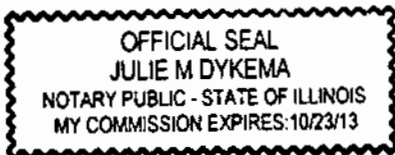
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 31st day of July, 2012

Signature of Notary

Seal



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

INTENTIONALLY BLANK

SECTION II. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

5. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
6. Define the planning area or market area, or other, per the applicant's definition.
7. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
8. Cite the sources of the information provided as documentation.
9. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
10. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:
Alternative options **must** include:
 - A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reason why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
3. The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

11. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
12. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - b. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - c. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - d. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
AMI	8,130	7,840	290	NO

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	AMI	N/A		85%	NO
YEAR 2	AMI	N/A		85%	YES

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:**Not Applicable**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**ASSURANCES:****Not Applicable**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

A. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize Acute/Chronic Mental Illness must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ Acute Mental Illness	0	<u>14</u>
☐ Chronic Mental Illness		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e)(1) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

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

VIII. 1120.120 – Availability of Funds

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

900,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimate time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the government unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specific amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
	e)	Government Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$900,000	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 – Financial Viability ALL FUNDING IS CASH ON HAND/INTERNAL SOURCES

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for Information to be provided

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

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	N/A	N/A	N/A	N/A
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 – Economic Feasibility

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

A. Reasonableness of Financing Arrangements**NOT APPLICABLE**

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

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - a. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - b. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing**NOT APPLICABLE**

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

1. That the selected form of debt financing for the project will be at the lowest net cost available;
2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
AMI		\$700,000			8,130			\$700,000	\$700,000
Contingency					8,130			\$ 50,000	\$ 50,000
TOTALS		\$700,000			8,130			\$750,000	\$750,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERICAL 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 Statement 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)			
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:

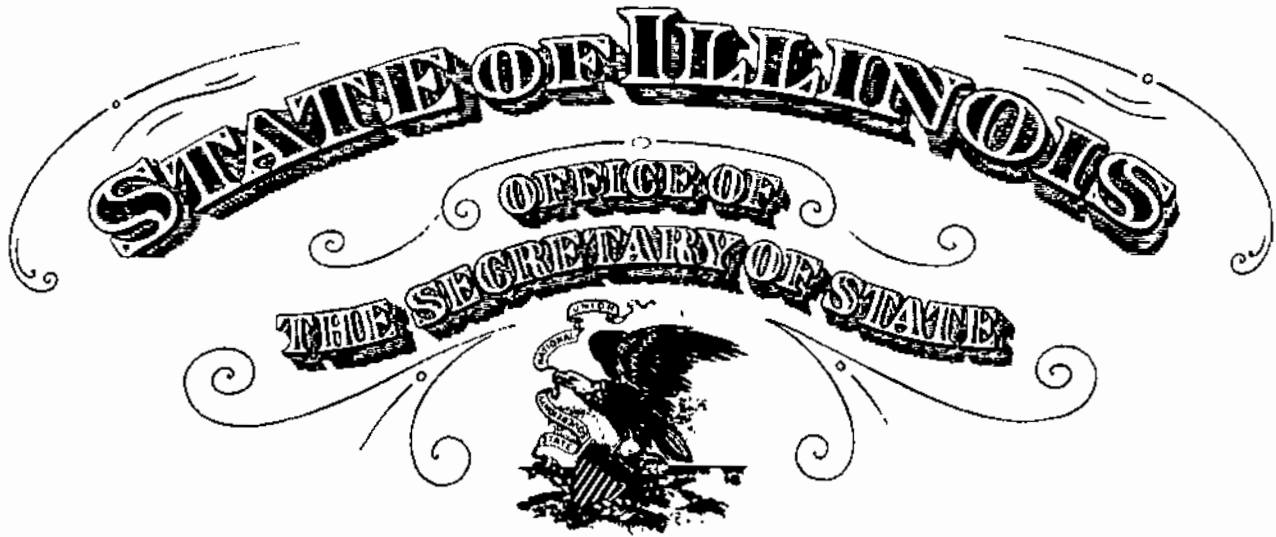
INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	25-27
2	Site Ownership	28-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing, Etc.	31
5	Flood Plain Requirements	NA
6	Historic Preservation Act Requirements	32-46
7	Project and Sources of Funds Itemization	47
8	Obligation Document if required	NA
9	Cost Space Requirements	48
10	Discontinuation	NA
11	Background of the Applicant	49-55
12	Purpose of the Project	56-74
13	Alternatives to the Project	75-92
14	Size of the Project	93-94
15	Project Service Utilization	95-108
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	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	109-225
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
Financial and Economic Feasibility:		
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	246-209
44	Charity Care Information	206-209

Type of Ownership of Applicant & Co-Applicant

See attached Certificate of Good Standing for the applicant and co-applicant.

Type of Ownership of Applicant & Co-Applicant

See attached Certificate of Good Standing for the applicant and co-applicant.



To all to whom these Presents Shall Come, Greeting:

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

COMMUNITY HEALTH SYSTEMS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 31, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1221201940

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 30TH
day of JULY A.D. 2012 .

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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1221201928

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 30TH
day of JULY A.D. 2012 .

Jesse White

SECRETARY OF STATE

Proof of Site Ownership

See attached

\$ 894.60

BY 08/01/12 (on time)

Property Index Number (PIN) 25-31-105-022-0000 Volume 038 Code 14027 Tax Year 2011 (Payable in) (2012) Township CALUMET

IF PAID LATE 08/02/12 - 09/01/12
\$ 908.02

IF PAID LATE 09/02/12 - 10/01/12
\$ 921.44

IF PAID LATE 10/02/12 - 11/01/12
\$ 934.86

TAX CALCULATOR

PAYMENT
INFO

THANK YOU FOR YOUR FIRST INSTALLMENT PAYMENT OF:
\$ 1,916.43 ON 03-01-12
PAY THIS BILL AT COOKCOUNTYTREASURER.COM OR ANY CHASE BANK.

LATE PENALTY
IS 1.5% PER MONTH,
BY STATE LAW.

2010 Assessed Value
9,892

Property location and classification for this PIN

12831 GREGORY ST

BLUE ISLAND IL 60406 2101

Property Classification 8-90

Taxing District	2011 Tax	2011 Rate	2011 %	Pension	2010 Tax	2010 Rate
MISCELLANEOUS TAXES						
South Cook Mosquito Abatement	2.63	0.012	0.09%		3.28	0.010
Metro Water Reclamation District	70.22	0.320	2.50%	3.94	89.44	0.274
Blue Island Park District	123.54	0.563	4.39%	7.46	148.86	0.456
Miscellaneous Taxes Total	196.39	0.895	6.98%		241.56	0.740
SCHOOL TAXES						
Moraine Valley Comm Coll Dist 524	68.25	0.311	2.43%		83.57	0.256
Community High School District 218	666.44	3.037	23.71%	23.26	810.22	2.482
School District 130	985.72	4.492	35.07%	50.69	1,202.60	3.684
School Taxes Total	1,720.41	7.840	61.21%		2,096.39	6.422
MUNICIPALITY/TOWNSHIP TAXES						
TIF-City Of Blue Island-5	***	***	***		0.00	0.000
Blue Island Library Fund	130.57	0.595	4.64%		154.73	0.474
City of Blue Island	536.09	2.443	19.07%	211.10	691.73	2.119
Road & Bridge Calumet	23.48	0.107	0.84%	1.31	28.40	0.087
General Assistance Calumet	28.53	0.130	1.01%		33.62	0.103
Town Calumet	55.96	0.255	1.99%		83.24	0.255
Municipality/Township Taxes Total	774.63	3.530	27.55%		891.72	3.038
COOK COUNTY TAXES						
Cook County Forest Preserve District	12.73	0.058	0.45%	0.21	16.65	0.051
Consolidated Elections	5.49	0.025	0.20%		0.00	0.000
County of Cook	48.93	0.223	1.74%	19.96	74.44	0.228
Cook County Public Safety	35.33	0.161	1.25%		36.89	0.113
Cook County Health Facilities	17.12	0.078	0.61%		26.77	0.082
Cook County Taxes Total	119.60	0.545	4.26%		154.75	0.474
(Do not pay these totals)	2,811.03	12.810	100.00%		3,484.42	10.674

2011 Assessed Value
= 7,387
2011 State Equalization Factor
X 2.9706
2011 Equalized Assessed Value (EAV)
= 21,944
2011 Local Tax Rate
X 12.810%
2011 Total Tax Before Exemptions
= 2,811.03
Homeowner's Exemption
- .00
Senior Citizen Exemption
- .00
Senior Assessment Freeze Exemption
- .00

2011 Total Tax After Exemptions
= 2,811.03
First Installment
1,916.43
Second Installment
+ 894.60
Total 2011 Tax (Payable in 2012)
= 2,811.03

METROSOUTH MED CENTER
12935 SOUTH GREGORY ST
BLUE ISLAND IL 60406-2428

IF YOUR TAXES ARE PAID BY MORTGAGE ESCROW, BE SURE NOT TO DOUBLE PAY.

PAYMENT COUPON

\$ 894.60

BY 08/01/12 (on time)
If paying later, refer to amounts above.

PAYMENT INFO

Use of this coupon authorizes the Treasurer's Office to reduce the
check amount to prevent overpayment. Include only one check and
one original coupon per envelope.

SN 0020110100 RT# 500001075 AN (see PIN) TC 008911

Name/Mailing Address change? Check box and complete form on back to update your name and/or mailing address.

**Visit cookcountyclerk.com for information
about TIFs and for TIF revenue distributions.

Property Index Number (PIN) 25-31-105-022-0000 T3ND Volume 038

Amount Paid

\$

Include name, PIN, address, location, phone and
e-mail on check payable to Cook County Treasurer.

00201101008253110502200004008911200000894600000009080290000092144900000934863



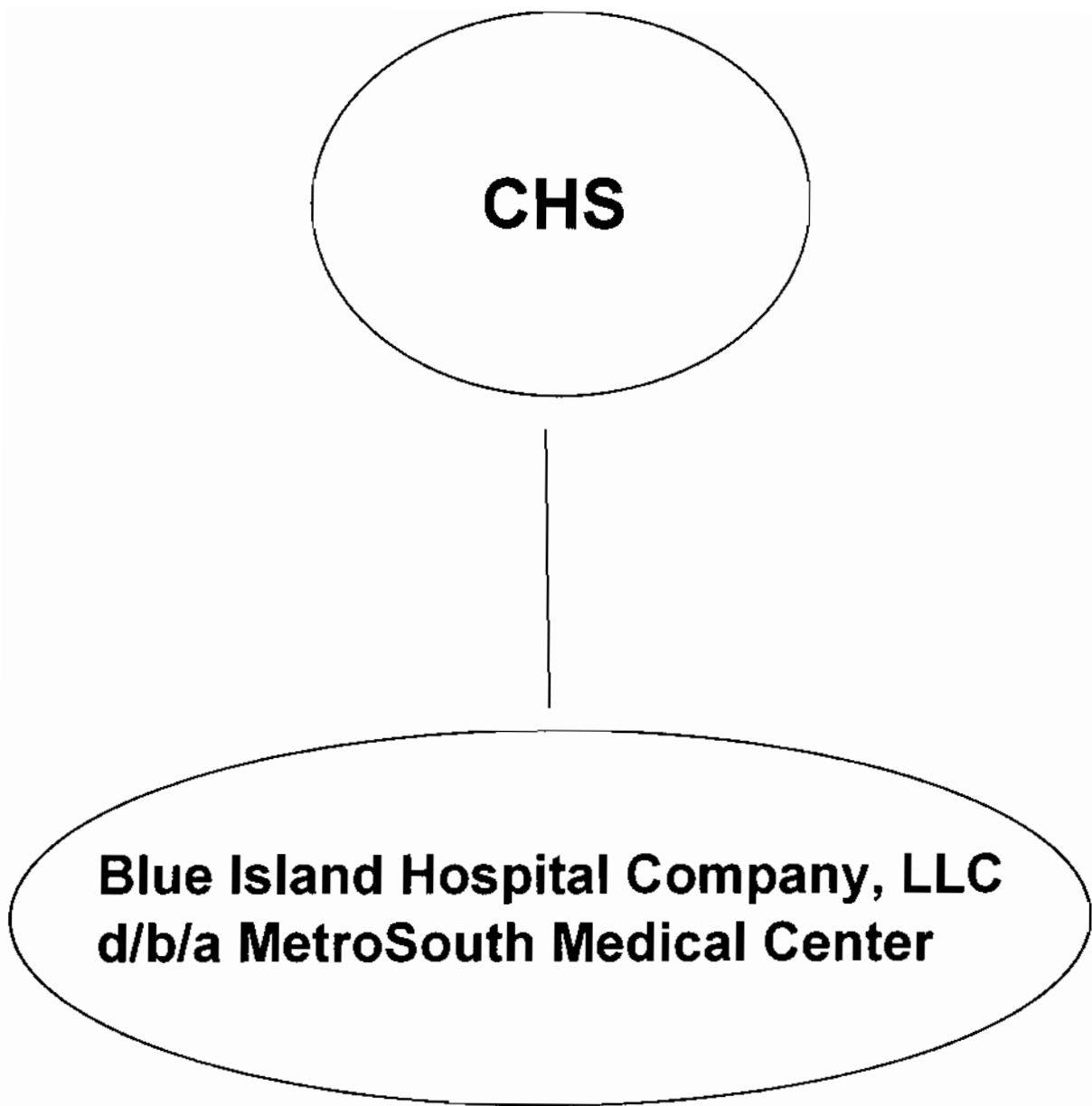
20 25-31-105-022-0000 0 11 4 378531

METROSOUTH MED CENTER
OR CURRENT OWNER
12935 SOUTH GREGORY ST
BLUE ISLAND IL 60406-2428

COOK COUNTY TREASURER
PO BOX 805436
CHICAGO IL 60680-4116

1101101008253110502200004008911200000894600000009080290000092144900000934863

See Attachment 1



Historic Preservation

See attached

Holland & Knight

131 South Dearborn Street | Chicago, IL 60603 | T 312.263.3600 | F 312.578.6666
Holland & Knight LLP | www.hkdlaw.com

Joseph Hylak-Reinholtz
(312) 715-5885
jreholtz@hkdlaw.com

July 26, 2012

VIA FAX AND OVERNIGHT DELIVERY

Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701-1512
Attention: Director Amy Martin

Re: Illinois Certificate of Need Review & Letter Request

Dear Director Martin:

The Illinois State Agency Historic Resources Preservation Act, 20 ILCS 3420/1 et seq. (the "Act"), provides that written notice of a proposed undertaking shall be given to the Director of the Illinois Historic Preservation Agency (the "HPA") either by a State agency or a recipient of its funds, licenses or permits when the proposed undertaking might affect historic, architectural or archaeological resources. This letter hereby provides notice of an undertaking proposed by MetroSouth Medical Center (the "Hospital"). Specifically, the Hospital is planning to modernize existing space within the Hospital to accommodate a new acute mental illness ("AMI") unit (the "Project") and is seeking State approval for the undertaking.

In accordance with the requirements of the Illinois Health Facilities and Services Review Board (the "State Board"), a certificate of need ("CON") permit applicant must submit the following information to the HPA:

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 Hospital provides in this letter and attached exhibits all information necessary for the HPA to conduct a review of the Project. Upon conclusion of this review, the Hospital asks the HPA to issue a written summary of its findings in a letter. The State Board requires applicants to submit a written summary of the HPA's determination along with the CON permit application.

The information regarding the project follows.

1. Project Description

The Hospital is proposing the establishment of a 14 bed AMI unit at its current hospital campus. The AMI unit will be built within the main hospital building, located at 12935 South Gregory

Street, Blue Island, Illinois 60406. The Project will only involve interior construction, which will modernize 8,130 square feet of existing space to accommodate the unit. The existing space is presently designed for medical-surgical purposes.

The main hospital building was built in 1964. Two structures are connected to the main hospital building, both added since 1964. An east wing was added in 1982 and a west wing was built in 2003. Neither the main hospital building, nor the two adjacent structures, have architectural significance, have been deemed a historic site or have historic significance. Moreover, there are no designated historical sites in the vicinity of the main hospital campus or near the site of the Project.

2. General Location of the Project

The Project will be located in Blue Island, Illinois, a suburb south of the City of Chicago. A map showing the general location of the Project is attached hereto as Exhibit A. A map of the hospital campus is attached hereto as Exhibit B.

3. Buildings/Structures Within the Project Area

As noted above, there are no buildings/structures in the area of the Project that have historical or architectural significance. Photographs of the main hospital building and surrounding structures are attached hereto as Exhibit C.

4. Addresses for Buildings/Structures

Addresses for buildings/structures are not provided because the Project involves only interior construction. The Project will only have an impact upon the main hospital building where the AMI unit will be located. No other buildings or structures will be affected by the Project.

* * * *

Upon review of the information provided in this letter and its exhibits, and the information on historic sites maintained by the HPA, it is clear that the Project will not have an adverse effect on any State historic, architectural or archaeological resource. First, the Project will involve only interior construction (i.e., no external changes will occur that might affect neighboring properties). Second, the main hospital building where the AMI unit will be located has no historic or architectural significance. Moreover, no historic resource is located near the Hospital campus or the site of the Project. For these reasons, the Project should not have an adverse effect on a State historic resource.

Thank you for your consideration. If you have questions, please contact me at (312) 715-5885.

Respectfully Submitted,

HOLLAND & KNIGHT LLP


Joseph Hylak-Reinholtz, Esq.

Exhibit A

General Location of the Project

(see attached map)

Exhibit B

Hospital Campus

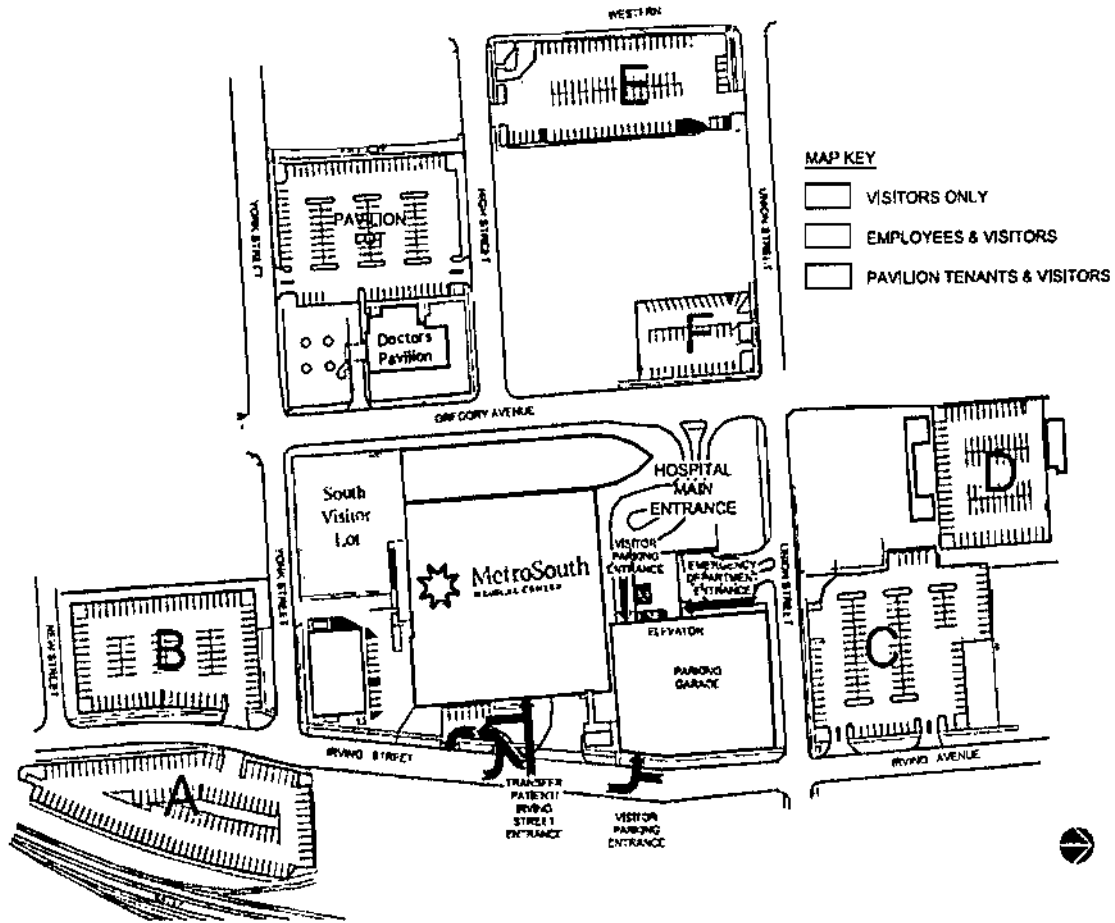


Exhibit C

Photo 1



Exhibit C

Photo 2



Exhibit C

Photo 3



Exhibit C

Photo 4



Exhibit C

Photo 5



Exhibit C

Photo 6

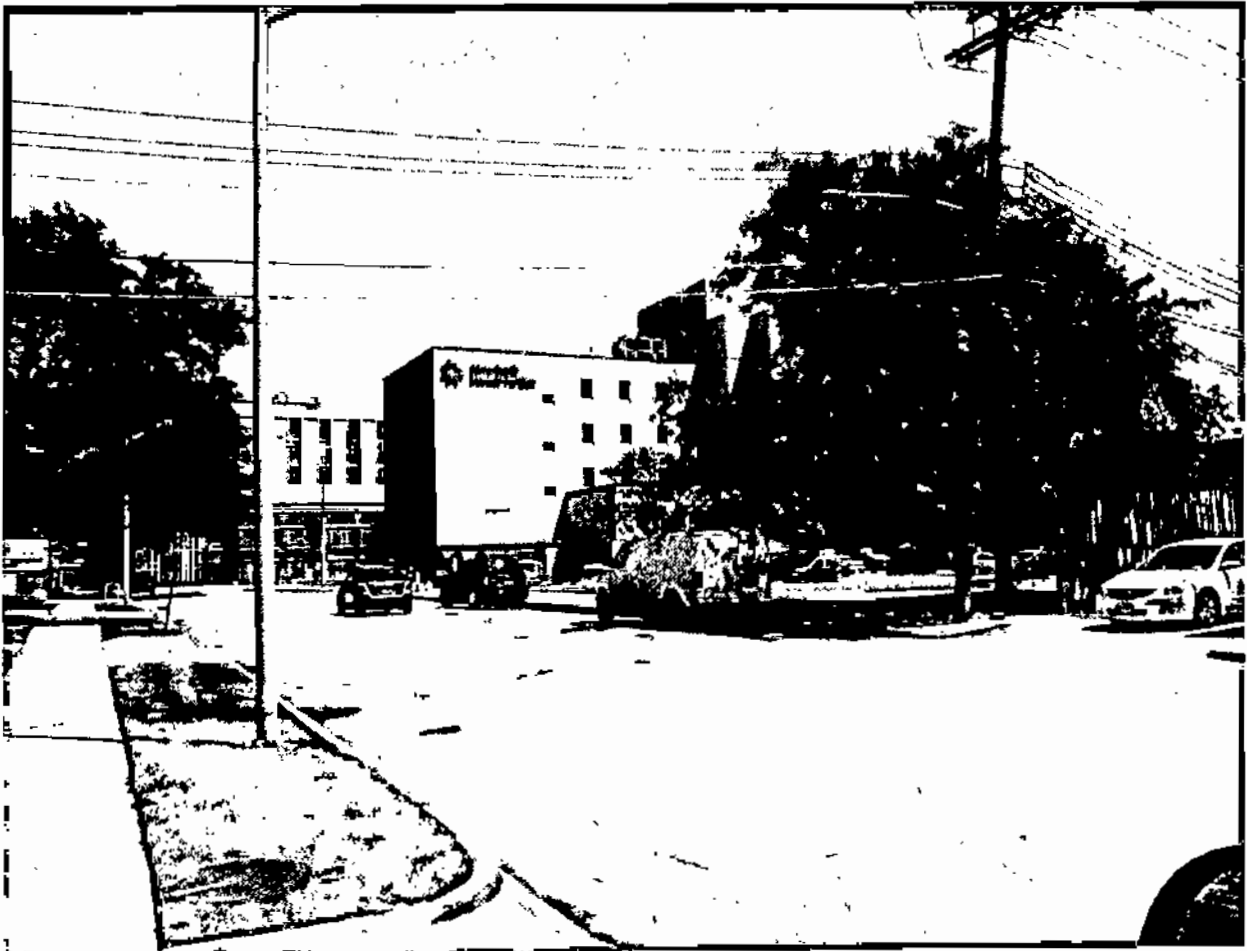


Exhibit C

Photo 7

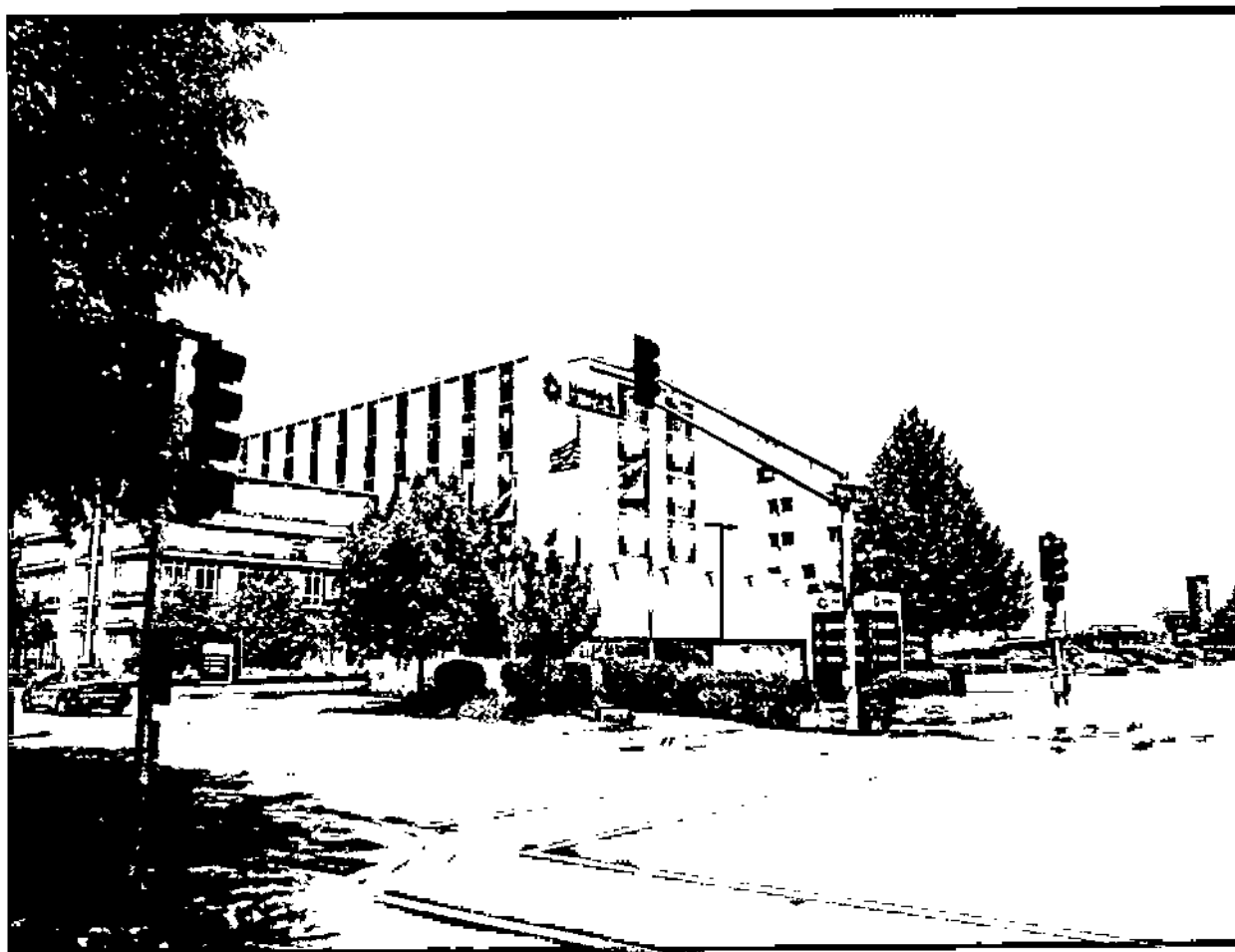


Exhibit C

Photo 8

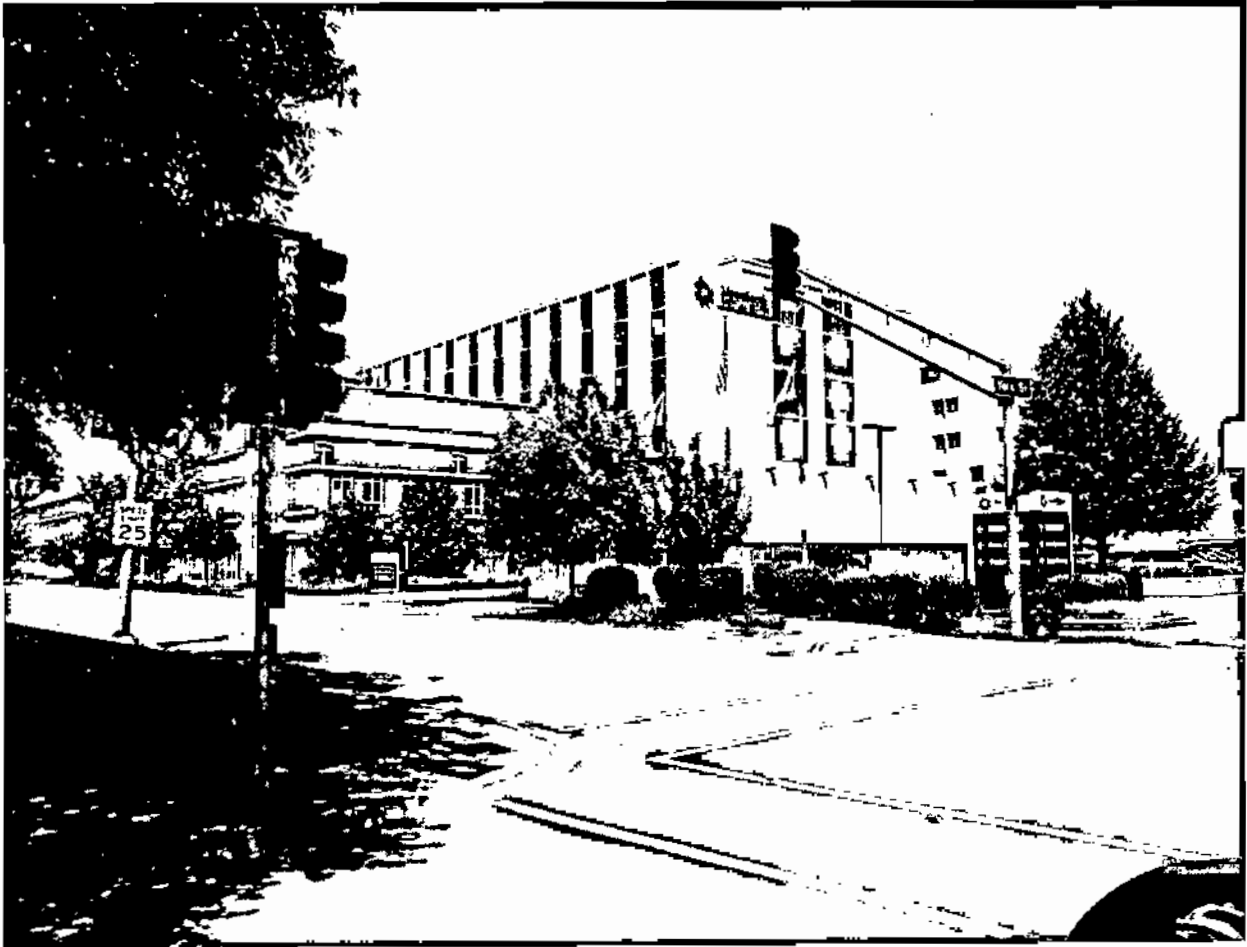


Exhibit C

Photo 9



Hylak-Reinholtz, Joseph J (CHI - X65885)

From: Young, LaDonna [LaDonna.Young@Illinois.gov]
Sent: Friday, July 27, 2012 3:58 PM
To: Hylak-Reinholtz, Joseph J (CHI - X65885)
Subject: CON, 12935 S. Gregory St., Blue Island

Joe,

I received the overnight submittal this afternoon for the project.

LaDonna Young
Illinois Historic Preservation Agency
217/785-0313

Itemization of Project Costs
Geriatric Psychiatric Unit Project

Location - 5 West

Geriatric Psychiatric Unit will consist of 14 single private patient rooms and 1 Seclusion Room.

Safety Improvements:

- Shatterproof windows & locks
- Breakaway curtain rods
- Tamper proof electrical outlets
- Stainless steel mirrors
- Locking tables
- Security Camera System
- Entrances will need to be electronically monitored and access controlled with card access.

Estimated Cost - \$300,000

Construction Improvements:

- Installation of locking corridor doors
- Dining/Activity area construction on south corridor
- Drywall patient room ceilings
- Enclose existing exposed plumbing pipes
- Removal of existing light fixtures/installation of tamper proof light fixtures
- General cosmetic improvements to portray a homelike environment i.e. warm paint colors, etc.
- Construct two ADA bathrooms in room 561 and 560.
- Construct Tub Room
- Construct Soiled Utility Room
- Construct Quiet Room

Estimated Cost - \$400,000

Furniture:

- Patient secure beds
- Patient secure nightstands
- Patient secure chairs
- Lounge/activity area furniture

Estimated Cost - \$100,000

Administrative Fees:

- Architectural fees
- Permit fees
- Contingency

Estimated Cost - \$100,000

TOTAL Estimated Project Cost - \$900,000

<u>Dept</u>	<u>Cost</u>	<u>OSF</u>	
AMI	\$900,000	Existing: 0	Proposed: 8,130

Amount of Proposed GSF that is:

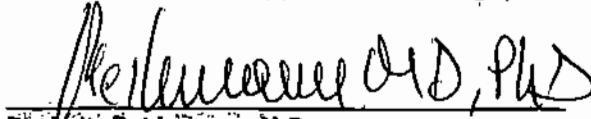
<u>New Const.</u>	<u>Modernized</u>	<u>As Is</u>	<u>Vacated</u>
<u>0</u>	<u>8,130</u>	<u>553,018</u>	<u>0</u>

The current space is used for Medical-Surgical.

That use will be converted to AMI.

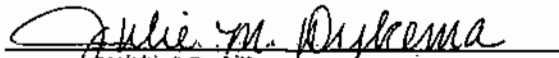
Other than the area to be modernized, the remainder of the Hospital GSF will be as is.

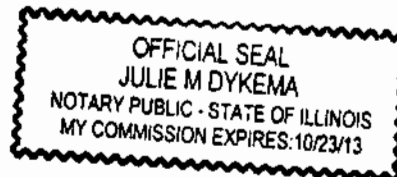
No adverse action has been taken against the applicant for the three years prior to filing of the application. The HFSRB is authorized to verify this information through MSMC or official records of IDPH or other state or certification agencies.



Enrique Beckmann, M.D.
Chief Executive Officer
MetroSouth Medical Center

Subscribe to before me this 31st day
of July, 2012


Notary Public
My commission expires: 10/23/13



See attached facilities owned by CHS in Illinois. Also see current MSMC Hospital license. MSMC is Medicare certified and has Joint Commission Accreditation.

Community Health Systems Illinois Hospitals

<u>Facility Name</u>	<u>Location</u>	IDPH License <u>Number</u>
Crossroads Community Hospital	Mt. Vernon	0003947
Galesburg Cottage Hospital	Galesburg	0005330
Gateway Regional Medical Center	Granite City	0005223
Heartland Regional Medical Center	Marion	0005298
Red Bud Regional Hospital	Red Bud	0005199
Union County Hospital	Anna	0005421
Vista Medical Center-East	Waukegan	0005397
Vista Medical Center-West	Waukegan	0005405

All of the above hospitals hold Joint Commission accreditation.

RECEIVED

MAR 05 2012

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SERVICES REVIEW BOARD

11-115

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REMOVE THIS CARD TO CARRY AS AN
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State of Illinois 1756992
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/13	BGBD	0005835

FULL LICENSE
GENERAL HOSPITAL

EFFECTIVE: 03/01/12

Blue Island Hospital Company, LLC
d/b/a MetroSouth Medical Center
12935 South Gregory Street
Blue Island, IL 60406

FEE RECEIPT NO.



State of Illinois 1756992
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/13	BGBD	0005835

FULL LICENSE
GENERAL HOSPITAL

EFFECTIVE: 03/01/12

BUSINESS ADDRESS
Blue Island Hospital Company, LLC
d/b/a MetroSouth Medical Center
12935 South Gregory Street
Blue Island, IL 60406

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •



Accreditation Quality Report

- > Summary of Accreditation Quality Information
- > Accredited Programs
- > Accreditation National Patient Safety Goals
- > Sites and Services
- > Accreditation History
- > Download Accreditation PDF Report
- > Download Accreditation PDF Report - Include Quarterly Data
- > Accreditation Quality Report User Guide

Quality Report

Summary of Accreditation Quality Information

Accreditation Programs

Hospital

Accreditation Decision

Accredited

Effective Date

8/20/2009

Last Full Survey Date

8/19/2009

Last On-Site Survey Date

8/19/2009

Pathology and Clinical Laboratory

Accredited

8/14/2010

8/13/2010

8/13/2010

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Pathology and Clinical Laboratory

Hospital

[- Top -](#)

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This measure is not applicable for this organization.
- Not displayed

Hospital

Reporting Period:
Jan 2011 -
Dec 2011

Pathology and Clinical Laboratory

[- Top -](#)

The organization

National Patient Safety Goals and National Quality Improvement Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

2010 National Patient Safety Goals

[See Detail](#)



National Quality Improvement Goals:

Heart Attack Care

[See Detail](#)



Heart Failure Care

[See Detail](#)



Pneumonia Care

[See Detail](#)



Survey of Patients' Hospital Experiences (see details)

2011 National Patient Safety Goals

[See Detail](#)



Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.



The Joint Commission only reports measures endorsed by the National Quality Forum.

* State results are not calculated for the National Patient Safety Goals.

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Sites and Services

scored above 90% but was below most other organizations.

* Primary Location

6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- An organization may provide services not listed here. For more information refer to the [Quality Report User Guide](#).

Locations of Care

MetroSouth Medical Center *
12935 South Gregory Street
Blue Island, IL 60406

Available Services

- Abdominal Aortic Aneurysm (Inpatient)
- Acute Coronary Syndrome (Inpatient)
- Acute Myocardial Infarction (Inpatient)
- Advanced Fetal Care (Inpatient)
- Alzheimers Disease (Inpatient)
- Amyotrophic Lateral Sclerosis (Inpatient)
- Arthritis (Inpatient)
- Asthma (Inpatient)
- Asthma, Pediatrics (Inpatient)
- Atrial Fibrillation (Inpatient)
- Benign prostatic hyperplasia (BPH) (Inpatient)
- Breast Cancer (Inpatient)
- Burn Treatment (Inpatient)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Rehabilitation (Inpatient)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Carotid Stenosis (Inpatient)
- Cellulitis (Inpatient)
- Cervical Spine Treatment (Inpatient)
- Chronic Kidney Disease (Inpatient)
- Chronic Obstructive Pulmonary Disease (Inpatient)
- Coagulopathy Treatment (Inpatient)
- Colon/Rectal Cancer (Inpatient)
- Congenital Anomalies (Inpatient)
- Coronary Artery Bypass Graft (Inpatient)
- Coronary Artery Disease (Inpatient)
- Crohn's Disease (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Diabetes Mellitus (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Emphysema (Inpatient)
- End Stage Renal Disease (Inpatient)
- Epilepsy (Inpatient)
- Esophageal Cancer (Inpatient)
- Finger Joint Replacement (Inpatient)
- Gastroenterology (Surgical Services)
- Gastroesophageal Reflux Disease (Inpatient)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Irritable Bowel Syndrome (Inpatient)
- Ischemic Heart Disease (Inpatient)
- Joint Replacement - Ankle (Inpatient)
- Joint Replacement - Finger (Inpatient)
- Joint Replacement - Knee (Inpatient)
- Joint Replacement - Shoulder (Inpatient)
- Labor & Delivery (Inpatient)
- Laminectomy (Inpatient)
- Lead Exposure (Inpatient)
- Leukemia (Inpatient)
- Liver Diseases (Inpatient)
- Low Back Pain (Inpatient)
- Lumbar Spine Treatment (Inpatient)
- Lung Cancer (Inpatient)
- Lung Volume Reduction Surgery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Maternal Child (Inpatient)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Microdiscectomy (Inpatient)
- Multiple Sclerosis (Inpatient)
- Neonatology (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Nutrition Programs (Inpatient)
- Orthopedic Surgery (Surgical Services)
- Osteoporosis (Inpatient)
- Pancreatic Cancer (Inpatient)
- Pancreatitis (Inpatient)
- Parkinsons Disease (Inpatient)
- Pathology (Inpatient)
- Pelvic Inflammatory Disease (Inpatient)
- Peripheral Vascular Disease (Inpatient)
- Plastic Surgery (Surgical Services)
- Pneumonia (Inpatient)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Prostate Cancer (Inpatient)
- Respiratory Failure (Inpatient)
- Sexually Transmitted Disease (Inpatient)
- Sleep Laboratory (Sleep Laboratory)
- Sleeping Disorder (Inpatient)
- Spinal Fusion (Inpatient)

- Head Injury (Inpatient)
- Health and Wellness (Inpatient)
- Heart Failure (Inpatient)
- Hepatitis B/C (Inpatient)
- High Risk Neonatal (Inpatient)
- High Risk Obstetrics (Inpatient)
- Hip Joint Replacement (Inpatient)
- Hodgkin's disease (Inpatient)
- Hyperbilirubinemia (Inpatient)
- Hyperlipidemia (Inpatient)
- Hypertension (Inpatient)
- Hyperthyroidism/Hypothyroidism (Inpatient)
- Inpatient Diabetes (Inpatient)
- Interventional Cardiac Catheterization (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Intraventricular hemorrhage (Inpatient)
- Spine Care (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Systemic Lupus Erythematosus (Inpatient)
- Thoracic Spine (Inpatient)
- Thoracic Surgery (Surgical Services)
- Tobacco Treatment / Cessation (Inpatient)
- Toxicology
- Trauma (Inpatient)
- Tuberculosis (Inpatient)
- Ulcerative Colitis (Inpatient)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Disease (Inpatient)
- Vascular Surgery (Surgical Services)
- Ventricular Assist Device (Inpatient)
- Weight Loss (Inpatient)
- Women's Health (Inpatient)

- Top -

The Joint Commission obtains information about accredited/certified organizations not only through direct observations by its employees ...Read more.

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Purpose

5. See letter from Dr. Beckmann, attached.
6. See letter from Signet Health, as null as attachment 22.
7. See letter from Dr. Beckmann.
8. N/A.
9. See information attached (all).
10. The goal is to provide this behavioral health service to patients of MSMC and residents of the community serviced by MSMC. The attached information (along with the referral letters contained in attachment 22) will help MSMC achieve this goal and reach 85% target utilization within two years with a 14 bed AMI service.

7/30/12

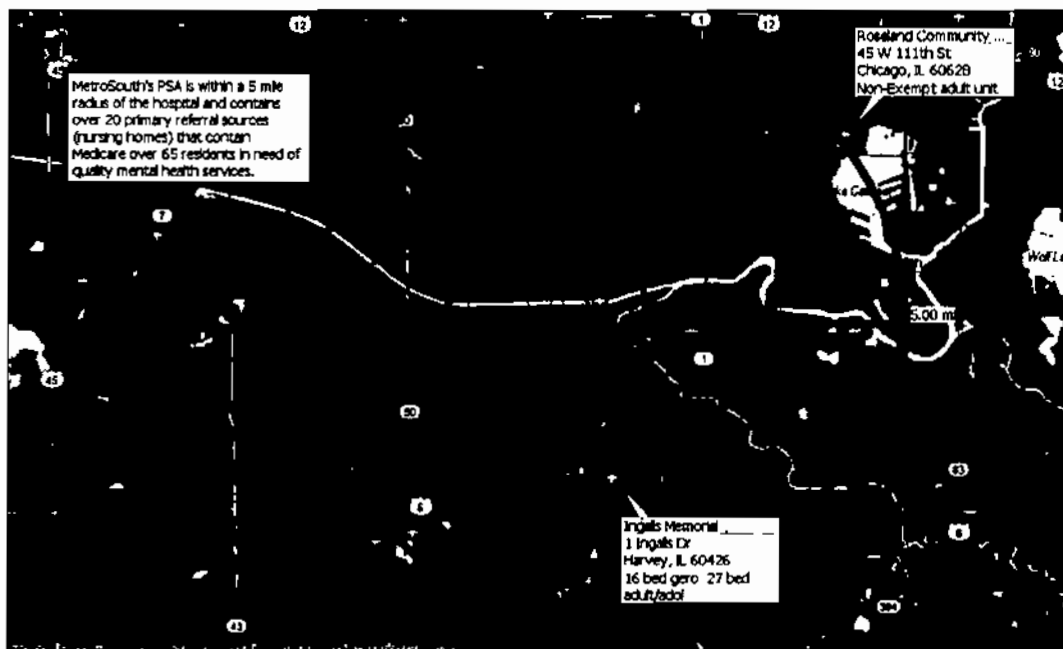
MetroSouth Medical Center
Attn: Ms. Linda St. Julien
Re: Geropsych development

Dear Ms. St. Julien,

As requested, please find this short letter as a response to the State CON application question that pertains to utilization projections for the proposed geriatric behavioral health program.

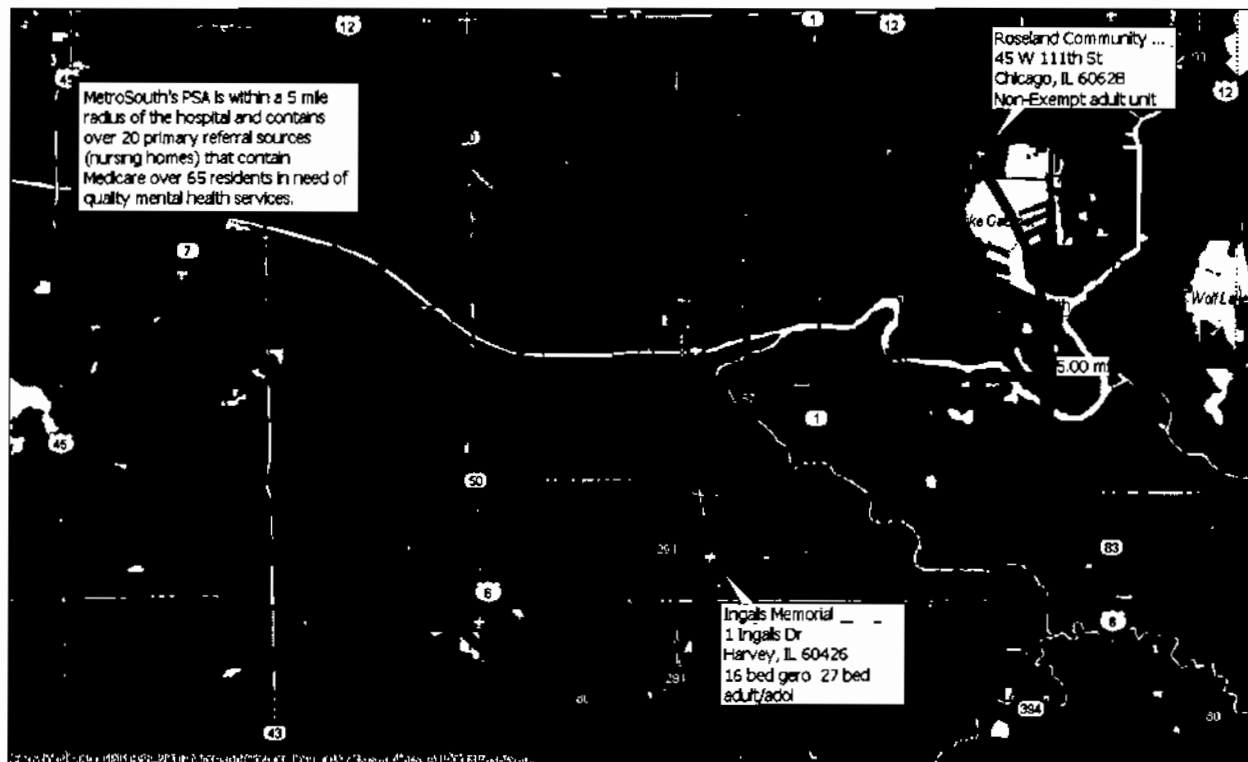
Signet Health has been instrumental in developing more than 40 inpatient behavioral health programs such as the geropsych program proposed for MetroSouth Medical Center. A critical factor in our development efforts includes; first the identification, and then the community education process directed to primary referral sources located within the PSA of the hospital. It is not unusual for new inpatient geriatric programs to receive more than 80% of their admissions from outside referral sources, not necessarily through the emergency department. **Signet Health expects the market development efforts for the new geropsych program at MSMC to provide approximately 80% of its patients from outside market development**

Signet expects to fully develop the behavioral health program at MetroSouth Medical Center through consultation and evaluation of the community education and referral development efforts to attending physicians, non-attending physicians, non-physician clinicians, nursing homes, human service organizations, health maintenance organizations, home health agencies, and other effective sources. Signet's approach is a multifaceted one in which not only physicians, but all possible referral sources are considered. **There are over 500 potential referral sources in Cook County and over 40 within a 5 mile radius of the hospital, fully within the PSA of MSMC.**



National research shows that depression and other mental illness among the elderly is one of the most debilitating and predominant diseases. It is also one of the most treatable. Between 15% and 25% of the elderly suffer from symptoms of mental illness. **With the clinical treatment available through geropsychiatric units such as the one to be fully developed for MetroSouth Medical Center, mental illness and associated crises can be controlled.** The community education and marketing process will focus on this need.

Signet Health believes that there is pent-up demand for up to 17 inpatient geriatric psych beds within the 5 mile radius PSA of the hospital alone. From our development experience, Signet believes that approximately 20-25% of admissions to the proposed geropsych unit will come through the ED while approximately 75-80% will be admitted as a result of the ongoing community education effort within the PSA and outlying markets of the hospital. As the reputation and quality of the new proposed behavioral health program becomes stronger and future development occurs at MSMC, unique opportunities exist to further brand and build a solid reputation in behavioral health within the hospital's primary service area further improving local market share and positive culture. The local market and an external marketing effort in the surrounding market area will substantially support a first year volume of 10 and a second year volume of 12.





July 30, 2012

In August of 2008, St. Francis Hospital in Blue Island was rescued from closure and became MetroSouth Medical Center. After three years of intense management which resulted in an impressive turnaround, the hospital was purchased by a subsidiary of Community Health Systems, thus rendering its future more secure from being a stand-alone facility with limited access to resources and capital to becoming a member of a 134-hospital strong national company. MetroSouth Medical Center can now serve more confidently its constituents and provide secure employment to an economically challenged community.

MetroSouth Medical Center is above all a community hospital desirous of being responsive to the healthcare needs of the communities it serves. In that vein, the hospital has developed and enhanced a wide array of services. Notable among these are emergency medicine, obstetrics and gynecology, perinatology and neonatology as well as a complete set of medical and surgical specialties. The hospital has developed eleven outpatient centers conveniently located in the community to facilitate access to care. In addition, the hospital continues to grow its array of partnerships with skilled nursing facilities and various other eldercare providers as well as federally qualified healthcare centers.

Ever mindful of its responsibilities to its patients and providers, the hospital stands alone in its community with respect to the depth and scope of its electronic medical record achievements.

MetroSouth has done all of this while enhancing its quality and safety as attested by its outstanding scores and recognition by regulatory agencies and various rating agencies. More recently, MetroSouth has showed dramatic improvements in patient satisfaction surveys.

MetroSouth, like other hospitals, has experienced a large shift from inpatient to outpatient services. This has opened opportunities for the consideration of alternate uses of existing capacity. There is a national trend to integrate medical and behavioral care. That is in part because patients who suffer from mental illness are less likely to comply with treatment recommendations. As a result, such patients are more likely to be readmitted. MetroSouth wishes to respond to this trend by entering into the behavioral health arena by opening an Acute Mental Illness (AMI) inpatient unit specializing in geriatric psychiatry. This unit will not only respond to a community need, as is being evidenced in the material we are submitting, but also addresses importantly the critically short supply of treatment capacity for behavioral services. And the offering of these services would enhance MetroSouth's services to its aging communities while making best use of its physical plant capacity. The National Alliance on Mental Illness reports that more than half of all US counties have no practicing psychiatrists, psychologists or social workers – and only 27% of community hospitals

have an inpatient psychiatric unit. And, as we all know, many states including Illinois have cut their mental health budgets. A case in point, in MetroSouth's very back yard was the recent closure of the Tinley Park Mental Health Center.

MetroSouth believes there is a shortage of approximately seventeen beds for inpatient geropsych in the hospital's primary service area based on the following:

Patient Origin

• Medicare Hospital Market Service Area file for calendar year ending 12/31/2011 / Definitions

ZIP Code of Residence	Discharges	Days of Care	Charges	Discharges Inc/Dec	Market Share
60406	683	3,349	21,459,882	16.2%	52.7%
60628	662	3,045	19,372,477	-4.3%	11.2%
60643	656	3,235	21,188,728	-12.4%	17.2%
60827	418	2,174	13,849,164	-9.1%	27.4%
60803	236	1,037	7,059,889	-9.6%	19.5%
60472	210	911	6,105,640	-1.9%	30.0%
60445	203	1,056	8,279,094	-24.5%	10.3%
60426	126	634	4,035,450	16.7%	5.5%
60620	112	541	3,510,320	-0.9%	2.0%
60655	103	497	3,645,851	22.6%	7.2%
All other ZIP Codes	1,294	5,793	44,334,528		
Total	4,703	22,272	152,841,023	-7.1%	

MetroSouth Medical Center's primary market service area (PSA) was developed utilizing data from the ten top zip-codes for admission for the year ending 12/31/2011 (see chart above). These top ten zip codes are located within a five-mile radius of the hospital and represent 72% of the total discharges for the hospital. 419,942 residents live in these ten zip codes (U.S. Census Bureau 2010 statistics) of which approximately 50,813 are age 65 or older (12.1% Cook County). National statistics (SAMHSA data) show that approximately 25% of persons over the age of 65 will struggle with a serious mental illness (SMI) in their lifetime.

(see <http://archpsyc.jamanetwork.com/article.aspx?articleid=205249>)

Using more conservative SAMHSA statistics as outlined below, we believe that MetroSouth's primary service area should support up to 33 Medicare over-65 beds.

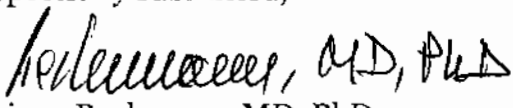
- (PSA Pop 65+) 50,813 x 5.2% (mid-range of SMI) = 2,642 x 12 (National ALOS) = 31,707 Patient Days
- 31,707 patient days / 365 days = 87 beds
- 87 beds x 38% (discounted 62% for free standing facilities) = **33 geropsychiatric bed need in the primary service area of MetroSouth**
- Current DPU geropsychiatric beds within 5 miles of MetroSouth = 16 Beds (Ingalls)
- **Net DPU Geropsychiatric Bed Need = 17 Beds**

The "age 65 or older" demographic for MetroSouth's primary service area has steadily increased over the last decade (Cook County). MetroSouth provided 44,850 patient days (3409 discharges) of healthcare during the year ending 12/30/2011 of which 21,974 patient days were reimbursed under Medicare. By far, the largest payor source for MetroSouth was Medicare in 2011 (49%) and continues to grow in 2012. Opening a new geriatric behavioral health inpatient service line will complement MetroSouth's commitment to serving the ever-aging patient mix in their primary service area.

Nearly half of Americans will develop mental illness during their lifetimes according to the American Hospital Association's *"Trend Watch: Bring Behavioral Health Into the Care Continuum."* The Robert Wood Johnson Foundation estimates that 68% of adults with mental health conditions also have medical conditions and that 29% of adults with medical conditions also have mental health conditions.

Given these facts and the aging of our population, MetroSouth strongly believes that it can best serve its patients and the community by offering inpatient psychiatric services. MetroSouth's management team is a good partner to the State of Illinois. We care for all members of our community, and through our efforts we have expanded care provided to Medicaid recipients, particularly in maternal-fetal services. The opportunity to now offer a full array of geriatric psychiatry services to our fastest growing age group is a natural consequence of our commitment to being the hospital of choice to our community.

Respectfully submitted,


Enrique Beckmann, MD, PhD
Chief Executive Officer

Aging Boomers' Mental Health Woes Will Swamp Health System: Report

U.S. not equipped to handle growing number of seniors with mental health, substance use issues, researchers say

July 10, 2012

HealthDay

By Amanda Gardner

HealthDay Reporter

TUESDAY, July 10 (HealthDay News) -- The United States faces an unprecedented number of aging baby boomers with mental health or substance use issues, a number so great it could overwhelm the existing health care system, a new report warned Tuesday.

"The report is sufficiently alarmist," said Dr. Gary Kennedy, director of geriatric psychiatry at Montefiore Medical Center in New York City. "I think [the report authors] are right."

Kennedy was not involved with the report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* It was mandated by Congress and issued by The Institute of Medicine in light of a "silver tsunami" of health care needs expected to accompany a senior population that will reach 72.1 million by 2030.

The "silver tsunami" is the result of simple supply-and-demand forces gone awry, the report authors explained.

Up to 8 million older Americans, or 20 percent of the current senior population, suffer from some form of mental health condition, often depression, at-risk drinking or dementia-related behavioral and psychiatric symptoms, according to the IOM report. (A basic diagnosis of Alzheimer's disease was excluded from the study.)

And 2 million seniors have severe mental illnesses, a number that is "greatly under-appreciated," said Dr. Peter Rabins, one of the authors of the report.

Also, as baby boomers age, studies indicate that their use of illicit drugs will continue.

"The reality is the Woodstock Generation has come of age," said Kennedy. "Their background is with psychedelic drugs, marijuana, recreational drugs, non-narcotics . . . It's a real problem."

Against these growing problems, meanwhile, the number of health providers and other service providers is shrinking in proportion. And that means, according to the report, that "a health care workforce that is not prepared to address either [mental health/substance use] problems or the special needs of an aging population is a compelling public health burden."

"The number of individuals with specialty training in both aging and either mental health or substance use issues is extremely small," said Rabins, who is a psychiatry professor at Johns Hopkins School of Medicine in Baltimore.

Nor are candidates rushing to fill the pipeline, Kennedy added, probably because of lower pay in geriatric specialties.

Each of these populations -- the elderly, and those with mental health and/or substance use issues -- require special care. But the two in combination represent a special challenge.

Older people metabolize both alcohol and drugs differently from younger people, putting them at risk for overdoses. According to one estimate, almost two-thirds of emergency room visits for adverse drug reactions in 2008 were by elderly people.

Also, elderly people -- particularly those with depression -- may be less able to adhere to complicated medication regimens for mental and physical ailments.

And medications to treat mental health issues may not react well with other medications needed to treat high blood pressure, diabetes and the host of other physical problems that become common as people age.

"The biggest challenge appears to be the fact that these problems rarely occur in isolation. Most [elderly] people who have mental health or substance use problems also have a physical health problem," said Rabin. "That's not true in younger age groups."

The report provides a number of recommendations for solutions, in what basically amounts to an overhaul of the health care system.

Key to handling the future explosion of seniors with mental health issues and/or substance use issues will be organizing a better health care workforce.

"We really need to be training the existing workforce, which interacts with both older people and mentally ill people, to have the skill set of the other group," said Rabins. "People with general mental health training, such as social workers, psychologists and psychiatrists, have very little training in treating the elderly. Those in the aging network have very little experience treating mental illness."

Better provisions, including funding, need to be made for training professionals to care for this population. This includes primary care providers, nurses and nursing-home assistants.

And Medicare/Medicaid reimbursement schedules need to be overhauled to make sure the services this population requires are covered.

The report also said the federal government should coordinate all the efforts that involve these two vulnerable populations.

In addition, Kennedy suggested that partial forgiveness of medical-school loans would "turn around the onward direction of trainees coming into the geriatric field."

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Source: http://health.usnews.com/health-news/news/articles/2012/07/10/aging-boomers-mental-health-woes-will-swamp-health-system-report_print.html

Geriatric Healthcare Workforce Fact Sheet

Background

In January 2009, U.S. Senators Herb Kohl (D-WI), chairman of the Special Committee on Aging, Blanche Lincoln (D-AR), and Bob Casey (D-PA) re-introduced the "Retooling the Health Care Workforce for an Aging America Act of 2009," (S. 245). **The same bill (H.R. 468) was introduced in the U. S. House of Representatives by Representative Jan Schakowsky (D-IL) on January 13, 2009.** A number of the provisions in this legislation were included in health care reform legislation, the "Patient Protection and Affordable Care Act," that was signed into law by President Obama on March 23, 2010.

This legislation addresses the current and future shortage of health care personnel who are trained to care for older adults. The bill was prompted by a report issued by the Institute of Medicine (IOM) in April 2008, which painted a grim picture of health care for older Americans. AAGP has been in the forefront of efforts to remedy the problems identified by the IOM study.

AAGP leaders and staff worked closely with Senator Kohl's staff on the Senate Aging Committee on the bill's mental health provisions.

S. 245/H.R. 468 includes authorization of two studies that address issues high on AAGP's list of priorities:

- A complementary IOM report on the composition of the mental health workforce that is needed to meet the needs of the aging population. This provision was funded in the appropriations bill for the Department of Health and Human Services (HHS) for Fiscal Year 2010, and AAGP worked with HHS and IOM on contours of the study, which began in March 2011.
- A study to be conducted by the Government Accountability Office (GAO) which would examine National Institutes of Health spending on conditions and illnesses that disproportionately affect the health of older adults. This study would examine the number of older adults included in clinical trials supported by NIH institutes, an issue that AAGP has raised with Senate and House members on numerous occasions in recent years.

AAGP also strongly supported a provision that was included in health care reform legislation that will expand authorization for Geriatric Education Centers (GECs) to include new grants for short-term intensive courses (mini-fellowships) in geriatrics, chronic care management and long-term care to faculty members of medical and other health professions school. It would require GECs applying for these grants to incorporate mental health and dementia "best practices" training into most of their courses.

Other provisions of S. 245/H.R. 468 would:

- Expand other geriatrics programs under Title VII and Title VIII of the Public Health Service Act to be more inclusive of allied health professions.
- Require state veterans employment and job counseling services to provide information on opportunities in geriatrics and long-term care.
- Establish tuition stipends for direct care workers (nurse aides, home health aides and person or home-care aides) in the long-term care sector to advance to into nursing.
- Establish programs to develop the opportunities in for high school and college students studying in various allied healthcare disciplines to work with low-income seniors.
- Establish model demonstration programs for developing best practices in training of mid-level professionals to advance in the aging services field.
- Develop online training for caregivers to demonstrate techniques for activities of daily living assistance.

- Establish a national demonstration program to develop and evaluate core training competencies for personal and home care aides as well as additional training content, supplement current federal requirements, for home health aides and nurse aides.
- Provide better integration of services and information to meet the needs of family caregivers.
- Authorize studies by the GAO on projected needs of lower-income individuals and on successful practices in reducing turnover and improve retention among direct care staff in nursing homes, assisted living facilities, and home health agencies.

AAGP Position

AAGP strongly supports this legislation, which was endorsed by a broad range of organizations interested in aging and health care issues. While some provisions were included in the health care reform legislation enacted in March 2010, AAGP and allied organizations will continue to advocate for the remaining provisions as well as other initiatives to address the geriatric health care workforce during the 112th Congress. The complex problems associated with aging require a supply of health care professionals and paraprofessionals with special training in geriatrics, better geriatrics education and training for the entire health care workforce, and better information and support for family caregivers. It is critical that action be taken now to alleviate the serious shortage of health care professionals trained to meet the special needs of older people.

(March 3, 2011)

NEWS

FROM THE NATIONAL ACADEMIES

NATIONAL ACADEMY OF SCIENCES
NATIONAL ACADEMY OF ENGINEERING
INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

Date: July 10, 2012

FOR IMMEDIATE RELEASE

Baby Boomers Likely to Face Inadequate Care for Mental Health, Substance Abuse; IOM Report Recommends Ways to Boost Work Force, Fund Services and Training

WASHINGTON — Millions of baby boomers will likely face difficulties getting diagnoses and treatment for mental health conditions and substance abuse problems unless there is a major effort to significantly boost the number of health professionals and other service providers able to supply this care as the population ages, says a new report from the Institute of Medicine. The magnitude of the problem is so great that no single approach or isolated changes in a few federal agencies or programs will address it, said the committee that wrote the report.

The report calls for a redesign of Medicare and Medicaid payment rules to guarantee coverage of counseling, care management, and other types of services crucial for treating mental health conditions and substance use problems so that clinicians are willing to provide this care. Organizations that accredit health and social service professional schools and license providers should ensure that all who see older patients -- including primary care physicians, nurses, physicians' assistants, and social workers -- are able to recognize signs and symptoms of geriatric mental health conditions, neglect, and substance misuse and abuse and provide at least basic care, the committee said.

Top leaders of the U.S. Department of Health and Human Services need to promote national attention to building a work force of sufficient size that is trained in geriatric mental health and substance abuse care. They should ensure that all the department's relevant agencies are devoting sufficient attention and resources to these conditions.

"There is a conspicuous lack of national attention to ensuring that there is a large enough health care work force trained to care for older adults with mental health and substance use conditions," said committee chair Dan G. Blazer, J.P. Gibbons Professor of Psychiatry and Behavioral Sciences and vice chair for faculty development, Duke University Medical Center, Durham, N.C. "These conditions are relatively common, they can be costly, and they can have profound negative impacts on people's health and well-being. This report is a wake-up call that we need to prepare now or our older population and their extended families will suffer the consequences."

The committee conservatively estimated that between 5.6 million and 8 million older Americans -- 14 percent to 20 percent of the nation's overall elderly population -- have one or more mental health conditions or problems stemming from substance misuse or abuse. Depressive disorders and dementia-related behavioral and psychiatric symptoms are the most prevalent. Rates of accidental and intentional misuse of prescription medications are increasing. Although the rate of illicit drug use among older individuals is low, studies indicate that it will likely increase as the baby boomers age.

Inattention to older adults' mental health conditions and substance misuse is associated with higher costs and poorer health outcomes, the report notes. For example, older individuals with untreated depression are less likely to properly take medications for diabetes, high blood pressure, and heart disease, and they are more likely to require repeated costly hospital stays.

Training in geriatric care for these problems is necessary, the committee emphasized. Age alters the way

people's bodies metabolize alcohol and medications, increasing the general risk for overdoses; these changes also can worsen or cause alcoholism and addiction. Older adults are also more likely to have physical conditions and impairments in thinking and ability to function that can complicate the detection and treatment of mental health problems and substance misuse or abuse. For example, cognitive impairments can affect an older person's ability to comply with medication directions.

Medicare and Medicaid payment policies deter effective and efficient care for substance abuse and mental health conditions by limiting which personnel can be reimbursed and which types of services are covered, the committee found. Effective care includes helping patients self-manage their conditions and monitoring to prevent relapses, services that can be provided by a range of trained providers and in a variety of care settings. The Centers for Medicare and Medicaid Services should evaluate alternative payment methods that would better reflect and fund effective services and coordinated team-based care for mental health and substance abuse, the report says.

Most primary care providers will have frequent contact with older patients, yet their training includes little if any education on geriatric mental health and substance use, the report notes. Few opportunities exist to specialize in geriatric care for these conditions, and financial incentives and mentorships are not in place to encourage health professionals to enter or stay in this field. Health professionals' training across all disciplines should include competence in these areas, and they should be expected to be able to respond appropriately to signs of mental health or substance use problems to the full extent of their scope of practice, the committee said. Congress should appropriate the funds to carry out the provisions in the Patient Protection and Affordable Care Act that support loan forgiveness and scholarships for individuals who work with or are preparing to work with older adults with mental health conditions or substance use problems.

Resources for HHS programs that have supported or could support geriatric care for mental health and substance abuse have been dwindling and in some cases are being eliminated, the committee noted. The report urges HHS leaders to ensure each agency provides sufficient attention and funds to grants and other programs to build an adequate work force able to provide this care.

The report was sponsored by the U.S. Department of Health and Human Services. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The Institute of Medicine, National Academy of Sciences, National Academy of Engineering, and National Research Council together make up the independent, nonprofit National Academies. For more information, visit <http://national-academies.org> or <http://iom.edu>. A committee roster follows.

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Pre-publication copies of The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at <http://www.nap.edu> or <http://iom.edu/>. Reporters may obtain a copy from the Office of News and Public Information (contacts listed above).

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INSTITUTE OF MEDICINE

Board on Health Care Services

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Report: Too little mental health care for boomers

By AP Medical Writer LAURAN NEERGAARD

July 10, 2012

WASHINGTON (AP) — Getting older doesn't just mean a risk for physical ailments like heart disease and bum knees: A new report finds as many as 1 in 5 seniors has a mental health or substance abuse problem.

And as the population rapidly ages over the next two decades, millions of baby boomers may have a hard time finding care and services for mental health problems such as depression — because the nation is woefully lacking in doctors, nurses and other health workers trained for their special needs, the Institute of Medicine said Tuesday.

Instead, the country is focused mostly on preparing for the physical health needs of what's been called the silver tsunami.

"The burden of mental illness and substance abuse disorders in older adults in the United States borders on a crisis," wrote Dr. Dan Blazer of Duke University, who chaired the Institute of Medicine panel that investigated the issue. "Yet this crisis is largely hidden from the public and many of those who develop policy and programs to care for older people."

Already, at least 5.6 million to 8 million Americans age 65 and older have a mental health condition or substance abuse disorder, the report found — calling that a conservative estimate that doesn't include a number of disorders. Depressive disorders and psychiatric symptoms related to dementia are the most common.

While the panel couldn't make precise projections, those numbers are sure to grow as the number of seniors nearly doubles by 2030, said report co-author Dr. Peter Rabins, a psychiatrist at Johns Hopkins University. How much substance abuse treatment for seniors will be needed is a particular question, as rates of illegal drug use are higher in boomers currently in their 50s than in previous generations.

Mental health experts welcomed the report.

"This is a wake-up call for many reasons," said Dr. Ken Duckworth of the National Alliance on Mental Illness. The coming need for geriatric mental health care "is quite profound for us as a nation, and something we need to attend to urgently," he said.

Merely getting older doesn't make mental health problems more likely to occur, Rabins said, noting that middle age is the most common time for onset of depression.

But when they do occur in older adults, the report found that they're too often overlooked and tend to be more complex. Among the reasons:

—People over 65 almost always have physical health problems at the same time that can mask or distract from the mental health needs. The physical illnesses, and medications used for them, also can complicate treatment. For example, up to a third of people who require long-term steroid

treatment develop mood problems that may require someone knowledgeable about both the medical and mental health issues to determine whether it's best to cut back the steroids or add an antidepressant, Rabins said.

On the other side, older adults with untreated depression are less likely to have their diabetes, high blood pressure and other physical conditions under control — and consequently wind up costing a lot more to treat.

—Age alters how people's bodies metabolize alcohol and drugs, including prescription drugs. That can increase the risk of dangerous overdoses, and worsen or even trigger substance abuse problems.

—Grief is common in old age as spouses, other relatives and friends die. It may be difficult to distinguish between grief and major depression.

That also means a loss of the support systems that earlier in life could have helped people better recover from a mental health problem, said Dr. Paul D.S. Kirwin, president of the American Association for Geriatric Psychiatry. Adding stress may be loss of a professional identity with retirement, and the role reversal that happens when children start taking care of older parents.

"There'll never be enough geriatric psychiatrists or geriatric medicine specialists to take care of this huge wave of people that are aging," Kirwin said.

The Institute of Medicine report recognizes that. It says all health workers who see older patients — including primary care physicians, nurses, physicians' assistants and social workers — need some training to recognize the signs of geriatric mental health problems and provide at least basic care. To get there, it called for changes in how Medicare and Medicaid pay for mental health services, stricter licensing requirements for health workers, and for the government to fund appropriate training programs.

Source: <http://www.saukvalley.com/2012/07/10/report-too-little-mental-health-care-for-boomers/aclyyaa/>

Report



The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?

Released: July 10, 2012

Type: Consensus Report

Topics: Aging, Health Care Workforce, Substance Abuse and Mental Health

Activity: The Mental Health Workforce for Geriatric Populations

Board: Board on Health Care Services

At least 5.6 million to 8 million – nearly one in five – older adults in America have one or more mental health and substance use conditions, which present unique challenges for their care. With the number of adults age 65 and older projected to soar from 40.3 million in 2010 to 72.1 million by 2030, the aging of America holds profound consequences for the nation.

For decades, policymakers have been warned that the nation's health care workforce is ill-equipped to care for a rapidly growing and increasingly diverse population. In the specific disciplines of mental health and substance use, there have been similar warnings about serious workforce shortages, insufficient workforce diversity, and lack of basic competence and core knowledge in key areas.

Following its 2008 report highlighting the urgency of expanding and strengthening the geriatric health care workforce, the IOM was asked by the Department of Health and Human Services to undertake a complementary study on the geriatric mental health and substance use workforce. An expert committee assessed the needs of this population and the workforce that serves it. The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, says the committee, that no single approach, nor a few isolated changes in disparate federal agencies or programs, can adequately address the issue. Overcoming these challenges will require focused and coordinated action by all.

Alternatives:

- 1. A. We considered proposing a 20 bed unit to meet this HFSRB criteria on establishment. However, the proposed referrals justify only 14 beds, and we felt it appropriate to meet the target utilization criteria versus the HSA criteria, given the excess of beds in the HSA.**
- B. This is a hospital service, and cannot be provided through a joint venture. This was not an alternative.**
- C. We considered utilizing other resources, which would mean referring our patients to other providers. This is costly as it requires transfers from the ED and also interrupts continuity of care for our patients, many of whom, like most patients 65 or older who have behavioral health issues, also have underlying medical conditions and are being treated by primary care and specialist physicians who are on staff at MSMC. Transferring these patients to other facilities for behavioral health can disrupt the continuity of care of these patients with physicians treating them with underlying medical conditions. We determined this option was no longer cost or quality effective.**
- D. We chose the establishment of a behavioral health service to provide less costly and better care to our community.**
- 2. Cost Analysis (see attached). The cost of doing nothing would result in loss revenue, as indicated as well as cost to the health care system in transferring patients by ambulance to another area provider for care, along with the costs associated with lack of continuity of care. These costs are not quantifiable. There were no other alternatives to analyze other than not establishing the service.**
- 3. See attached (articles etc. on behavioral health need, transfer issues etc.).**

Pro Forma Financial Analysis

Prepared For:

MetroSouth Medical Center

Prepared On:

5/8/2012 Revised 7/24/12

Prepared By:

Signet Health

Pro Forma Description:

IP Exempt Gero Psych Proforma

MetroSouth Medical Center IP Exempt Gero Psych Proforma Income Statement

	Level 1 A		Level 2 B		Level 3 C	
	Total	PPD	Total	PPD	Total	PPD
Patient Stats						
Average Daily Census	7.7		10.0		13.0	
Average Length of Stay	12.0		12.0		12.0	
Total Discharges	285		304		395	
Total Medicare %	95.0%		95.0%		95.0%	
Geropsych MCR % (Age 65+)	95.0%		95.0%		95.0%	
Patient Revenues						
Gross Inpatient Revenue	\$ 5,078,227	\$ 1,799	\$ 6,567,633	\$ 1,799	\$ 8,537,923	\$ 1,799
Less: Contractual Adj's	(2,664,946)	(944)	(3,445,261)	(944)	(4,478,340)	(944)
Net Patient Revenue (1)	\$ 2,414,281	\$ 855	\$ 3,122,372	\$ 855	\$ 4,059,083	\$ 855
Direct Expenses (2)						
Salary & Wages - Hospital	\$ 1,233,730	\$ 437	\$ 1,427,751	\$ 391	\$ 1,730,814	\$ 365
SW&B - Mgmt Pass-Thru	208,728	74	208,728	57	208,728	44
Benefits - Hospital	281,061	100	325,262	89	394,304	83
Supplies	128,223	10	336,500	10	47,450	10
Medical Director	144,000	51	144,000	39	144,000	30
Management Fee	240,000	85	240,000	66	240,000	51
Other	22,000	8	21,000	5	24,000	5
Total Direct Expenses	\$ 2,159,742	\$ 765	\$ 2,406,241	\$ 659	\$ 2,789,296	\$ 588
Contribution Margin	\$ 254,539	\$ 90	\$ 716,130	\$ 196	\$ 1,269,787	\$ 268
Contribution Margin %	10.5%		22.9%		31.3%	
Incremental Overhead (3)						
Ancillary Departments	\$ 141,666	\$ 50	\$ 183,216	\$ 50	\$ 238,181	\$ 50
Laundry & Linen	32,298	11	11,771	11	54,382	11
Housekeeping	38,245	14	9,462	14	64,300	14
Dietary	42,380	15	17,435	15	71,150	15
Total Incremental Overhead	\$ 254,539	\$ 90	\$ 329,193	\$ 90	\$ 427,951	\$ 90
EBITDA	\$ 0	\$ 0	\$ 386,937	\$ 106	\$ 841,836	\$ 177
EBITDA %	0.0%		12.4%		20.7%	
FOOTNOTES						
(1) Based on the "Net Revenue Assumptions" page, which assumes a per diem or per discharge net reimb. rate by payor type. The MCR per diem rate is based on the "Exempt IPF-PPS Pmt Estimator". Non-Medicare per diem or per discharge rates are either from information provided by the hospital or based on estimated industry averages. These per diem and per discharge rates are assumed as all-inclusive bundled rates.						
(2) Salary & Wages and Benefits expenses are detailed on the "Salary & FTE Analysis" page.						
(3) Incremental Overhead PPD's based on non-salary direct cost per Wkst A from the cost report.						
(4) Detailed on the "DSH Impact" page and determined utilizing the cost report provided.						
(5) Detailed on the "IME Impact" page and determined utilizing the cost report provided.						
(6) Detailed on the "GME Impact" page and determined utilizing the cost report provided.						

MetroSouth Medical Center IP Exempt Gero Psych Proforma Net Revenue Assumptions

	Medicare - 65 & Over	Medicare - Under 65	Medicaid	Managed Medicare	Mng Care / Comm	Self Pay / Other	Total
Level 1							
Patient Statistics							
Discharges	223				12		235
Average Length of Stay	12.0				12.0		12.0
Patient Days	2,681				141		2,822
Payer Mix %	95.0%	0.0%	0.0%	0.0%	5.0%	0.0%	100.0%
Average Daily Census	7.3				0.4		7.7
Net Reimb. Assumptions:							
Per Patient Day	\$ 866.26	\$ -	\$ -	\$ -	\$ 650.00	\$ -	
Per Discharge							
Outlier / Other Total							
Net Patient Revenue	\$ 2,322,558	\$ -	\$ -	\$ -	\$ 91,723	\$ -	\$ 2,414,281
Level 2							
Patient Statistics							
Discharges	289				15		304
Average Length of Stay	12.0				12.0		12.0
Patient Days	3,468				183		3,650
Payer Mix %	95.0%	0.0%	0.0%	0.0%	5.0%	0.0%	100.0%
Average Daily Census	9.5				0.5		10.0
Net Reimb. Assumptions:							
Per Patient Day	\$ 866.26	\$ -	\$ -	\$ -	\$ 650.00	\$ -	
Per Discharge							
Net Patient Revenue	\$ 3,003,747	\$ -	\$ -	\$ -	\$ 118,625	\$ -	\$ 3,122,372
Level 3							
Patient Statistics							
Discharges	376				20		395
Average Length of Stay	12.0				12.0		12.0
Patient Days	4,508				237		4,745
Payer Mix %	95.0%	0.0%	0.0%	0.0%	5.0%	0.0%	100.0%
Average Daily Census	12.4				0.7		13.0
Net Reimb. Assumptions:							
Per Patient Day	\$ 866.26	\$ -	\$ -	\$ -	\$ 650.00	\$ -	
Per Discharge							
Net Patient Revenue	\$ 3,904,871	\$ -	\$ -	\$ -	\$ 154,213	\$ -	\$ 4,059,083

Signet Health

MetroSouth Medical Center
IP Exempt Gero Psych Proforma
Staffing Plan - Salary & FTE Analysis

	Level 1 A			Level 2 B			Level 3 C		
	Rate	FTEs	Annual	Rate	FTEs	Annual	Rate	FTEs	Annual
Average Daily Census		7.7			10.0			13.0	
First Shift:									
Nurse Manager	\$49.24	1.0	\$ 102,419	\$49.24	1.0	\$ 102,419	\$49.24	1.0	\$ 102,419
RN	X 36.20	4.2	316,243	36.20	4.2	316,243	36.20	4.2	316,243
LVN	X 15.66	1.1	34,201	15.66	2.1	68,403	15.66	4.2	136,806
GNA / Psych Tech	X 17.04	1.4	49,620	17.04	1.4	49,620	17.04	2.1	74,431
Unit Coordinator	X 30.88	1.4	89,923	30.88	2.1	134,884	30.88	2.8	179,845
OT/RT/AT	38.04	1.4	110,772	38.04	2.1	166,159	38.04	2.8	221,545
Other									
Other									
Other									
Other									
Second Shift:									
RN	X \$40.70	4.2	\$ 355,555	\$40.70	4.2	\$ 355,555	\$40.70	4.2	\$ 355,555
LVN	X 17.36	1.1	37,914	17.36	2.1	75,828	17.36	4.2	151,657
GNA / Psych Tech	X								
Other	X								
Other									
Other									
Other									
Other									
Actual Salary Expense Reduction									
Productive Staffing		15.7	\$ 1,096,649		19.2	\$ 1,269,112		25.5	\$ 1,538,501
Unproductive Staffing	12.5%	2.0	\$ 157,000	12.5%	2.0	\$ 158,689	12.5%	2.0	\$ 192,119
Signet Assn. Salaries	12.5%	2.0	\$ 178,000	12.5%	2.0	\$ 176,000	12.5%	2.0	\$ 170,000
Total Salary & Wages		19.7	\$ 1,403,730		23.6	\$ 1,597,751		30.7	\$ 1,900,314
Benefits	22.8%	2.0	\$ 319,700	22.8%	2.0	\$ 355,093	22.8%	2.0	\$ 423,012
Total Salaries & Benefits			\$ 1,723,519			\$ 1,961,741			\$ 2,333,846
Nursing Hours PPD									
Productive Nursing HPPD		8.8			9.0			9.3	
Non-Prod. Nursing HPPD					1.0			1.0	
Total Nursing HPPD		9.9			9.0			9.3	
Nursing \$'s PPD									
Productive Nursing \$'s PPD			\$ 281,47			\$ 237,16			\$ 218,06
Non-Prod. Nursing \$'s PPD			\$ 35,15			\$ 29,65			\$ 27,28
Total Nursing \$'s PPD			\$ 316.32			\$ 266.81			\$ 245.32
FOOTNOTES: X - Indicates staff positions included in the Nursing Ratios									

Exempt IPF-PPS Payment Estimator (Using RY 2012)

Age >= 65			Age < 65			Average Patient Level Adjustment Assumptions:				
Wage Adjustment:						DRG	Total	% Total	Total	
Labor Portion Per Diem			\$	481.68	481.68	MS-DRG	Adj.	D/C's	D/C's	Adj.
Non-Labor Portion Per Diem				203.33	203.33	885	1.00	212,433	73.45%	0.73
Total Standard Per Diem			\$	685.01	\$ 685.01	057	1.05	26,638	9.21%	0.10
Wage Index (CBSA 16974)				1.0593	1.0593	884	1.03	20,592	7.12%	0.07
Wage-Adjusted Labor Portion			\$	510.24	\$ 510.24	881	0.99	9,760	3.37%	0.03
Non-Labor Portion				203.33	203.33	897	0.88	6,950	2.40%	0.02
Total Wage-Adjusted Per Diem			\$	713.57	\$ 713.57	882	1.02	3,011	1.04%	0.01
Facility & Patient Level Adj's:						056	1.05	2,693	0.93%	0.01
DRG Adjustment				1.00	1.00	880	1.05	2,003	0.69%	0.01
Comorbidity Adjustment				1.01	1.01	886	0.99	1,635	0.57%	0.01
Age Adjustment				1.14	1.02	883	1.02	1,303	0.45%	0.00
Rural Adjustment				1.00	1.00	895	1.02	693	0.24%	0.00
Teaching Adjustment				1.00	1.00	876	1.22	516	0.18%	0.00
Total Facility & Patient Level Adj's				1.15	1.04	896	0.88	410	0.14%	0.00
Total Adjusted Base Per Diem			\$	823.70	\$ 738.66	894	0.97	308	0.11%	0.00
Average Length of Stay				12.00		881	1.07	262	0.09%	0.00
Daily Rates:			Daily Rates:			*Source - pepperresources.org 1.00				
Day 1 Adjustment Factor			1.31	\$ 1,079.05		Comorbid Category				
Day 2 Adjustment Factor			1.12	922.54		Infectious Disease	0.07	2.90%	0.00	
Day 3 Adjustment Factor			1.08	889.60		Developmental Disabilities	0.04	2.79%	0.00	
Day 4 Adjustment Factor			1.05	864.88		Drug / Alcohol Induced Mental Disorders	0.03	1.73%	0.00	
Day 5 Adjustment Factor			1.04	856.65		Renal Failure - Chronic	0.11	1.24%	0.00	
Day 6 Adjustment Factor			1.02	840.17		Uncontrolled Diabetes Mellitus	0.05	0.66%	0.00	
Day 7 Adjustment Factor			1.01	831.94		Eating & Conduct Disorders	0.12	0.51%	0.00	
Day 8 Adjustment Factor			1.01	831.94		Poisoning	0.11	0.48%	0.00	
Day 9 Adjustment Factor			1.00	823.70		Renal Failure - Acute	0.41	0.37%	0.00	
Day 10 Adjustment Factor			1.00	823.70		Chronic Obstructive Pulmonary Disease	0.12	0.35%	0.00	
Day 11 Adjustment Factor			0.99	815.46		Sev. Musculoskeletal & Chronic Tissue	0.09	0.33%	0.00	
Day 12 Adjustment Factor			0.99	815.46		Artificial Openings - Digestive & Urinary	0.08	0.29%	0.00	
Day 13 Adjustment Factor			0.99			Severe Protein Calorie Malnutrition	0.13	0.07%	0.00	
Day 14 Adjustment Factor			0.99			Tracheostomy	0.06	0.04%	0.00	
Day 15 Adjustment Factor			0.98			Coagulation Factor Deficits	0.13	0.04%	0.00	
Day 16 Adjustment Factor			0.97			Gangrene	0.10	0.03%	0.00	
Day 17 Adjustment Factor			0.97			Cardiac Conditions	0.11	0.02%	0.00	
Day 18 Adjustment Factor			0.96			Oncology Treatment	0.07	0.01%	0.00	
Day 19 Adjustment Factor			0.95			*Source - MedPar Data 1.01				
Day 20 Adjustment Factor			0.95			Age - Geropsych - Adj. % of Total D/C's Adj.				
Day 21 Adjustment Factor			0.95			Age 65-69	1.10	28.87%	0.32	
Avg. IFR RPS Payment Per D/C			\$	10,395.09	\$	Age 70-74	1.13	16.90%	0.19	
Average Length of Stay				12.00		Age 75-79	1.15	17.61%	0.20	
Average Medicare Per Diem			\$	866.26	\$	Age 80+	1.17	36.62%	0.43	
						*Source - Internal Data 1.14				
						Age - Adult - Adj. % of Total D/C's Adj.				
						Under 45	1.00	28.25%	0.28	
						Age 45-49	1.01	20.90%	0.21	
						Age 50-54	1.02	24.86%	0.25	
						Age 55-59	1.04	11.30%	0.12	
						Age 60-64	1.07	14.69%	0.16	
						*Source - Internal Data 1.02				

Aging Boomers' Mental Health Woes Will Swamp Health System: Report

U.S. not equipped to handle growing number of seniors with mental health, substance use issues, researchers say

July 10, 2012

HealthDay

By Amanda Gardner

HealthDay Reporter

TUESDAY, July 10 (HealthDay News) -- The United States faces an unprecedented number of aging baby boomers with mental health or substance use issues, a number so great it could overwhelm the existing health care system, a new report warned Tuesday.

"The report is sufficiently alarmist," said Dr. Gary Kennedy, director of geriatric psychiatry at Montefiore Medical Center in New York City. "I think [the report authors] are right."

Kennedy was not involved with the report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* It was mandated by Congress and issued by The Institute of Medicine in light of a "silver tsunami" of health care needs expected to accompany a senior population that will reach 72.1 million by 2030.

The "silver tsunami" is the result of simple supply-and-demand forces gone awry, the report authors explained.

Up to 8 million older Americans, or 20 percent of the current senior population, suffer from some form of mental health condition, often depression, at-risk drinking or dementia-related behavioral and psychiatric symptoms, according to the IOM report. (A basic diagnosis of Alzheimer's disease was excluded from the study.)

And 2 million seniors have severe mental illnesses, a number that is "greatly underappreciated," said Dr. Peter Rabins, one of the authors of the report.

Also, as baby boomers age, studies indicate that their use of illicit drugs will continue.

"The reality is the Woodstock Generation has come of age," said Kennedy. "Their background is with psychedelic drugs, marijuana, recreational drugs, non-narcotics . . . It's a real problem."

Against these growing problems, meanwhile, the number of health providers and other service providers is shrinking in proportion. And that means, according to the report, that "a health care workforce that is not prepared to address either [mental health/substance use] problems or the special needs of an aging population is a compelling public health burden."

"The number of individuals with specialty training in both aging and either mental health or substance use issues is extremely small," said Rabins, who is a psychiatry professor at Johns Hopkins School of Medicine in Baltimore.

Nor are candidates rushing to fill the pipeline, Kennedy added, probably because of lower pay in geriatric specialties.

Each of these populations -- the elderly, and those with mental health and/or substance use issues -- require special care. But the two in combination represent a special challenge.

Older people metabolize both alcohol and drugs differently from younger people, putting them at risk for overdoses. According to one estimate, almost two-thirds of emergency room visits for adverse drug reactions in 2008 were by elderly people.

Also, elderly people -- particularly those with depression -- may be less able to adhere to complicated medication regimens for mental and physical ailments.

And medications to treat mental health issues may not react well with other medications needed to treat high blood pressure, diabetes and the host of other physical problems that become common as people age.

"The biggest challenge appears to be the fact that these problems rarely occur in isolation. Most [elderly] people who have mental health or substance use problems also have a physical health problem," said Rabin. "That's not true in younger age groups."

The report provides a number of recommendations for solutions, in what basically amounts to an overhaul of the health care system.

Key to handling the future explosion of seniors with mental health issues and/or substance use issues will be organizing a better health care workforce.

"We really need to be training the existing workforce, which interacts with both older people and mentally ill people, to have the skill set of the other group," said Rabins. "People with general mental health training, such as social workers, psychologists and psychiatrists, have very little training in treating the elderly. Those in the aging network have very little experience treating mental illness."

Better provisions, including funding, need to be made for training professionals to care for this population. This includes primary care providers, nurses and nursing-home assistants.

And Medicare/Medicaid reimbursement schedules need to be overhauled to make sure the services this population requires are covered.

The report also said the federal government should coordinate all the efforts that involve these two vulnerable populations.

In addition, Kennedy suggested that partial forgiveness of medical-school loans would "turn around the onward direction of trainees coming into the geriatric field."

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Source: http://health.usnews.com/health-news/news/articles/2012/07/10/aging-boomers-mental-health-woes-will-swamp-health-system-report_print.html

Geriatric Healthcare Workforce Fact Sheet

Background

In January 2009, U.S. Senators Herb Kohl (D-WI), chairman of the Special Committee on Aging, Blanche Lincoln (D-AR), and Bob Casey (D-PA) re-introduced the "Retooling the Health Care Workforce for an Aging America Act of 2009," (S. 245). **The same bill (H.R. 468) was introduced in the U. S. House of Representatives by Representative Jan Schakowsky (D-IL) on January 13, 2009.** A number of the provisions in this legislation were included in health care reform legislation, the "Patient Protection and Affordable Care Act," that was signed into law by President Obama on March 23, 2010.

This legislation addresses the current and future shortage of health care personnel who are trained to care for older adults. The bill was prompted by a report issued by the Institute of Medicine (IOM) in April 2008, which painted a grim picture of health care for older Americans. AAGP has been in the forefront of efforts to remedy the problems identified by the IOM study.

AAGP leaders and staff worked closely with Senator Kohl's staff on the Senate Aging Committee on the bill's mental health provisions.

S. 245/H.R. 468 includes authorization of two studies that address issues high on AAGP's list of priorities:

- A complementary IOM report on the composition of the mental health workforce that is needed to meet the needs of the aging population. This provision was funded in the appropriations bill for the Department of Health and Human Services (HHS) for Fiscal Year 2010, and AAGP worked with HHS and IOM on contours of the study, which began in March 2011.
- A study to be conducted by the Government Accountability Office (GAO) which would examine National Institutes of Health spending on conditions and illnesses that disproportionately affect the health of older adults. This study would examine the number of older adults included in clinical trials supported by NIH institutes, an issue that AAGP has raised with Senate and House members on numerous occasions in recent years.

AAGP also strongly supported a provision that was included in health care reform legislation that will expand authorization for Geriatric Education Centers (GECs) to include new grants for short-term intensive courses (mini-fellowships) in geriatrics, chronic care management and long-term care to faculty members of medical and other health professions school. It would require GECs applying for these grants to incorporate mental health and dementia "best practices" training into most of their courses.

Other provisions of S. 245/H.R. 468 would:

- Expand other geriatrics programs under Title VII and Title VIII of the Public Health Service Act to be more inclusive of allied health professions.
- Require state veterans employment and job counseling services to provide information on opportunities in geriatrics and long-term care.
- Establish tuition stipends for direct care workers (nurse aides, home health aides and person or home-care aides) in the long-term care sector to advance to into nursing.
- Establish programs to develop the opportunities in for high school and college students studying in various allied healthcare disciplines to work with low-income seniors.
- Establish model demonstration programs for developing best practices in training of mid-level professionals to advance in the aging services field.
- Develop online training for caregivers to demonstrate techniques for activities of daily living assistance.

- Establish a national demonstration program to develop and evaluate core training competencies for personal and home care aides as well as additional training content, supplement current federal requirements, for home health aides and nurse aides.
- Provide better integration of services and information to meet the needs of family caregivers.
- Authorize studies by the GAO on projected needs of lower-income individuals and on successful practices in reducing turnover and improve retention among direct care staff in nursing homes, assisted living facilities, and home health agencies.

AAGP Position

AAGP strongly supports this legislation, which was endorsed by a broad range of organizations interested in aging and health care issues. While some provisions were included in the health care reform legislation enacted in March 2010, AAGP and allied organizations will continue to advocate for the remaining provisions as well as other initiatives to address the geriatric health care workforce during the 112th Congress. The complex problems associated with aging require a supply of health care professionals and paraprofessionals with special training in geriatrics, better geriatrics education and training for the entire health care workforce, and better information and support for family caregivers. It is critical that action be taken now to alleviate the serious shortage of health care professionals trained to meet the special needs of older people.

(March 3, 2011)

NEWS

FROM THE NATIONAL ACADEMIES

NATIONAL ACADEMY OF SCIENCES
NATIONAL ACADEMY OF ENGINEERING
INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

Date: July 10, 2012

FOR IMMEDIATE RELEASE

Baby Boomers Likely to Face Inadequate Care for Mental Health, Substance Abuse; IOM Report Recommends Ways to Boost Work Force, Fund Services and Training

WASHINGTON — Millions of baby boomers will likely face difficulties getting diagnoses and treatment for mental health conditions and substance abuse problems unless there is a major effort to significantly boost the number of health professionals and other service providers able to supply this care as the population ages, says a new report from the Institute of Medicine. The magnitude of the problem is so great that no single approach or isolated changes in a few federal agencies or programs will address it, said the committee that wrote the report.

The report calls for a redesign of Medicare and Medicaid payment rules to guarantee coverage of counseling, care management, and other types of services crucial for treating mental health conditions and substance use problems so that clinicians are willing to provide this care. Organizations that accredit health and social service professional schools and license providers should ensure that all who see older patients -- including primary care physicians, nurses, physicians' assistants, and social workers -- are able to recognize signs and symptoms of geriatric mental health conditions, neglect, and substance misuse and abuse and provide at least basic care, the committee said.

Top leaders of the U.S. Department of Health and Human Services need to promote national attention to building a work force of sufficient size that is trained in geriatric mental health and substance abuse care. They should ensure that all the department's relevant agencies are devoting sufficient attention and resources to these conditions.

"There is a conspicuous lack of national attention to ensuring that there is a large enough health care work force trained to care for older adults with mental health and substance use conditions," said committee chair Dan G. Blazer, J.P. Gibbons Professor of Psychiatry and Behavioral Sciences and vice chair for faculty development, Duke University Medical Center, Durham, N.C. "These conditions are relatively common, they can be costly, and they can have profound negative impacts on people's health and well-being. This report is a wake-up call that we need to prepare now or our older population and their extended families will suffer the consequences."

The committee conservatively estimated that between 5.6 million and 8 million older Americans -- 14 percent to 20 percent of the nation's overall elderly population -- have one or more mental health conditions or problems stemming from substance misuse or abuse. Depressive disorders and dementia-related behavioral and psychiatric symptoms are the most prevalent. Rates of accidental and intentional misuse of prescription medications are increasing. Although the rate of illicit drug use among older individuals is low, studies indicate that it will likely increase as the baby boomers age.

Inattention to older adults' mental health conditions and substance misuse is associated with higher costs and poorer health outcomes, the report notes. For example, older individuals with untreated depression are less likely to properly take medications for diabetes, high blood pressure, and heart disease, and they are more likely to require repeated costly hospital stays.

Training in geriatric care for these problems is necessary, the committee emphasized. Age alters the way

people's bodies metabolize alcohol and medications, increasing the general risk for overdoses; these changes also can worsen or cause alcoholism and addiction. Older adults are also more likely to have physical conditions and impairments in thinking and ability to function that can complicate the detection and treatment of mental health problems and substance misuse or abuse. For example, cognitive impairments can affect an older person's ability to comply with medication directions.

Medicare and Medicaid payment policies deter effective and efficient care for substance abuse and mental health conditions by limiting which personnel can be reimbursed and which types of services are covered, the committee found. Effective care includes helping patients self-manage their conditions and monitoring to prevent relapses, services that can be provided by a range of trained providers and in a variety of care settings. The Centers for Medicare and Medicaid Services should evaluate alternative payment methods that would better reflect and fund effective services and coordinated team-based care for mental health and substance abuse, the report says.

Most primary care providers will have frequent contact with older patients, yet their training includes little if any education on geriatric mental health and substance use, the report notes. Few opportunities exist to specialize in geriatric care for these conditions, and financial incentives and mentorships are not in place to encourage health professionals to enter or stay in this field. Health professionals' training across all disciplines should include competence in these areas, and they should be expected to be able to respond appropriately to signs of mental health or substance use problems to the full extent of their scope of practice, the committee said. Congress should appropriate the funds to carry out the provisions in the Patient Protection and Affordable Care Act that support loan forgiveness and scholarships for individuals who work with or are preparing to work with older adults with mental health conditions or substance use problems.

Resources for HHS programs that have supported or could support geriatric care for mental health and substance abuse have been dwindling and in some cases are being eliminated, the committee noted. The report urges HHS leaders to ensure each agency provides sufficient attention and funds to grants and other programs to build an adequate work force able to provide this care.

The report was sponsored by the U.S. Department of Health and Human Services. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The Institute of Medicine, National Academy of Sciences, National Academy of Engineering, and National Research Council together make up the independent, nonprofit National Academies. For more information, visit <http://national-academies.org> or <http://iom.edu>. A committee roster follows.

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Office of News and Public Information
202-334-2138; e-mail news@nas.edu

Pre-publication copies of The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at <http://www.nap.edu> or <http://iom.edu/>. Reporters may obtain a copy from the Office of News and Public Information (contacts listed above).

#

INSTITUTE OF MEDICINE

Board on Health Care Services

Committee on the Mental Health Workforce for Geriatric Populations

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STAFF

Jill Eden, M.B.A., M.P.H.
Study Director

Report: Too little mental health care for boomers

By AP Medical Writer LAURAN NEERGAARD

July 10, 2012

WASHINGTON (AP) — Getting older doesn't just mean a risk for physical ailments like heart disease and bum knees: A new report finds as many as 1 in 5 seniors has a mental health or substance abuse problem.

And as the population rapidly ages over the next two decades, millions of baby boomers may have a hard time finding care and services for mental health problems such as depression — because the nation is woefully lacking in doctors, nurses and other health workers trained for their special needs, the Institute of Medicine said Tuesday.

Instead, the country is focused mostly on preparing for the physical health needs of what's been called the silver tsunami.

"The burden of mental illness and substance abuse disorders in older adults in the United States borders on a crisis," wrote Dr. Dan Blazer of Duke University, who chaired the Institute of Medicine panel that investigated the issue. "Yet this crisis is largely hidden from the public and many of those who develop policy and programs to care for older people."

Already, at least 5.6 million to 8 million Americans age 65 and older have a mental health condition or substance abuse disorder, the report found — calling that a conservative estimate that doesn't include a number of disorders. Depressive disorders and psychiatric symptoms related to dementia are the most common.

While the panel couldn't make precise projections, those numbers are sure to grow as the number of seniors nearly doubles by 2030, said report co-author Dr. Peter Rabins, a psychiatrist at Johns Hopkins University. How much substance abuse treatment for seniors will be needed is a particular question, as rates of illegal drug use are higher in boomers currently in their 50s than in previous generations.

Mental health experts welcomed the report.

"This is a wake-up call for many reasons," said Dr. Ken Duckworth of the National Alliance on Mental Illness. The coming need for geriatric mental health care "is quite profound for us as a nation, and something we need to attend to urgently," he said.

Merely getting older doesn't make mental health problems more likely to occur, Rabins said, noting that middle age is the most common time for onset of depression.

But when they do occur in older adults, the report found that they're too often overlooked and tend to be more complex. Among the reasons:

—People over 65 almost always have physical health problems at the same time that can mask or distract from the mental health needs. The physical illnesses, and medications used for them, also can complicate treatment. For example, up to a third of people who require long-term steroid

treatment develop mood problems that may require someone knowledgeable about both the medical and mental health issues to determine whether it's best to cut back the steroids or add an antidepressant, Rabins said.

On the other side, older adults with untreated depression are less likely to have their diabetes, high blood pressure and other physical conditions under control — and consequently wind up costing a lot more to treat.

—Age alters how people's bodies metabolize alcohol and drugs, including prescription drugs. That can increase the risk of dangerous overdoses, and worsen or even trigger substance abuse problems.

—Grief is common in old age as spouses, other relatives and friends die. It may be difficult to distinguish between grief and major depression.

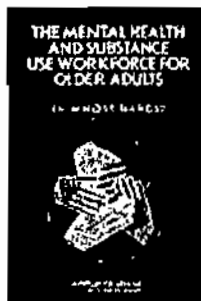
That also means a loss of the support systems that earlier in life could have helped people better recover from a mental health problem, said Dr. Paul D.S. Kirwin, president of the American Association for Geriatric Psychiatry. Adding stress may be loss of a professional identity with retirement, and the role reversal that happens when children start taking care of older parents.

"There'll never be enough geriatric psychiatrists or geriatric medicine specialists to take care of this huge wave of people that are aging," Kirwin said.

The Institute of Medicine report recognizes that. It says all health workers who see older patients — including primary care physicians, nurses, physicians' assistants and social workers — need some training to recognize the signs of geriatric mental health problems and provide at least basic care. To get there, it called for changes in how Medicare and Medicaid pay for mental health services, stricter licensing requirements for health workers, and for the government to fund appropriate training programs.

Source: <http://www.saukvalley.com/2012/07/10/report-too-little-mental-health-care-for-boomers/aclyaa/>

Report



The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?

Released: July 10, 2012

Type: Consensus Report

Topics: Aging, Health Care Workforce, Substance Abuse and Mental Health

Activity: The Mental Health Workforce for Geriatric Populations

Board: Board on Health Care Services

At least 5.6 million to 8 million – nearly one in five – older adults in America have one or more mental health and substance use conditions, which present unique challenges for their care. With the number of adults age 65 and older projected to soar from 40.3 million in 2010 to 72.1 million by 2030, the aging of America holds profound consequences for the nation.

For decades, policymakers have been warned that the nation's health care workforce is ill-equipped to care for a rapidly growing and increasingly diverse population. In the specific disciplines of mental health and substance use, there have been similar warnings about serious workforce shortages, insufficient workforce diversity, and lack of basic competence and core knowledge in key areas.

Following its 2008 report highlighting the urgency of expanding and strengthening the geriatric health care workforce, the IOM was asked by the Department of Health and Human Services to undertake a complementary study on the geriatric mental health and substance use workforce. An expert committee assessed the needs of this population and the workforce that serves it. The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, says the committee, that no single approach, nor a few isolated changes in disparate federal agencies or programs, can adequately address the issue. Overcoming these challenges will require focused and coordinated action by all.

Project Size

11. The proposed physician space is existing MSMC space that is not used and will accommodate 14 AMI beds, 12 private rooms and one semi-private. The space will be appropriate for use after relatively minor modernization.

Department AMI	Proposed DGSF 8,130	State Standard 7,840
Difference 290	Unit Standard No	Over by 21 GSF per bed

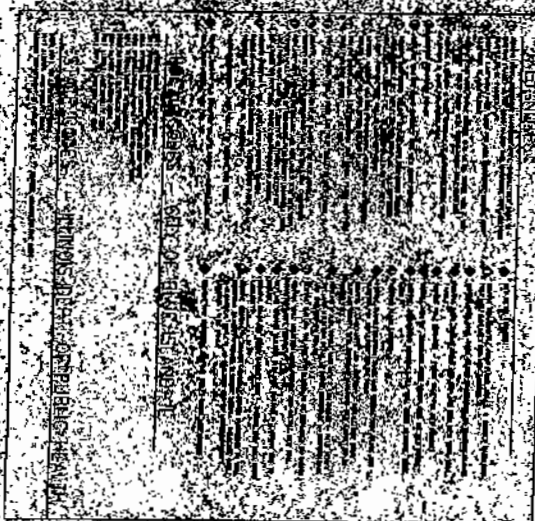
12. Size of Project

The project consists of 14 beds in 8,130 GSF, or 580.71D GSF per bed. The state standard is 560 GSF per acute medical illness bed. Therefore, the project is 290 GSF larger than the State Standard, and 21 GSF per bed.

The factors that contribute to larger GSF are:

- **All rooms will be private with private bathrooms except for one room.**
- **Existing space is a Medical - Surgical unit with all patient rooms were classified as double patient rooms.**
- **There is one Seclusion room.**
- **Dining Area**
- **Staff Locker Area**
- **Consult room**
- **Staff Lounge**
- **Group Therapy Room**
- **Visitor Waiting Room**
- **Private Bathtub Room**

Please note we are not constructing space that exceeds your standards but utilizing an existing wing of our medical - surgical space.



Project Services Utilization

See attached, which are referral letters from physicians supporting that within 2 years of operation the project utilization will reach 85%. Also see attached letter from Signet Health. The need for geriatric behavioral health services is growing due to increased attention and diagnosis and an aging population. We were conservative in the number of beds chosen for the unit given the fact that there is an excess of AMI beds in the Planning Area. However, we are confident target utilization will be met.

Signet Health

Dallas • San Antonio • Raleigh • Atlanta
2717 Wind River Lane, Ste 133, Denton, TX 76210

7/31/12

MetroSouth Medical Center
Attn: Ms. Linda St. Julien
Re: CON utilization clarification

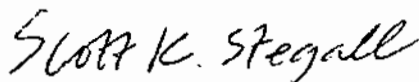
Dear Linda,

Please allow this short letter to clarify our position on the utilization statistics question posed by the IL Certificate of Need application.

Signet's experience with developing numerous geropsych programs nationwide has shown that a successful development process must include an effective outside marketing component. MSMC has provided internal evidence that shows current demand to utilize almost 68% of the proposed 14 bed unit (without external marketing). With our specialized external marketing efforts for geropsych, we expect to generate between 75% and 80% of the total patient volume admitted on the unit. Our theoretical bed demand analysis shows an unfilled need for up to 17 geropsych beds within the PSA of the hospital. Discounting the 17 bed theoretical bed demand analysis down to the actual proposed unit size of 14 beds, using an ALOS of 12, and then projecting a successful external marketing effort that generates 75% of 14 (or approximately 10 average daily census), the combined internal and external projections for the proposed geropsych unit would easily exceed 100% utilization, exceeding the 85% threshold as required.

With a continual upward demand for healthcare among an expanding geriatric population in Cook County, the need for senior mental health services will continue to increase from the demographic changes alone, regardless of marketing. We believe the local marketplace will embrace this new proposed mental health service line and that bed-space utilization will exceed 85% in the timeframe specified.

Sincerely yours,



Scott K. Stegall, MBA
Signet Health Corporation
Senior VP Business Development

**Eric Nussbaum, MD
Emergency Care Physician Services
12935 South Gregory Street
Blue Island, IL 60406
(708) 597-2000 x5292**

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Emergency Care Physician Services (ECPS) have referred 151 patients to the facilities summarized below and shown in Attachment A – ECPS Physician Referrals by Zip Code.

Physicians

JANET BADDING, MD	SETH GUTERMAN, MD	THADDEUS MANCZKO, MD
MICHAEL BELLINO, MD	GARY HARRIS, MD	JAMES MARTIN, MD
ANTHONY BUCKLES, MD	URSZULA JABLONSKA, MD	SKEKHAR MENON, MD
DARIEN COHEN, MD	FAHEEM JESANI, MD	ERIC NUSSBAUM, MD
ANDRE DEJEAN, MD	DANIEL KNIGHT, MD	VIKAS PATEL, MD
THIERRY DUBOIS, MD	RASHID KYIA, MD	MARK PENN, MD
MATTHEW GLOWACKI, MD	MAHFUZUL MAJUMDAR, MD	RICHARD WATSON, MD

Facility Name	Patients Referred	Facility Name	Patients Referred
Bell Haven	8	Manor Care Kankakee	1
Briar Place	1	Manor Care Palos West	1
Chicago Lakeshore	47	Park Villa	5
Coal Creek	1	Pinecrest	3
Crestwood Care	4	Presidential Pavillion	1
Crestwood Care Ctr	1	Providence	1
Hartgrove	29	Renaissance	6
Heritage	1	Riveredge	15
Hunter House	1	Smith Village	4
Jackson Park	2	South Suburban	4
Jesse Brown VA	1	St Colletta's	1
Loretto	4	St Mary & Elizabeth	4
Manor Care	1	Warren Barr	2
Manor Care Homewood	2	Total	151

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

Sincerely,

By: _____

Name: Eric Nussbaum, M.D

On Behalf of Emergency Care Physician Services

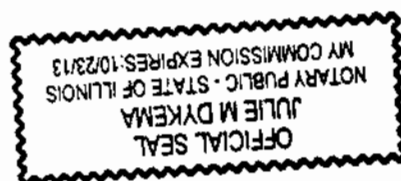
Date: 7/30/12

Subscribe to before me this 30th of July 2012

Julie M. Dykema
Notary Public

My commission

Expires: 10/23/13



Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
38940	HOLCOMB	EW	ER	10/2/2011	55	PATEL, VIKAS	12.0	St Mary & Elizabeth
46342	HOBART	TZ	ER	8/5/2011	63	DEJEAN, ANDRE	12.0	St Mary & Elizabeth
60406	BLUE ISLAND	LJM	ER	5/8/2011	55	NUSSBAUM, ERIC	12.0	Riveredge
60406	BLUE ISLAND	WM	ER	7/6/2011	55	WATSON, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	BS	ER	5/14/2011	56	JESANI, FAHEEM	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/17/2011	56	PATEL, VIKAS	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/18/2011	56	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/6/2011	56	WATSON, RICHARD	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MG	ER	2/4/2011	56	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	KB	ER	5/17/2011	56	BELLINO, MICHAEL	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MG	ER	7/22/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60406	BLUE ISLAND	EJB	ER	7/15/2011	57	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	JA	ER	10/26/2011	58	COHEN, DARIN	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MT	ER	10/6/2011	58	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60406	BLUE ISLAND	CT	ER	1/12/2011	59	MENON, SKEKHAR	12.0	Chicago Lakeshore
60406	BLUE ISLAND	SM	ER	7/20/2011	59	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	FIM	ER	3/20/2011	61	GUTERMAN, SETH	12.0	Hartgrove
60406	BLUE ISLAND	MDC	ER	4/20/2011	63	BELLINO, MICHAEL	12.0	Riveredge
60406	BLUE ISLAND	AJ	ER	4/26/2011	64	BELLINO, MICHAEL	12.0	Hartgrove
60406	BLUE ISLAND	AP	ER	10/3/2011	64	JESANI, FAHEEM	12.0	Hartgrove
60406	BLUE ISLAND	RR	ER	1/7/2011	64	DUBOIS, THIERRY	12.0	Hartgrove
60406	BLUE ISLAND	BS	ER	12/7/2011	64	GLOWACKI, MATTHEW	12.0	Hartgrove
60406	BLUE ISLAND	RR	ER	11/10/2011	65	BADDING, JANET	12.0	Manor Care
60406	BLUE ISLAND	MMM	ER	8/15/2011	67	KYSIA, RASHID	12.0	Manor Care Homewood
60406	BLUE ISLAND	AD	ER	11/18/2011	67	DUBOIS, THIERRY	12.0	Manor Care Homewood
60406	BLUE ISLAND	SH	ER	7/9/2011	70	KNIGHT, DANIEL	12.0	Manor Care Palos West
60406	BLUE ISLAND	DT	ER	12/11/2011	74	KYSIA, RASHID	12.0	Bell Haven
60406	BLUE ISLAND	JF	ER	11/8/2011	81	PATEL, VIKAS	12.0	Park Villa
60411	LYNWOOD	GJF	ER	1/29/2011	73	NUSSBAUM, ERIC	12.0	Jesse Brown VA
60415	CHICAGO RIDGE	RG	ER	2/9/2011	58	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60415	CHICAGO RIDGE	RG	ER	3/17/2011	58	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60422	FLOSSMOOR	APV	ER	1/10/2011	55	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60426	HARVEY	RF	ER	9/23/2011	55	MAJUMDAR, MAHFUZUL	12.0	St Mary & Elizabeth
60426	HARVEY	GS	ER	10/18/2011	56	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60426	PHOENIX	LW	ER	9/12/2011	76	GLOWACKI, MATTHEW	12.0	Pincrest
60430	HOMEWOOD	MLM	ER	4/13/2011	60	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60445	MIDLOTHIAN	LK	ER	1/17/2011	55	PATEL, VIKAS	12.0	St Mary & Elizabeth
60445	MIDLOTHIAN	SLS	ER	9/29/2011	58	PENN, MARK	12.0	Jackson Park
60445	CRESTWOOD	LDP	ER	5/2/2011	61	MANCZKO, THADDEUS	12.0	Hartgrove
60445	CRESTWOOD	RTD	ER	1/4/2011	72	DUBOIS, THIERRY	12.0	Crestwood Care Ctr
60449	MOHNEE	LD	ER	9/19/2011	65	PATEL, VIKAS	12.0	Briar Place
60453	OAK LAWN	RD	ER	9/15/2011	56	COHEN, DARIN	12.0	Riveredge
60453	OAK LAWN	CL	ER	11/26/2011	56	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60453	OAK LAWN	LD	ER	12/9/2011	59	GLOWACKI, MATTHEW	12.0	Hartgrove
60461	OLYMPIA FIELDS	MD	ER	12/14/2011	68	JESANI, FAHEEM	12.0	Renaissance
60462	ORLAND PARK	PL	ER	6/25/2011	60	PATEL, VIKAS	12.0	Chicago Lakeshore
60465	PALOS HILLS	SL	ER	6/20/2011	74	JESANI, FAHEEM	12.0	Park Villa
60469	POSEN	JP	ER	12/9/2011	61	JESANI, FAHEEM	12.0	Hartgrove
60469	POSEN	RJB	ER	8/6/2011	71	DUBOIS, THIERRY	12.0	Crestwood Care
60472	ROBBINS	IDW	ER	5/23/2011	56	GLOWACKI, MATTHEW	12.0	Hartgrove
60472	ROBBINS	HH	ER	12/20/2011	56	DEJEAN, ANDRE	12.0	Hartgrove
60472	ROBBINS	IDW	ER	1/21/2011	56	JESANI, FAHEEM	12.0	Hartgrove
60472	ROBBINS	IDW	ER	6/17/2011	56	KYSIA, RASHID	12.0	Hartgrove
60472	ROBBINS	LP	ER	8/7/2011	57	KNIGHT, DANIEL	12.0	South Suburban
60472	ROBBINS	MGB	ER	1/7/2011	58	BELLINO, MICHAEL	12.0	Riveredge
60472	ROBBINS	WCH	ER	8/7/2011	60	KNIGHT, DANIEL	12.0	Riveredge
60472	ROBBINS	AK	ER	2/8/2011	62	JESANI, FAHEEM	12.0	South Suburban
60472	ROBBINS	MP	ER	5/25/2011	74	KNIGHT, DANIEL	12.0	Pincrest
60472	ROBBINS	LMM	ER	6/20/2011	81	WATSON, RICHARD	12.0	Crestwood Care
60472	ROBBINS	GMB	ER	11/24/2011	88	WATSON, RICHARD	12.0	Crestwood Care
60472	ROBBINS	HWT	ER	6/16/2011	89	KNIGHT, DANIEL	12.0	Crestwood Care
60472	ROBBINS	EKB	ER	8/30/2011	90	HARRIS, GARY	12.0	Pincrest
60473	SOUTH HOLLAND	FS	ER	10/31/2011	57	PATEL, VIKAS	12.0	South Suburban
60478	COUNTRY CLUB HI	CB	ER	6/6/2011	76	MAJUMDAR, MAHFUZUL	12.0	St Collette's
60482	WORTH	HBW	ER	3/22/2011	71	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60617	CHICAGO	JS	ER	1/9/2011	58	KNIGHT, DANIEL	12.0	Chicago Lakeshore

Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60617	CHICAGO	NI	ER	5/10/2011	69	MARTIN, JAMES H.	12.0	Warren Barr
60617	CHICAGO	WC	ER	11/12/2011	75	JESANI, FAHEEM	12.0	Chicago Lakeshore
60620	CHICAGO	LG	ER	9/10/2011	56	WATSON, RICHARD	12.0	Hartgrove
60620	CHICAGO	WJL	ER	6/16/2011	75	DEJEAN, ANDRE	12.0	Loretto
60624	CHICAGO	SM	ER	3/8/2011	69	GLOWACKI, MATTHEW	12.0	Smith Village
60626	CHICAGO	AT	ER	2/2/2011	63	NUSSBAUM, ERIC	12.0	Hartgrove
60628	CHICAGO	OFH	ER	4/2/2011	55	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/25/2011	55	JESANI, FAHEEM	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/24/2011	55	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	10/19/2011	55	PATEL, VIKAS	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/26/2011	55	MANCZKO, THADDEUS	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	8/15/2011	55	KYSIA, RASHID	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	10/27/2011	55	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60628	CHICAGO	WFG	ER	11/2/2011	55	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60628	CHICAGO	DFH	ER	4/2/2011	55	WATSON, RICHARD	12.0	Chicago Lakeshore
60628	CHICAGO	CDC	ER	7/2/2011	56	JABLONSKA, URSZULA	12.0	Loretto
60628	CHICAGO	LL	ER	11/8/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60628	CHICAGO	GP	ER	3/23/2011	67	NUSSBAUM, ERIC	12.0	Riveredge
60628	CHICAGO	SH	ER	2/4/2011	68	BUCKLES, ANTHONY	12.0	Smith Village
60628	CHICAGO	SM	ER	3/8/2011	68	PATEL, VIKAS	12.0	Smith Village
60628	CHICAGO	JL	ER	12/31/2011	69	WATSON, RICHARD	12.0	Chicago Lakeshore
60628	CHICAGO	RM	ER	6/29/2011	72	JESANI, FAHEEM	12.0	Presidential Pavilion
60628	CHICAGO	WB	ER	8/27/2011	77	KNIGHT, DANIEL	12.0	Bell Haven
60628	CHICAGO	DC	ER	4/9/2011	87	NUSSBAUM, ERIC	12.0	Bell Haven
60628	CHICAGO	MB	ER	4/4/2011	87	GLOWACKI, MATTHEW	12.0	Bell Haven
60643	CHICAGO	AJ	ER	9/3/2011	56	KYSIA, RASHID	12.0	Chicago Lakeshore
60643	CHICAGO	AJ	ER	9/11/2011	56	BADDING, JANET	12.0	Chicago Lakeshore
60643	CHICAGO	CMG	ER	1/27/2011	56	MARTIN, JAMES H.	12.0	Chicago Lakeshore
60643	CHICAGO	JJ	ER	1/18/2011	57	KNIGHT, DANIEL	12.0	Hartgrove
60643	CHICAGO	JH	ER	6/28/2011	57	GLOWACKI, MATTHEW	12.0	Hartgrove
60643	CHICAGO	AG	ER	6/21/2011	57	MAJUMDAR, MAHFUZUL	12.0	Hartgrove
60643	CHICAGO	BAS	ER	3/16/2011	58	WATSON, RICHARD	12.0	Hartgrove
60643	CHICAGO	DJK	ER	5/11/2011	58	PENN, MARK	12.0	Hartgrove
60643	CHICAGO	KJG	ER	12/13/2011	60	JESANI, FAHEEM	12.0	Riveredge
60643	CHICAGO	VH	ER	9/29/2011	60	JESANI, FAHEEM	12.0	Riveredge
60643	CHICAGO	KA	ER	4/8/2011	61	WATSON, RICHARD	12.0	Jackson Park
60643	CHICAGO	MLK	ER	3/27/2011	67	BELLINO, MICHAEL	12.0	Renaissance
60643	CHICAGO	MJF	ER	9/2/2011	71	MANCZKO, THADDEUS	12.0	Warren Barr
60643	CHICAGO	RM	ER	6/7/2011	73	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60643	CHICAGO	OW	ER	5/27/2011	73	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60643	CHICAGO	JEB	ER	4/20/2011	74	GLOWACKI, MATTHEW	12.0	Bell Haven
60643	CHICAGO	RM	ER	12/4/2011	74	BUCKLES, ANTHONY	12.0	Bell Haven
60643	CHICAGO	GT	ER	1/28/2011	76	MARTIN, JAMES H.	12.0	Park Villa
60643	CHICAGO	EH	ER	4/8/2011	77	MARTIN, JAMES H.	12.0	Smith Village
60643	CHICAGO	JD	ER	12/27/2011	78	PENN, MARK	12.0	Park Villa
60643	CHICAGO	VG	ER	10/23/2011	79	KYSIA, RASHID	12.0	Loretto
60643	CHICAGO	MML	ER	9/9/2011	88	KYSIA, RASHID	12.0	Hartgrove
60643	CHICAGO	LW	ER	10/3/2011	91	JESANI, FAHEEM	12.0	Providence
60643	CHICAGO	ML	ER	2/4/2011	92	GLOWACKI, MATTHEW	12.0	Renaissance
60643	CHICAGO	EG	ER	12/29/2011	100	WATSON, RICHARD	12.0	Park Villa
60652	CHICAGO	IA	ER	9/12/2011	64	GLOWACKI, MATTHEW	12.0	Riveredge
60655	CHICAGO	PJV	ER	12/16/2011	58	KNIGHT, DANIEL	12.0	Hartgrove
60655	CHICAGO	PJV	ER	12/7/2011	58	BUCKLES, ANTHONY	12.0	Riveredge
60655	CHICAGO	MRS	ER	7/17/2011	59	BELLINO, MICHAEL	12.0	Riveredge
60655	CHICAGO	LR	ER	5/5/2011	61	KNIGHT, DANIEL	12.0	Loretto
60655	CHICAGO	OWM	ER	9/30/2011	63	MAJUMDAR, MAHFUZUL	12.0	Hartgrove
60655	CHICAGO	OWM	ER	9/22/2011	63	KNIGHT, DANIEL	12.0	Hartgrove
60655	CHICAGO	JAC	ER	10/7/2011	86	MANCZKO, THADDEUS	12.0	Heritage
60803	MERRIONETTE PK	RVR	ER	6/22/2011	55	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60803	MERRIONETTE PARK	TB	ER	7/2/2011	56	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60803	MERRIONETTE PARK	BEM	ER	11/8/2011	57	PATEL, VIKAS	12.0	Chicago Lakeshore
60803	ALSIP	GJ	ER	1/21/2011	58	DUBOIS, THIERRY	12.0	Chicago Lakeshore
60803	ALSIP	GJ	ER	3/24/2011	58	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60803	MERRIONETTE PARK	ADA	ER	8/19/2011	59	KNIGHT, DANIEL	12.0	Hartgrove
60803	ALSIP	GJ	ER	6/21/2011	59	HARRIS, GARY	12.0	Hartgrove
60803	ALSIP	JC	ER	11/5/2011	61	MARTIN, JAMES H.	12.0	Hartgrove

Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60803	ALSIP	JC	ER	11/8/2011	61	PATEL, VIKAS	12.0	South Suburban
60803	ALSIP	BJG	ER	12/6/2011	67	KNIGHT, DANIEL	12.0	Renaissance
60803	MERRIONETTE PARK	GB	ER	6/3/2011	70	JESANI, FAHEEM	12.0	Bell Haven
60803	MERRIONETTE PARK	GB	ER	7/2/2011	70	MAJUMDAR, MAHFUZUL	12.0	Bell Haven
60827	CALUMET PARK	DAJ	ER	4/13/2011	55	MARTIN, JAMES H.	12.0	Hartgrove
60827	CALUMET PARK	LH	ER	3/5/2011	57	KYSIA, RASHID	12.0	Chicago Lakeshore
60827	RIVERDALE	KB	ER	5/30/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60827	CALUMET PARK	JMT	ER	9/29/2011	57	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60827	CALUMET PARK	DMJ	ER	1/9/2011	58	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	7/10/2011	58	PATEL, VIKAS	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	5/1/2011	58	PATEL, VIKAS	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	5/3/2011	58	BADDING, JANET	12.0	Chicago Lakeshore
60827	RIVERDALE	CB	ER	11/24/2011	62	KNIGHT, DANIEL	12.0	Hartgrove
60827	CALUMET PARK	MAJ	ER	7/16/2011	62	BELLINO, MICHAEL	12.0	Hartgrove
60827	CALUMET PARK	MAD	ER	6/3/2011	68	KNIGHT, DANIEL	12.0	Renaissance
60827	CALUMET PARK	QI	ER	4/4/2011	69	KYSIA, RASHID	12.0	Renaissance
60901	KANKAKEE	RG	ER	3/20/2011	56	KYSIA, RASHID	12.0	Manor Care Kankakee
61603	PEORIA	RP	ER	5/24/2011	61	GLOWACKI, MATTHEW	12.0	Hunter House
98033	KIRKLAND	TJG	ER	6/6/2011	58	KYSIA, RASHID	12.0	Coal Creek
Total Patient Days - 12 Mos Historical							1,812.0	

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Pronger Smith Medical Group have referred 17 patients to the facilities summarized below and shown in Attachment A – Pronger Smith Medical Group Physician Referrals by Zip Code.

Physicians

MARY ANNE DAMIANI, MD	ROBERT OLIVER, MD
ASHOK G. DHOLAKIA, MD	ELIZABETH PANAGOS, MD
KAIHUA LAI, MD	YOGESH TEJPAL, MD
JOHN OBERTHONG, MD	RAJIZ J. VASAVADA, MD

Facility Name	Patients Referred	Facility Name	Patients Referred
Bell Haven	1	Renaissance	5
Chicago Lakeshore	3	Riveredge	2
Manor Care Homewood	4	St Colletta's	1
Park Villa	1	Total	17

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

Sincerely,

By:

Name: Alan M. Roman, M.D. *(in emergency room)*
On Behalf of Pronger Smith Medical Group

Date: 7/30/2012

Subscribe to before me this 30 of

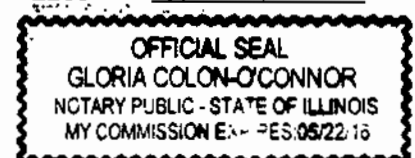
2012

Gloria Colon O'Connor
Notary Public

My commission

Expires:

May 22, 2016



Attachment A - Pronger Smith Medical Group Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60406	BLUE ISLAND	RZ	I/P	1/26/2011	69	PANAGOS, ELIZABETH	12.0	Manor Care Homewood
60406	BLUE ISLAND	GMM	I/P	12/31/2011	70	LAI, KAIHUA	12.0	Manor Care Homewood
60406	BLUE ISLAND	CJM	I/P	12/6/2011	74	VASAVADA, RAJIZ J.	12.0	Manor Care Homewood
60406	BLUE ISLAND	JR	I/P	5/4/2011	88	DHOLAKIA, ASHOK G.	12.0	Manor Care Homewood
60452	OAK FOREST	JTO	I/P	2/25/2011	56	LAI, KAIHUA	12.0	Chicago Lakeshore
60452	OAK FOREST	JTO	I/P	10/17/2011	56	VASAVADA, RAJIZ J.	12.0	Chicago Lakeshore
60461	OLYMPIA FIELDS	MD	I/P	11/4/2011	68	LAI, KAIHUA	12.0	Park Villa
60478	COUNTRY CLUB HI	OC	I/P	7/3/2011	81	OBERTHONG, JOHN	12.0	St Colletta's
60628	CHICAGO	DGS	I/P	11/22/2011	64	OLIVER, ROBERT	12.0	Chicago Lakeshore
60628	CHICAGO	JK	I/P	5/6/2011	81	DHOLAKIA, ASHOK G.	12.0	Riveredge
60628	CHICAGO	LMD	I/P	2/13/2011	82	TEJPAL, YOGESH	12.0	Riveredge
60643	CHICAGO	MC	I/P	5/30/2011	81	DAMIANI, MARY ANNE	12.0	Renaissance
60643	CHICAGO	MC	I/P	8/15/2011	81	LAI, KAIHUA	12.0	Renaissance
60643	CHICAGO	MC	I/P	9/10/2011	82	LAI, KAIHUA	12.0	Renaissance
60643	CHICAGO	JWM	OPO	12/23/2011	93	DHOLAKIA, ASHOK G.	12.0	Renaissance
60803	ALSIP	AS	I/P	6/4/2011	92	LAI, KAIHUA	12.0	Bell Haven
60827	RIVERDALE	ODT	I/P	12/24/2011	65	OLIVER, ROBERT	12.0	Renaissance
Total Patient Days - 12 Mos Historical							204.0	

Hamdi Khilfeh, MD
11238 South Western Avenue
Chicago, Illinois 60643
(773) 238-1111

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year I have referred 15 patients to the facilities summarized below and shown in Attachment A – Hamdi Khilfeh, MD Physician Referrals by Zip Code.

Facility Name	Patients Referred
Bell Haven	2
Chicago Lakeshore	1
Coal Creek	1
Crestwood Care Ctr	2
Hartgrove	2
Pinecrest	1
Renaissance	3
Riveredge	2
Warren Barr	1
Total	15

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general.

The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

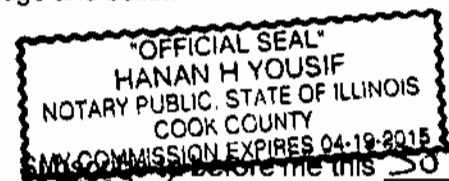
Sincerely,

By: _____

Name: Hamdi Khilfeh, MD

Date: _____

7/30/12



Notary Public

My commission
Expires: 04-19-2015

Attachment A - Hamdi Khilfeh, MD Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60445	CRESTWOOD	TS	I/P	9/23/2011	76	KHILFEH, HAMDI	12.0	Crestwood Care Ctr
60472	ROBBINS	CC	OPO	9/2/2011	63	KHILFEH, HAMDI	12.0	Hartgrove
60472	ROBBINS	LH	OPO	8/29/2011	75	KHILFEH, HAMDI	12.0	Pinecrest
60608	CHICAGO	CW	I/P	7/14/2011	87	KHILFEH, HAMDI	12.0	Crestwood Care Ctr
60617	CHICAGO	BH	I/P	6/1/2011	78	KHILFEH, HAMDI	12.0	Warren Barr
60628	CHICAGO	MS	I/P	3/3/2011	80	KHILFEH, HAMDI	12.0	Riveredge
60643	CHICAGO	MAP	I/P	11/30/2011	62	KHILFEH, HAMDI	12.0	Chicago Lakeshore
60643	CHICAGO	LW	OPO	9/16/2011	70	KHILFEH, HAMDI	12.0	Renaissance
60643	CHICAGO	JW	I/P	11/13/2011	75	KHILFEH, HAMDI	12.0	Renaissance
60643	CHICAGO	BP	I/P	8/12/2011	76	KHILFEH, HAMDI	12.0	Renaissance
60803	ALSIP	ME	I/P	4/8/2011	72	KHILFEH, HAMDI	12.0	Bell Haven
60803	ALSIP	CJL	I/P	9/6/2011	73	KHILFEH, HAMDI	12.0	Bell Haven
60803	ALSIP	ES	I/P	7/7/2011	62	KHILFEH, HAMDI	12.0	Riveredge
60827	RIVERDALE	DE	I/P	11/14/2011	63	KHILFEH, HAMDI	12.0	Hartgrove
98033	KIRKLAND	TJG	I/P	8/13/2011	58	KHILFEH, HAMDI	12.0	Coal Creek
Total Patient Days - 12 Mos Historical							180.0	

Robert Fliegelman, D.O.
Metro Primary Care Physicians
13755 South Cicero Avenue
Crestwood, IL 60445
Office: 888-767-6722

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Metro Primary Care Physicians have referred 103 patients to the facilities summarized below and shown in Attachment A – Metro Primary Care Physicians Physician Referrals by Zip Code.

Physicians

PARAG AMIN, MD
MOHAMMED ASGAR, MD
DANIEL DESIMONE, DO

LUCIANO FOCESATTOFILHO, MD
RICHARD HARRIS, MD
ALBERT L. REYNOLDS, MD

<u>Facility Name</u>	<u>Patients Referred</u>	<u>Facility Name</u>	<u>Patients Referred</u>
Bell Haven	5	Manor Care	2
Chicago		Manor Care	
Lakeshore	3	Homewood	10
Crestwood Care	8	Pinecrest	4
Hartgrove	8	Renaissance	25
Heritage	3	Riveredge	31
Holy Family	1	St Mary & Elizabeth	1
Jesse Brown VA	2	Total	103

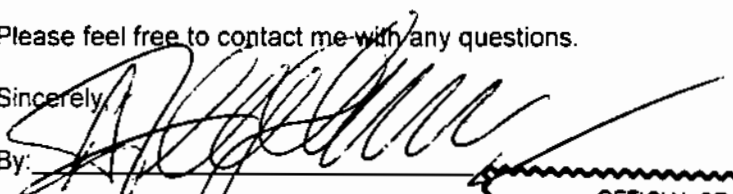
These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

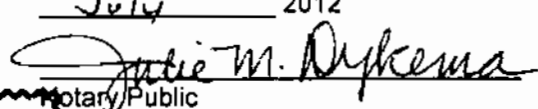
Sincerely,

By: 

Name: Robert Fliegelman, D.O.

Date: 7/30/12

Subscribe to before me this 30 of
July 2012


Notary Public

My commission Expires: 10/23/13

OFFICIAL SEAL
JULIE M DYKEMA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/23/13

Attachment A - Metro Primary Care Physicians Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
46320	HAMMOND	JC	I/P	5/31/2011	83	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care
60016	DES PLAINES	EP	I/P	8/16/2011	104	AMIN, PARAG	12.0	Holy Family
60406	BLUE ISLAND	KMS	I/P	10/2/2011	59	DESIMONE, DANIEL	12.0	Riveredge
60406	BLUE ISLAND	LWS	I/P	6/14/2011	58	DESIMONE, DANIEL	12.0	Riveredge
60406	BLUE ISLAND	DLB	I/P	12/13/2011	56	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60406	BLUE ISLAND	ZI	I/P	2/11/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60406	BLUE ISLAND	RE	I/P	9/22/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	FAH	I/P	1/3/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	RM	I/P	12/8/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	LB	I/P	6/7/2011	58	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	GJD	I/P	11/28/2011	67	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	GJD	I/P	11/10/2011	67	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	ES	I/P	1/18/2011	93	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	2/23/2011	73	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	4/23/2011	74	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	7/8/2011	74	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JA	I/P	7/7/2011	58	REYNOLDS, ALBERT L.	12.0	Riveredge
60406	BLUE ISLAND	EA	I/P	12/6/2011	83	REYNOLDS, ALBERT L.	12.0	Manor Care Homewood
60406	BLUE ISLAND	MFM	I/P	3/28/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60406	BLUE ISLAND	MFM	I/P	3/23/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60419	DOLTON	TB	I/P	11/30/2011	64	HARRIS, RICHARD	12.0	Chicago Lakeshore
60419	DOLTON	LB	I/P	12/8/2011	77	REYNOLDS, ALBERT L.	12.0	Renaissance
60425	GLENWOOD	FDW	I/P	4/8/2011	69	HARRIS, RICHARD	12.0	Manor Care
60426	PHEONIX	OS	I/P	5/7/2011	94	HARRIS, RICHARD	12.0	Pinecrest
60426	PHEONIX	OS	I/P	1/18/2011	94	HARRIS, RICHARD	12.0	Pinecrest
60429	HAZEL CREST	JAH	I/P	12/13/2011	74	ASGAR, MOHAMMED	12.0	Crestwood Care Ctr
60430	HOMEWOOD	JCS	I/P	8/23/2011	82	HARRIS, RICHARD	12.0	Renaissance
60445	CRESTWOOD	SH	I/P	9/1/2011	58	FOCHESATTOFILHO, LUCIANO	12.0	St Mary & Elizabeth
60445	CRESTWOOD	CC	I/P	5/24/2011	88	FOCHESATTOFILHO, LUCIANO	12.0	Crestwood Care Ctr
60445	MIDLOTHIAN	EJA	OPO	11/1/2011	94	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60445	CRESTWOOD	SL	I/P	6/29/2011	73	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60453	OAK LAWN	LE	I/P	7/5/2011	82	FOCHESATTOFILHO, LUCIANO	12.0	Crestwood Care Ctr
60453	OAK LAWN	EGS	I/P	9/6/2011	57	HARRIS, RICHARD	12.0	Riveredge
60463	PALOS HTS	WR	I/P	3/4/2011	59	HARRIS, RICHARD	12.0	Riveredge
60467	ORLAND PARK	JCM	I/P	9/24/2011	74	ASGAR, MOHAMMED	12.0	Renaissance
60472	ROBBINS	JWJ	I/P	5/4/2011	58	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	JS	I/P	7/21/2011	59	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	MP	I/P	8/5/2011	63	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	LH	OPO	9/29/2011	83	HARRIS, RICHARD	12.0	Pinecrest
60473	SOUTH HOLLAND	RLJ	I/P	6/17/2011	79	FOCHESATTOFILHO, LUCIANO	12.0	Jesse Brown VA
60473	SO HOLLAND	JWH	I/P	11/10/2011	78	HARRIS, RICHARD	12.0	Pinecrest
60473	SOUTH HOLLAND	RLJ	I/P	2/3/2011	78	HARRIS, RICHARD	12.0	Jesse Brown VA
60619	CHICAGO	MM	I/P	8/25/2011	84	HARRIS, RICHARD	12.0	Riveredge
60620	CHICAGO	LT	I/P	2/22/2011	58	HARRIS, RICHARD	12.0	Hartgrove
60620	CHICAGO	DW	I/P	5/24/2011	57	REYNOLDS, ALBERT L.	12.0	Hartgrove
60628	CHICAGO	IS	I/P	1/29/2011	65	ASGAR, MOHAMMED	12.0	Riveredge
60628	CHICAGO	RC	I/P	5/3/2011	62	FOCHESATTOFILHO, LUCIANO	12.0	Chicago Lakeshore
60628	CHICAGO	RM	OPO	6/28/2011	72	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	JLS	I/P	1/27/2011	76	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	LVC	OPO	5/31/2011	77	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	FB	I/P	6/10/2011	75	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	EM	I/P	6/22/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	HS	I/P	6/15/2011	65	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	GD	OPO	10/7/2011	67	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	HS	I/P	2/3/2011	68	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	MMH	I/P	8/30/2011	69	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	RS	I/P	4/12/2011	79	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	JT	I/P	1/25/2011	84	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	GH	I/P	10/22/2011	81	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	AW	I/P	8/20/2011	82	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	NG	I/P	5/29/2011	79	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	DML	I/P	8/2/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60643	CHICAGO	BMF	I/P	2/16/2011	78	AHMED, ZAFAR	12.0	Renaissance
60643	CHICAGO	ML	I/P	2/3/2011	92	ASGAR, MOHAMMED	12.0	Renaissance
60643	CHICAGO	RLB	I/P	7/23/2011	93	ASGAR, MOHAMMED	12.0	Renaissance
60643	CHICAGO	RJ	I/P	7/30/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	IG	I/P	5/18/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	JB	I/P	7/22/2011	71	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	AJ	I/P	5/25/2011	56	HARRIS, RICHARD	12.0	Chicago Lakeshore
60643	CHICAGO	MIO	I/P	6/23/2011	84	HARRIS, RICHARD	12.0	Renaissance
60643	CHICAGO	MM	I/P	10/3/2011	88	HARRIS, RICHARD	12.0	Renaissance

Attachment A - Metro Primary Care Physicians Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60643	CHICAGO	ER	I/P	10/31/2011	89	HARRIS,RICHARD	12.0	Renaissance
60643	CHICAGO	LMC	I/P	2/28/2011	77	HARRIS,RICHARD	12.0	Renaissance
60643	CHICAGO	VW	I/P	2/11/2011	71	REYNOLDS, ALBERT L.	12.0	Renaissance
60644	CHICAGO	RT	OPO	10/10/2011	59	HARRIS,RICHARD	12.0	Riveredge
60649	CHICAGO	MG	I/P	6/23/2011	88	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60649	CHICAGO	AB	I/P	6/23/2011	91	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60649	CHICAGO	MLG	I/P	8/22/2011	84	HARRIS,RICHARD	12.0	Crestwood Care Ctr
60655	CHICAGO	JPB	I/P	1/21/2011	55	ASGAR, MOHAMMED	12.0	Riveredge
60655	CHICAGO	MDC	I/P	5/13/2011	73	FOCHESATTOFILHO, LUCIANO	12.0	Heritage
60655	CHICAGO	RPH	I/P	1/5/2011	72	HARRIS,RICHARD	12.0	Heritage
60655	CHICAGO	WLS	I/P	7/8/2011	93	HARRIS,RICHARD	12.0	Heritage
60803	MERRIONETTE PARK	BEM	I/P	8/8/2011	57	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60803	MERRIONETTE PARK	TC	I/P	6/15/2011	60	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60803	ALSIP	JW	I/P	3/8/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60803	ALSIP	VVY	I/P	10/31/2011	86	HARRIS,RICHARD	12.0	Bell Haven
60803	ALSIP	JPC	OPO	3/22/2011	76	HARRIS,RICHARD	12.0	Bell Haven
60803	ALSIP	JMS	I/P	10/13/2011	74	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60805	EVERGREEN PARK	JPM	I/P	3/3/2011	71	AHMED, ZAFAR	12.0	Crestwood Care Ctr
60805	EVERGREEN PARK	JPM	I/P	3/23/2011	71	HARRIS,RICHARD	12.0	Crestwood Care Ctr
60827	CALUMET PARK	TH	I/P	12/26/2011	62	AHMED, ZAFAR	12.0	Hartgrove
60827	CALUMET PARK	JEW	I/P	9/9/2011	70	AHMED, ZAFAR	12.0	Renaissance
60827	RIVERDALE	ED	I/P	1/28/2011	69	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	BH	I/P	6/28/2011	74	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	DT	I/P	8/23/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	ME	I/P	5/18/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	VRB	I/P	7/7/2011	56	HARRIS,RICHARD	12.0	Hartgrove
60827	RIVERDALE	DE	I/P	9/28/2011	63	HARRIS,RICHARD	12.0	Hartgrove
60827	CALUMET PARK	GC	OPO	12/30/2011	66	HARRIS,RICHARD	12.0	Renaissance
60827	CALUMET PARK	EP	I/P	5/24/2011	94	HARRIS,RICHARD	12.0	Renaissance
60827	CALUMET PARK	JEW	I/P	6/9/2011	70	HARRIS,RICHARD	12.0	Renaissance
60827	RIVERDALE	CM	I/P	10/21/2011	81	REYNOLDS, ALBERT L.	12.0	Renaissance
60827	RIVERDALE	HHH	I/P	6/22/2011	79	REYNOLDS, ALBERT L.	12.0	Renaissance
Total Patient Days - 12 Mos Historical							1,236.0	

AMI Category of Service

Establishment

While there is an excess of AMI beds, MSMC intends to offer this service solely to our market area, and it will not negatively impact any other provider. The aging population is under served in behavioral health (per previous attachments - see articles) and MSMC's intent is not to duplicate services, but to offer them to our patients, rather than transferring them to a hospital they may not be familiar with, and where their primary care and specialist physicians may not be on staff.

We sent impact letters (see attached) to all area providers, and received only one response from a provider that does not serve MSMC's area.

We attach zip code information showing our market, referral letters from physicians reflecting that our market area will be served and that the 14 beds will reach target utilization within two years.

While there is excess capacity, this is in part due to the nature of the area to be served. There are many hospitals that offer AMI services, but some may not focus on geriatric services. Also, as a majority of our patients will be admitted through the ED and have a co-medical problem, it is necessary that they not be transferred to another facility to avoid the cost of doing so as well as the interruption of their continuity of care with the physician treating their medical, versus behavioral health issues.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE SUMMARY
REVISED BED NEED DETERMINATIONS
7/25/2012

ACUTE MENTAL ILLNESS PLANNING AREAS	ACUTE MENTAL ILLNESS			
	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	66	76	10	0
PLANNING AREA 2	124	100	0	24
PLANNING AREA 3	213	149	0	64
PLANNING AREA 4	194	119	0	75
PLANNING AREA 5	65	69	4	0
PLANNING AREAS 6 & 7				
6 A-1	419	380	0	39
6 A-2	704	581	0	123
6 A-3	210	150	0	60
6 & 7 A-4	186	126	0	60
7 A-5	235	221	0	14
7 A-6	317	232	0	85
7 A-7	515	371	0	144
7 A-8	21	49	28	0
AREA 6 & 7 TOTALS	2,607	2,110	28	525
PLANNING AREA				
8 A-9	59	79	20	0
8 A-10	36	43	7	0
8 A-11	30	43	13	0
8 A-12	95	55	0	40
AREA 8 TOTALS	220	220	40	40
PLANNING AREA				
9 A-13	51	81	30	0
9 A-14	75	44	0	31
AREA 9 TOTALS	126	125	30	31
PLANNING AREA 10	54	26	0	28
PLANNING AREA 11	167	139	0	28
ILLINOIS AMI TOTALS	3,836	3,133	112	815

**U.S. Census 2010 Population by Zip Code within 45 Minutes Travel Time
MetroSouth Medical Center, Blue Island, IL**

Zip Code	City	County	2010 Population
60053	Morton Grove	Cook	23,260
60076	Skokie	Cook	33,415
60077	Skokie	Cook	26,825
60101	Addison	Du Page	39,119
60104	Bellwood	Cook	19,038
60106	Bensenville	Du Page	20,309
60126	Elmhurst	Du Page	46,371
60130	Forest Park	Cook	14,167
60141	Hines	Cook	224
60148	Lombard	Du Page	51,468
60153	Maywood	Cook	24,106
60154	Westchester	Cook	16,773
60155	Broadview	Cook	7,927
60160	Melrose Park	Cook	25,432
60162	Hillside	Cook	8,111
60163	Berkeley	Cook	5,209
60164	Melrose Park	Cook	22,048
60165	Stone Park	Cook	4,946
60171	River Grove	Cook	10,246
60181	Villa Park	Cook	28,836
60301	Oak Park	Cook	2,539
60302	Oak Park	Cook	32,108
60304	Oak Park	Cook	17,231
60305	River Forest	Cook	11,172
60401	Beecher	Will	7,797
60402	Berwyn	Cook	17,529
60406	Blue Island	Cook	25,460
60409	Calumet City	Cook	37,186
60411	Chicago Heights	Cook	58,136
60415	Chicago Ridge	Cook	14,139
60417	Crete	Will	15,547
60149	Dolton	Cook	22,788
60422	Flossmoor	Cook	9,403
60423	Frankfort	Cook	30,423
60425	Glenwood	Cook	9,117
60426	Harvey	Cook	29,594
60429	Hazel Crest	Cook	15,630
60430	Homewood	Cook	20,094
60431	Joliet	Will	22,577
60432	Joliet	Will	21,403
60433	Joliet	Will	17,160
60436	Joliet	Will	18,315
60438	Lansing	Cook	28,884
60439	Lemont	Du Page	22,919
60440	Bolingbrook	Will	52,911
60441	Lockport	Will	36,869
60443	Matteson	Cook	21,145
60446	Romeoville	Will	39,807
60448	Mokena	Will	24,423
60449	Monee	Will	9,217
60451	New Lenox	Will	34,063
60452	Oak Forest	Cook	27,969

60453	Oak Lawn	Cook	56,855
60455	Bridgeview	Cook	16,446
60456	Hometown	Cook	4,349
60457	Hickory Hills	Cook	14,049
60458	Justice	Cook	14,428
60459	Burbank	Cook	29,929
60461	Olympia Fields	Cook	4,836
60462	Orland Park	Cook	38,723
60463	Palos Heights	Cook	14,671
60464	Palos Park	Cook	9,620
60465	Palos Hills	Cook	17,495
60466	Park Forest	Cook	22,115
60467	Orland Park	Cook	26,046
60468	Peotone	Will	6,116
60469	Posen	Cook	5,930
60471	Richton Park	Cook	14,101
60472	Robbins	Cook	5,390
60473	South Holland	Cook	22,439
60475	Steger	Cook	9,870
60476	Thornton	Cook	2,391
60477	Tinley Park	Cook	38,161
60478	Country Club Hills	Cook	16,833
60480	Willow Springs	Cook	5,246
60482	Worth	Cook	11,063
60490	Bolingbrook	Will	20,463
60501	Summit/Argo	Cook	11,626
60513	Brookfield	Cook	19,047
60514	Clarendon Hills	Du Page	9,708
60515	Downers Grove	Du Page	27,503
60516	Downers Grove	Du Page	29,084
60517	Wood Ridge	Du Page	32,038
60521	Hinsdale	Du Page	17,597
60523	Oak Brook	Du Page	9,890
60525	LaGrange	Cook	31,168
60526	LaGrange Park	Cook	13,576
60527	Willowbrook/Burr Ridge	Du Page	27,486
60532	Lisle	Du Page	27,066
60534	Lyons	Cook	10,649
60546	Riverside	Cook	16,668
60558	Western Springs	Cook	12,960
60559	Westmont	Du Page	24,852
60561	Darien	Du Page	22,415
60601	Chicago	Cook	11,110
60602	Chicago	Cook	1,204
60603	Chicago	Cook	493
60604	Chicago	Cook	570
60605	Chicago	Cook	24,668
60606	Chicago	Cook	2,308
60607	Chicago	Cook	23,897
60608	Chicago	Cook	82,739
60609	Chicago	Cook	64,906
60610	Chicago	Cook	37,726
60611	Chicago	Cook	28,718
60612	Chicago	Cook	33,472
60613	Chicago	Cook	48,281
60614	Chicago	Cook	66,617

60615	Chicago	Cook	40,603
60616	Chicago	Cook	48,433
60617	Chicago	Cook	84,155
60618	Chicago	Cook	92,084
60619	Chicago	Cook	63,825
60620	Chicago	Cook	72,216
60621	Chicago	Cook	35,912
60622	Chicago	Cook	52,548
60623	Chicago	Cook	92,108
60624	Chicago	Cook	38,105
60625	Chicago	Cook	78,651
60626	Chicago	Cook	50,139
60628	Chicago	Cook	72,202
60629	Chicago	Cook	113,916
60630	Chicago	Cook	54,093
60631	Chicago	Cook	28,641
60632	Chicago	Cook	91,326
60633	Chicago	Cook	12,927
60634	Chicago	Cook	74,298
60636	Chicago	Cook	40,916
60637	Chicago	Cook	49,503
60638	Chicago	Cook	55,026
60639	Chicago	Cook	90,407
60640	Chicago	Cook	65,790
60641	Chicago	Cook	71,663
60642	Chicago	Cook	18,480
60643	Chicago	Cook	49,952
60644	Chicago	Cook	48,648
60646	Chicago	Cook	27,177
60647	Chicago	Cook	87,291
60649	Chicago	Cook	46,650
60651	Chicago	Cook	64,267
60652	Chicago	Cook	40,959
60653	Chicago	Cook	29,908
60654	Chicago	Cook	14,875
60655	Chicago	Cook	28,550
60656	Chicago	Cook	27,613
60657	Chicago	Cook	65,996
60659	Chicago	Cook	38,104
60660	Chicago	Cook	42,752
60661	Chicago	Cook	7,792
60706	Harwood Heights	Cook	23,134
60707	Elmwood Park	Cook	42,920
60712	Lincolnwood	Cook	12,590
60714	Niles	Cook	29,931
60803	Alsip	Cook	22,285
60804	Cicero	Cook	84,573
60805	Evergreen Park	Cook	19,852
60827	Riverdale	Cook	27,946
TOTAL			4,850,724

Historical Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referral Facility Name	Referring Physician	Specialty	Physician Group
38940	HOLCOMB	EW	ER	10/2/2011	55	St Mary & Elizabeth	PATEL, VIKAS	Emergency Medicine	ECPS
46320	HAMMOND	JC	UP	5/31/2011	83	Manor Care	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
46342	HOBART	TZ	ER	8/5/2011	63	St Mary & Elizabeth	DEJEAN, ANDRE	Family Practice	ECPS
60016	DES PLAINES	EP	UP	8/16/2011	104	Holy Family	AMIN, PARAG	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	RR	ER	11/10/2011	65	Manor Care	BADDING, JANET	Emergency Medicine	ECPS
60406	BLUE ISLAND	KB	ER	5/17/2011	56	Chicago Lakeshore	BELLINO, MICHAEL	Emergency Medicine	ECPS
60406	BLUE ISLAND	MDC	ER	4/29/2011	63	Riveredge	BELLINO, MICHAEL	Emergency Medicine	ECPS
60406	BLUE ISLAND	AJ	ER	4/26/2011	64	Hartgrove	BELLINO, MICHAEL	Emergency Medicine	ECPS
60406	BLUE ISLAND	JA	ER	10/26/2011	58	Chicago Lakeshore	COHEN, DARIEN	Emergency Medicine	ECPS
60406	BLUE ISLAND	KMS	UP	10/2/2011	59	Riveredge	DESMONE, DANIEL	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	LWS	UP	6/14/2011	58	Riveredge	DESMONE, DANIEL	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	JR	UP	5/4/2011	88	Manor Care Homewood	DHOLAKIA, ASHOK G.	Internal Medicine	Pronger Smith
60406	BLUE ISLAND	RR	ER	1/7/2011	64	Hartgrove	DUBOIS, THIERRY	Emergency Medicine	ECPS
60406	BLUE ISLAND	AD	ER	11/18/2011	67	Manor Care Homewood	DUBOIS, THIERRY	Emergency Medicine	ECPS
60406	BLUE ISLAND	DLB	UP	12/13/2011	56	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	ZI	UP	2/11/2011	92	Manor Care Homewood	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	MFM	UP	3/28/2011	92	Manor Care Homewood	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	MFM	UP	1/23/2011	92	Manor Care Homewood	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	DM	ER	5/8/2011	56	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60406	BLUE ISLAND	MG	ER	2/4/2011	56	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60406	BLUE ISLAND	EJB	ER	7/15/2011	57	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60406	BLUE ISLAND	SM	ER	7/20/2011	59	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60406	BLUE ISLAND	BS	ER	12/7/2011	64	Hartgrove	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60406	BLUE ISLAND	FIM	ER	3/20/2011	61	Hartgrove	GUTERMAN, SETH	Emergency Medicine	ECPS
60406	BLUE ISLAND	RE	UP	9/22/2011	57	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	FAH	UP	1/3/2011	57	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	RM	UP	12/8/2011	57	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	LB	UP	6/7/2011	58	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	GID	UP	11/28/2011	67	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	GID	UP	11/10/2011	67	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	ES	UP	1/18/2011	93	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	JWK	UP	2/23/2011	73	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	JWK	UP	4/23/2011	74	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	JWK	UP	7/8/2011	74	Manor Care Homewood	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	BS	ER	5/14/2011	56	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60406	BLUE ISLAND	MG	ER	7/22/2011	57	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60406	BLUE ISLAND	AP	ER	10/3/2011	64	Hartgrove	JESANI, FAHEEM	Emergency Medicine	ECPS
60406	BLUE ISLAND	SH	ER	7/9/2011	70	Manor Care Palos West	KNIGHT, DANIEL	Emergency Medicine	ECPS
60406	BLUE ISLAND	MMM	ER	8/15/2011	67	Manor Care Homewood	KYSIA, RASHID	Emergency Medicine	ECPS
60406	BLUE ISLAND	DT	ER	12/11/2011	74	Bell Haven	KYSIA, RASHID	Emergency Medicine	ECPS
60406	BLUE ISLAND	GMM	UP	12/31/2011	70	Manor Care Homewood	LAI, KAHUA	Internal Medicine	Pronger Smith
60406	BLUE ISLAND	MT	ER	10/6/2011	58	Chicago Lakeshore	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60406	BLUE ISLAND	CT	ER	1/12/2011	59	Chicago Lakeshore	MEHON, SKEKHAR	Emergency Medicine	ECPS
60406	BLUE ISLAND	UM	ER	5/8/2011	55	Riveredge	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60406	BLUE ISLAND	RZ	UP	1/26/2011	69	Manor Care Homewood	PANAGOS, ELIZABETH	Family Practice	Pronger Smith
60406	BLUE ISLAND	DM	ER	5/17/2011	56	Chicago Lakeshore	PATEL, VIKAS	Emergency Medicine	ECPS
60406	BLUE ISLAND	JF	ER	11/4/2011	81	Park Villa	PATEL, VIKAS	Emergency Medicine	ECPS
60406	BLUE ISLAND	JA	UP	7/7/2011	58	Riveredge	REYNOLDS, ALBERT L.	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	EA	UP	12/6/2011	83	Manor Care Homewood	REYNOLDS, ALBERT L.	Internal Medicine	Metro Primary Care
60406	BLUE ISLAND	CJM	UP	12/16/2011	74	Manor Care Homewood	VASAVADA, RAJIZ J.	Internal Medicine	Pronger Smith
60406	BLUE ISLAND	WM	ER	7/6/2011	55	Riveredge	WATSON, RICHARD	Emergency Medicine	ECPS
60406	BLUE ISLAND	DM	ER	5/6/2011	56	Chicago Lakeshore	WATSON, RICHARD	Emergency Medicine	ECPS
60411	LYNNWOOD	GJF	ER	1/29/2011	73	Jesse Brown VA	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60415	CHICAGO RIDGE	RG	ER	3/7/2011	58	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60415	CHICAGO RIDGE	RG	ER	2/9/2011	58	Chicago Lakeshore	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60419	DOLTON	TB	UP	11/30/2011	64	Chicago Lakeshore	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60419	DOLTON	LB	UP	12/8/2011	77	Renaissance	REYNOLDS, ALBERT L.	Internal Medicine	Metro Primary Care
60422	FLOSSMOOR	APV	ER	1/10/2011	55	Riveredge	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60425	GLENWOOD	FDW	UP	4/8/2011	69	Manor Care	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60426	PHOENIX	LW	ER	9/12/2011	76	Pincrest	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60426	PHOENIX	OS	UP	5/7/2011	94	Pincrest	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60426	PHOENIX	OS	UP	1/18/2011	94	Pincrest	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60426	HARVEY	GS	ER	10/18/2011	56	Chicago Lakeshore	KNIGHT, DANIEL	Emergency Medicine	ECPS
60426	HARVEY	RF	ER	9/23/2011	55	St Mary & Elizabeth	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60429	HAZEL CREST	JAH	UP	12/13/2011	74	Crestwood Care Ctr	ASGAR, MOHAMMED	Internal Medicine	Metro Primary Care
60430	HOMERWOOD	JCS	UP	8/23/2011	82	Renaissance	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60430	HOMERWOOD	MLM	ER	4/13/2011	60	Chicago Lakeshore	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60445	CRESTWOOD	RTD	ER	1/4/2011	72	Crestwood Care Ctr	DUBOIS, THIERRY	Emergency Medicine	ECPS
60445	CRESTWOOD	SH	UP	9/1/2011	58	St Mary & Elizabeth	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60445	CRESTWOOD	CC	UP	5/24/2011	88	Crestwood Care Ctr	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60445	MIDLOTHIAN	EJA	OPO	11/1/2011	94	Crestwood Care Ctr	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60445	CRESTWOOD	SL	UP	6/29/2011	73	Crestwood Care Ctr	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60445	CRESTWOOD	TS	UP	9/23/2011	76	Crestwood Care Ctr	KHILFEH, HAMD	Internal Medicine	Metro Primary Care
60445	CRESTWOOD	LDP	ER	5/3/2011	61	Hartgrove	MANCZKO, THADDEUS	Emergency Medicine	ECPS
60445	MIDLOTHIAN	LK	ER	1/17/2011	55	St Mary & Elizabeth	PATEL, VIKAS	Emergency Medicine	ECPS
60445	MIDLOTHIAN	SLS	ER	9/29/2011	58	Jackson Park	PENN, MARK	Emergency Medicine	ECPS
60449	MONTEE	LD	ER	9/19/2011	65	Briar Place	PATEL, VIKAS	Emergency Medicine	ECPS
60452	OAK FOREST	JTO	UP	2/25/2011	56	Chicago Lakeshore	LAI, KAHUA	Internal Medicine	Pronger Smith
60452	OAK FOREST	JTO	UP	10/17/2011	56	Chicago Lakeshore	VASAVADA, RAJIZ J.	Internal Medicine	Pronger Smith
60453	OAK LAWN	RD	ER	9/15/2011	56	Riveredge	COHEN, DARIEN	Emergency Medicine	ECPS
60453	OAK LAWN	LE	UP	7/5/2011	82	Crestwood Care Ctr	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60453	OAK LAWN	LD	ER	12/9/2011	59	Hartgrove	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60453	OAK LAWN	EGS	UP	9/6/2011	57	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60453	OAK LAWN	CL	ER	11/26/2011	56	Riveredge	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60461	OLYMPIA FIELDS	MD	ER	12/14/2011	68	Renaissance	JESANI, FAHEEM	Emergency Medicine	ECPS
60461	OLYMPIA FIELDS	MD	UP	11/4/2011	68	Park Villa	LAI, KAHUA	Internal Medicine	Pronger Smith
60462	ORLAND PARK	PL	ER	8/25/2011	60	Chicago Lakeshore	PATEL, VIKAS	Emergency Medicine	ECPS

Historical Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referral Facility Name	Referring Physician	Specialty	Physician Group
60463	PALOS HTS	WR	I/P	3/4/2011	59	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60465	PALOS HILLS	SL	ER	6/20/2011	74	Park Villa	JESANI, FAHEEM	Emergency Medicine	ECPS
60467	ORLAND PARK	JCM	I/P	9/24/2011	74	Renaissance	ASGAR, MOHAMMED	Internal Medicine	Metro Primary Care
60469	POSEN	AJB	ER	8/6/2011	71	Crestwood Care	DUBOIS, THIERRY	Emergency Medicine	ECPS
60469	POSEN	JP	ER	12/9/2011	61	Hartgrove	JESANI, FAHEEM	Emergency Medicine	ECPS
60472	ROBBINS	MGB	ER	1/7/2011	58	Riveredge	BELLINO, MICHAEL	Emergency Medicine	ECPS
60472	ROBBINS	HH	ER	12/20/2011	56	Hartgrove	DEJEAN, ANDRE	Family Practice	ECPS
60472	ROBBINS	JWJ	I/P	5/4/2011	58	Hartgrove	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60472	ROBBINS	JS	I/P	7/21/2011	59	Hartgrove	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60472	ROBBINS	MP	I/P	8/5/2011	63	Hartgrove	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60472	ROBBINS	IDW	ER	5/23/2011	56	Hartgrove	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60472	ROBBINS	EKB	ER	8/30/2011	90	Pinecrest	HARRIS, GARY	Emergency Medicine	ECPS
60472	ROBBINS	LH	OPO	9/29/2011	83	Pinecrest	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60472	ROBBINS	IDW	ER	1/21/2011	56	Hartgrove	JESANI, FAHEEM	Emergency Medicine	ECPS
60472	ROBBINS	AK	ER	2/8/2011	62	South Suburban	JESANI, FAHEEM	Emergency Medicine	ECPS
60472	ROBBINS	CC	OPO	9/2/2011	63	Hartgrove	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60472	ROBBINS	LH	OPO	8/29/2011	75	Pinecrest	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60472	ROBBINS	LP	ER	8/7/2011	57	South Suburban	KNIGHT, DANIEL	Emergency Medicine	ECPS
60472	ROBBINS	WCH	ER	8/7/2011	60	Riveredge	KNIGHT, DANIEL	Emergency Medicine	ECPS
60472	ROBBINS	MP	ER	5/25/2011	74	Pinecrest	KNIGHT, DANIEL	Emergency Medicine	ECPS
60472	ROBBINS	HWT	ER	6/16/2011	89	Crestwood Care	KNIGHT, DANIEL	Emergency Medicine	ECPS
60472	ROBBINS	IDW	ER	6/17/2011	56	Hartgrove	KYSIA, RASHID	Emergency Medicine	ECPS
60472	ROBBINS	LMM	ER	6/20/2011	81	Crestwood Care	WATSON, RICHARD	Emergency Medicine	ECPS
60472	ROBBINS	GMB	ER	11/24/2011	88	Crestwood Care	WATSON, RICHARD	Emergency Medicine	ECPS
60473	SOUTH HOLLAND	RLJ	I/P	6/17/2011	79	Jesse Brown VA	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60473	SO HOLLAND	JWH	I/P	11/10/2011	78	Pinecrest	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60473	SOUTH HOLLAND	RLJ	I/P	2/3/2011	78	Jesse Brown VA	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60473	SOUTH HOLLAND	FS	ER	10/31/2011	57	South Suburban	PATEL, VIKAS	Emergency Medicine	ECPS
60478	COUNTRY CLUB HI	CB	ER	6/6/2011	76	St Colletta's	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60478	COUNTRY CLUB HI	OC	I/P	7/3/2011	81	St Colletta's	OBERTHONG, JOHN	Family Practice	Pronger Smith
60482	WORTH	HBW	ER	3/22/2011	71	Chicago Lakeshore	KNIGHT, DANIEL	Emergency Medicine	ECPS
60608	CHICAGO	CW	I/P	7/14/2011	87	Crestwood Care Ctr	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60617	CHICAGO	WC	ER	11/12/2011	75	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60617	CHICAGO	BH	I/P	6/1/2011	78	Warren Barr	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60617	CHICAGO	JS	ER	1/9/2011	58	Chicago Lakeshore	KNIGHT, DANIEL	Emergency Medicine	ECPS
60617	CHICAGO	NJ	ER	5/10/2011	69	Warren Barr	MARTIN, JAMES H.	Emergency Medicine	ECPS
60619	CHICAGO	MM	ER	8/25/2011	84	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60620	CHICAGO	WJL	ER	6/16/2011	75	Loretto	DEJEAN, ANDRE	Family Practice	ECPS
60620	CHICAGO	LT	I/P	2/22/2011	58	Hartgrove	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60620	CHICAGO	DW	I/P	5/24/2011	57	Hartgrove	REYNOLDS, ALBERT L	Internal Medicine	Metro Primary Care
60620	CHICAGO	LG	ER	9/10/2011	56	Hartgrove	WATSON, RICHARD	Emergency Medicine	ECPS
60624	CHICAGO	SM	ER	3/8/2011	69	Smith Village	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60626	CHICAGO	AT	ER	2/2/2011	63	Hartgrove	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60628	CHICAGO	IS	I/P	1/29/2011	65	Riveredge	ASGAR, MOHAMMED	Internal Medicine	Metro Primary Care
60628	CHICAGO	SH	ER	2/4/2011	68	Smith Village	BUCKLES, ANTHONY	Emergency Medicine	ECPS
60628	CHICAGO	JK	I/P	5/6/2011	81	Riveredge	DHOAKIA, ASHOK G.	Internal Medicine	Pronger Smith
60628	CHICAGO	RC	I/P	5/3/2011	62	Chicago Lakeshore	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	RM	OPO	6/28/2011	72	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	JLS	I/P	1/27/2011	76	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	LVC	OPO	5/31/2011	77	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	FB	I/P	6/10/2011	75	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	EM	I/P	6/22/2011	80	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	NG	I/P	5/29/2011	79	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	DML	I/P	8/2/2011	78	Riveredge	FOCHESATTOFILHO, LUCIANO	Internal Medicine	Metro Primary Care
60628	CHICAGO	MB	ER	4/4/2011	87	Bell Haven	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60628	CHICAGO	HS	I/P	6/15/2011	65	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	GD	OPO	10/7/2011	67	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	HS	I/P	2/3/2011	68	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	MMH	I/P	8/30/2011	69	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	RS	I/P	4/12/2011	79	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	JT	I/P	1/25/2011	84	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	GH	I/P	10/22/2011	81	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	AW	I/P	8/20/2011	82	Riveredge	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60628	CHICAGO	CDC	ER	7/2/2011	56	Loretto	JABLONSKA, URSZULA	Family Practice	ECPS
60628	CHICAGO	JP	ER	9/25/2011	55	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60628	CHICAGO	LL	ER	11/8/2011	57	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60628	CHICAGO	RM	ER	6/29/2011	72	Presidential Pavilion	JESANI, FAHEEM	Emergency Medicine	ECPS
60628	CHICAGO	MS	I/P	3/3/2011	90	Riveredge	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60628	CHICAGO	JP	ER	9/24/2011	55	Chicago Lakeshore	KNIGHT, DANIEL	Emergency Medicine	ECPS
60628	CHICAGO	WB	ER	8/27/2011	77	Bell Haven	KNIGHT, DANIEL	Emergency Medicine	ECPS
60628	CHICAGO	JP	ER	8/15/2011	55	Chicago Lakeshore	KYSIA, RASHID	Emergency Medicine	ECPS
60628	CHICAGO	WFG	ER	11/2/2011	55	Chicago Lakeshore	MAJUMDAR, MAHFUZUL	Emergency Medicine	ECPS
60628	CHICAGO	JP	ER	9/26/2011	55	Chicago Lakeshore	MANCZKO, THADEUS	Emergency Medicine	ECPS
60628	CHICAGO	DFH	ER	4/2/2011	55	Chicago Lakeshore	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60628	CHICAGO	JP	ER	10/27/2011	55	Chicago Lakeshore	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60628	CHICAGO	GP	ER	3/23/2011	57	Riveredge	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60628	CHICAGO	DC	ER	4/9/2011	87	Bell Haven	NUSSBAUM, ERIC	Emergency Medicine	ECPS
60628	CHICAGO	DGS	I/P	11/22/2011	64	Chicago Lakeshore	OLIVER, ROBERT	Internal Medicine	Pronger Smith
60628	CHICAGO	JP	ER	10/19/2011	55	Chicago Lakeshore	PATEL, VIKAS	Emergency Medicine	ECPS
60628	CHICAGO	SM	ER	3/8/2011	68	Smith Village	PATEL, VIKAS	Emergency Medicine	ECPS
60628	CHICAGO	LMD	I/P	2/13/2011	82	Riveredge	TEJPAL, YOGESH	Cardiology	Pronger Smith
60628	CHICAGO	DFH	ER	4/2/2011	55	Chicago Lakeshore	WATSON, RICHARD	Emergency Medicine	ECPS
60628	CHICAGO	JL	ER	11/31/2011	69	Chicago Lakeshore	WATSON, RICHARD	Emergency Medicine	ECPS
60643	CHICAGO	BMF	I/P	2/16/2011	78	Renaissance	AHMED, ZAFAR	Internal Medicine	Metro Primary Care
60643	CHICAGO	ML	I/P	2/3/2011	92	Renaissance	ASGAR, MOHAMMED	Internal Medicine	Metro Primary Care
60643	CHICAGO	RLB	I/P	7/23/2011	93	Renaissance	ASGAR, MOHAMMED	Internal Medicine	Metro Primary Care
60643	CHICAGO	AJ	ER	9/11/2011	56	Chicago Lakeshore	BADDING, JANET	Emergency Medicine	ECPS
60643	CHICAGO	MLK	ER	3/27/2011	67	Renaissance	BELLINO, MICHAEL	Emergency Medicine	ECPS

Historical Referrals by Zip Code

[illegible]

Historical Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referral Facility Name	Referring Physician	Specialty	Physician Group
60827	CALUMET PARK	JMT	ER	9/29/2011	57	Chicago Lakeshore	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
60827	CALUMET PARK	VRB	I/P	7/7/2011	56	Hartgrove	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60827	RIVERDALE	DE	I/P	9/28/2011	63	Hartgrove	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60827	CALUMET PARK	GC	OPO	12/30/2011	66	Renaissance	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60827	CALUMET PARK	EP	I/P	5/24/2011	94	Renaissance	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60827	CALUMET PARK	JEW	I/P	6/9/2011	70	Renaissance	HARRIS, RICHARD	Internal Medicine	Metro Primary Care
60827	RIVERDALE	KB	ER	5/30/2011	57	Chicago Lakeshore	JESANI, FAHEEM	Emergency Medicine	ECPS
60827	RIVERDALE	DE	I/P	11/14/2011	63	Hartgrove	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
60827	CALUMET PARK	DMJ	ER	1/9/2011	58	Chicago Lakeshore	KNIGHT, DANIEL	Emergency Medicine	ECPS
60827	RIVERDALE	CB	ER	11/24/2011	62	Hartgrove	KNIGHT, DANIEL	Emergency Medicine	ECPS
60827	CALUMET PARK	MAD	ER	6/3/2011	68	Renaissance	KNIGHT, DANIEL	Emergency Medicine	ECPS
60827	CALUMET PARK	LH	ER	3/5/2011	57	Chicago Lakeshore	KYSIA, RASHID	Emergency Medicine	ECPS
60827	CALUMET PARK	QI	ER	4/4/2011	69	Renaissance	KYSIA, RASHID	Emergency Medicine	ECPS
60827	CALUMET PARK	DAJ	ER	4/13/2011	55	Hartgrove	MARTIN, JAMES H.	Emergency Medicine	ECPS
60827	RIVERDALE	ODT	I/P	12/14/2011	65	Renaissance	OLIVER, ROBERT	Internal Medicine	Pronger Smith
60827	CALUMET PARK	AR	ER	7/10/2011	58	Chicago Lakeshore	PATEL, VIKAS	Emergency Medicine	ECPS
60827	CALUMET PARK	AR	ER	5/1/2011	58	Chicago Lakeshore	PATEL, VIKAS	Emergency Medicine	ECPS
60827	RIVERDALE	CM	I/P	10/21/2011	81	Renaissance	REYNOLDS, ALBERT L.	Internal Medicine	Metro Primary Care
60827	RIVERDALE	HHH	I/P	6/22/2011	79	Renaissance	REYNOLDS, ALBERT L.	Internal Medicine	Metro Primary Care
60901	KANKAKEE	RG	ER	3/20/2011	56	Manor Care Kankakee	KYSIA, RASHID	Emergency Medicine	ECPS
61603	PEORIA	RP	ER	5/24/2011	61	Hunter House	GLOWACKI, MATTHEW	Emergency Medicine	ECPS
98033	KIRKLAND	TJG	I/P	8/13/2011	58	Coal Creek	KHILFEH, HAMDI	Internal Medicine	KHILFEH, HAMDI
98033	KIRKLAND	TJG	ER	6/6/2011	58	Coal Creek	KYSIA, RASHID	Emergency Medicine	ECPS

**Eric Nussbaum, MD
Emergency Care Physician Services
12935 South Gregory Street
Blue Island, IL 60406
(708) 597-2000 x5292**

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Emergency Care Physician Services (ECPS) have referred 151 patients to the facilities summarized below and shown in Attachment A – ECPS Physician Referrals by Zip Code.

Physicians

JANET BADDING, MD	SETH GUTERMAN, MD	THADDEUS MANCZKO, MD
MICHAEL BELLINO, MD	GARY HARRIS, MD	JAMES MARTIN, MD
ANTHONY BUCKLES, MD	URSZULA JABLONSKA, MD	SKEKHAR MENON, MD
DARIEN COHEN, MD	FAHEEM JESANI, MD	ERIC NUSSBAUM, MD
ANDRE DEJEAN, MD	DANIEL KNIGHT, MD	VIKAS PATEL, MD
THIERRY DUBOIS, MD	RASHID KYIA, MD	MARK PENN, MD
MATTHEW GLOWACKI, MD	MAHFUZUL MAJUMDAR, MD	RICHARD WATSON, MD

Facility Name	Patients Referred	Facility Name	Patients Referred
Bell Haven	8	Manor Care Kankakee	1
Briar Place	1	Manor Care Palos West	1
Chicago Lakeshore	47	Park Villa	5
Coal Creek	1	Pinecrest	3
Crestwood Care	4	Presidential Pavillion	1
Crestwood Care Ctr	1	Providence	1
Hartgrove	29	Renaissance	6
Heritage	1	Riveredge	15
Hunter House	1	Smith Village	4
Jackson Park	2	South Suburban	4
Jesse Brown VA	1	St Colletta's	1
Loretto	4	St Mary & Elizabeth	4
Manor Care	1	Warren Barr	2
Manor Care Homewood	2	Total	151

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

Sincerely,

By: _____

Name: Eric Nussbaum, M.D.

On Behalf of Emergency Care Physician Services

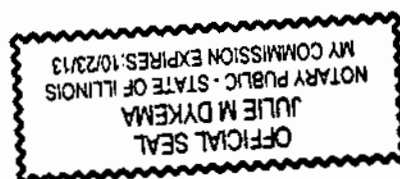
Date: 7/30/12

Subscribe to before me this 30th of July 2012

Julie M. Dykema
Notary Public

My commission

Expires: 10/23/13



Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
38940	HOLCOMB	EW	ER	10/2/2011	55	PATEL, VIKAS	12.0	St Mary & Elizabeth
46342	HOBART	TZ	ER	8/5/2011	63	DEJEAN, ANDRE	12.0	St Mary & Elizabeth
60406	BLUE ISLAND	UJM	ER	5/8/2011	55	NUSSBAUM, ERIC	12.0	Riveredge
60406	BLUE ISLAND	WM	ER	7/6/2011	55	WATSON, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	BS	ER	5/14/2011	56	JESANI, FAHEEM	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/17/2011	56	PATEL, VIKAS	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/18/2011	56	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	DM	ER	5/6/2011	56	WATSON, RICHARD	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MG	ER	2/4/2011	56	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	KB	ER	5/17/2011	56	BELLINO, MICHAEL	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MG	ER	7/22/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60406	BLUE ISLAND	EJB	ER	7/15/2011	57	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	JA	ER	10/26/2011	58	COHEN, DARIEN	12.0	Chicago Lakeshore
60406	BLUE ISLAND	MT	ER	10/6/2011	58	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60406	BLUE ISLAND	CT	ER	1/12/2011	59	MENON, SKEKHAR	12.0	Chicago Lakeshore
60406	BLUE ISLAND	SM	ER	7/20/2011	59	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60406	BLUE ISLAND	FIM	ER	3/20/2011	61	GUTERMAN, SETH	12.0	Hartgrove
60406	BLUE ISLAND	MDC	ER	4/20/2011	63	BELLINO, MICHAEL	12.0	Riveredge
60406	BLUE ISLAND	AJ	ER	4/26/2011	64	BELLINO, MICHAEL	12.0	Hartgrove
60406	BLUE ISLAND	AP	ER	10/3/2011	64	JESANI, FAHEEM	12.0	Hartgrove
60406	BLUE ISLAND	RR	ER	1/7/2011	64	DUBOIS, THIERRY	12.0	Hartgrove
60406	BLUE ISLAND	BS	ER	12/7/2011	64	GLOWACKI, MATTHEW	12.0	Hartgrove
60406	BLUE ISLAND	RR	ER	11/10/2011	65	BADDING, JANET	12.0	Manor Care
60406	BLUE ISLAND	MMM	ER	8/15/2011	67	KYSIA, RASHID	12.0	Manor Care Homewood
60406	BLUE ISLAND	AD	ER	11/18/2011	67	DUBOIS, THIERRY	12.0	Manor Care Homewood
60406	BLUE ISLAND	SH	ER	7/9/2011	70	KNIGHT, DANIEL	12.0	Manor Care Palos West
60406	BLUE ISLAND	DT	ER	12/11/2011	74	KYSIA, RASHID	12.0	Bell Haven
60406	BLUE ISLAND	JF	ER	11/8/2011	81	PATEL, VIKAS	12.0	Park Villa
60411	LYNWOOD	GJF	ER	1/29/2011	73	NUSSBAUM, ERIC	12.0	Jesse Brown VA
60415	CHICAGO RIDGE	RG	ER	2/9/2011	58	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60415	CHICAGO RIDGE	RG	ER	3/17/2011	58	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60422	FLOSSMOOR	APV	ER	1/10/2011	55	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60426	HARVEY	RF	ER	9/23/2011	55	MAJUMDAR, MAHFUZUL	12.0	St Mary & Elizabeth
60426	HARVEY	GS	ER	10/18/2011	56	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60426	PHOENIX	LW	ER	9/12/2011	76	GLOWACKI, MATTHEW	12.0	Pinecrest
60430	HOMEWOOD	MLM	ER	4/13/2011	60	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60445	MIDLOTHIAN	LK	ER	1/17/2011	55	PATEL, VIKAS	12.0	St Mary & Elizabeth
60445	MIDLOTHIAN	SLS	ER	9/29/2011	58	PENN, MARK	12.0	Jackson Park
60445	CRESTWOOD	LDP	ER	5/2/2011	61	MANCZKO, THADDEUS	12.0	Hartgrove
60445	CRESTWOOD	RTD	ER	1/4/2011	72	DUBOIS, THIERRY	12.0	Crestwood Care Ctr
60449	MONEE	LD	ER	9/19/2011	65	PATEL, VIKAS	12.0	Briar Place
60453	OAK LAWN	RD	ER	9/15/2011	56	COHEN, DARIEN	12.0	Riveredge
60453	OAK LAWN	CL	ER	11/26/2011	56	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60453	OAK LAWN	LD	ER	12/9/2011	59	GLOWACKI, MATTHEW	12.0	Hartgrove
60461	OLYMPIA FIELDS	MD	ER	12/14/2011	68	JESANI, FAHEEM	12.0	Renaissance
60462	ORLAND PARK	PL	ER	6/25/2011	60	PATEL, VIKAS	12.0	Chicago Lakeshore
60465	PALOS HILLS	SL	ER	6/20/2011	74	JESANI, FAHEEM	12.0	Park Villa
60469	POSEN	JP	ER	12/9/2011	61	JESANI, FAHEEM	12.0	Hartgrove
60469	POSEN	RJB	ER	8/6/2011	71	DUBOIS, THIERRY	12.0	Crestwood Care
60472	ROBBINS	IDW	ER	5/23/2011	56	GLOWACKI, MATTHEW	12.0	Hartgrove
60472	ROBBINS	HH	ER	12/20/2011	56	DEJEAN, ANDRE	12.0	Hartgrove
60472	ROBBINS	IDW	ER	1/21/2011	56	JESANI, FAHEEM	12.0	Hartgrove
60472	ROBBINS	IDW	ER	6/17/2011	56	KYSIA, RASHID	12.0	Hartgrove
60472	ROBBINS	LP	ER	8/7/2011	57	KNIGHT, DANIEL	12.0	South Suburban
60472	ROBBINS	MGB	ER	1/7/2011	58	BELLINO, MICHAEL	12.0	Riveredge
60472	ROBBINS	WCH	ER	8/7/2011	60	KNIGHT, DANIEL	12.0	Riveredge
60472	ROBBINS	AK	ER	2/8/2011	62	JESANI, FAHEEM	12.0	South Suburban
60472	ROBBINS	MP	ER	5/25/2011	74	KNIGHT, DANIEL	12.0	Pinecrest
60472	ROBBINS	LMM	ER	6/20/2011	81	WATSON, RICHARD	12.0	Crestwood Care
60472	ROBBINS	GMB	ER	11/24/2011	88	WATSON, RICHARD	12.0	Crestwood Care
60472	ROBBINS	HWT	ER	6/16/2011	89	KNIGHT, DANIEL	12.0	Crestwood Care
60472	ROBBINS	EKB	ER	8/30/2011	90	HARRIS, GARY	12.0	Pinecrest
60473	SOUTH HOLLAND	FS	ER	10/31/2011	57	PATEL, VIKAS	12.0	South Suburban
60478	COUNTRY CLUB HI	CB	ER	6/6/2011	76	MAJUMDAR, MAHFUZUL	12.0	St Collette's
60482	WORTH	HBW	ER	3/22/2011	71	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60617	CHICAGO	JS	ER	1/9/2011	58	KNIGHT, DANIEL	12.0	Chicago Lakeshore

Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60617	CHICAGO	NJ	ER	5/10/2011	69	MARTIN, JAMES H.	12.0	Warren Barr
60617	CHICAGO	WC	ER	11/12/2011	75	JESANI, FAHEEM	12.0	Chicago Lakeshore
60620	CHICAGO	LG	ER	9/10/2011	56	WATSON, RICHARD	12.0	Hartgrove
60620	CHICAGO	WJL	ER	6/16/2011	75	DEJEAN, ANDRE	12.0	Loretto
60624	CHICAGO	SM	ER	3/8/2011	69	GLOWACKI, MATTHEW	12.0	Smith Village
60626	CHICAGO	AT	ER	2/2/2011	63	NUSSBAUM, ERIC	12.0	Hartgrove
60628	CHICAGO	DFH	ER	4/2/2011	55	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/25/2011	55	JESANI, FAHEEM	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/24/2011	55	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	10/19/2011	55	PATEL, VIKAS	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	9/26/2011	55	MANCZKO, THADDEUS	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	8/15/2011	55	KYSIA, RASHID	12.0	Chicago Lakeshore
60628	CHICAGO	JP	ER	10/27/2011	55	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60628	CHICAGO	WFG	ER	11/2/2011	55	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60628	CHICAGO	DFH	ER	4/2/2011	55	WATSON, RICHARD	12.0	Chicago Lakeshore
60628	CHICAGO	CDC	ER	7/2/2011	56	JABLONSKA, URSZULA	12.0	Loretto
60628	CHICAGO	LL	ER	11/8/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60628	CHICAGO	GP	ER	3/23/2011	67	NUSSBAUM, ERIC	12.0	Riveredge
60628	CHICAGO	SH	ER	2/4/2011	68	BUCKLES, ANTHONY	12.0	Smith Village
60628	CHICAGO	SM	ER	3/8/2011	68	PATEL, VIKAS	12.0	Smith Village
60628	CHICAGO	JL	ER	12/31/2011	69	WATSON, RICHARD	12.0	Chicago Lakeshore
60628	CHICAGO	RM	ER	6/29/2011	72	JESANI, FAHEEM	12.0	Presidential Pavilion
60628	CHICAGO	WB	ER	8/27/2011	77	KNIGHT, DANIEL	12.0	Bell Haven
60628	CHICAGO	DC	ER	4/9/2011	87	NUSSBAUM, ERIC	12.0	Bell Haven
60628	CHICAGO	MB	ER	4/4/2011	87	GLOWACKI, MATTHEW	12.0	Bell Haven
60643	CHICAGO	AJ	ER	9/3/2011	56	KYSIA, RASHID	12.0	Chicago Lakeshore
60643	CHICAGO	AJ	ER	9/11/2011	56	BADDING, JANET	12.0	Chicago Lakeshore
60643	CHICAGO	CMG	ER	1/27/2011	56	MARTIN, JAMES H.	12.0	Chicago Lakeshore
60643	CHICAGO	JJ	ER	1/18/2011	57	KNIGHT, DANIEL	12.0	Hartgrove
60643	CHICAGO	JH	ER	6/28/2011	57	GLOWACKI, MATTHEW	12.0	Hartgrove
60643	CHICAGO	AG	ER	6/21/2011	57	MAJUMDAR, MAHFUZUL	12.0	Hartgrove
60643	CHICAGO	BAS	ER	3/16/2011	58	WATSON, RICHARD	12.0	Hartgrove
60643	CHICAGO	DJK	ER	5/11/2011	58	PENN, MARK	12.0	Hartgrove
60643	CHICAGO	KJG	ER	12/13/2011	60	JESANI, FAHEEM	12.0	Riveredge
60643	CHICAGO	VH	ER	9/29/2011	60	JESANI, FAHEEM	12.0	Riveredge
60643	CHICAGO	KA	ER	4/8/2011	61	WATSON, RICHARD	12.0	Jackson Park
60643	CHICAGO	MLK	ER	3/27/2011	67	BELLINO, MICHAEL	12.0	Renaissance
60643	CHICAGO	MJF	ER	9/2/2011	71	MANCZKO, THADDEUS	12.0	Warren Barr
60643	CHICAGO	RM	ER	6/7/2011	73	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60643	CHICAGO	DW	ER	5/27/2011	73	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60643	CHICAGO	JEB	ER	4/20/2011	74	GLOWACKI, MATTHEW	12.0	Bell Haven
60643	CHICAGO	RM	ER	12/4/2011	74	BUCKLES, ANTHONY	12.0	Bell Haven
60643	CHICAGO	GT	ER	1/28/2011	76	MARTIN, JAMES H.	12.0	Park Villa
60643	CHICAGO	EH	ER	4/8/2011	77	MARTIN, JAMES H.	12.0	Smith Village
60643	CHICAGO	JD	ER	12/27/2011	78	PENN, MARK	12.0	Park Villa
60643	CHICAGO	VG	ER	10/23/2011	79	KYSIA, RASHID	12.0	Loretto
60643	CHICAGO	MML	ER	9/9/2011	88	KYSIA, RASHID	12.0	Hartgrove
60643	CHICAGO	LW	ER	10/3/2011	91	JESANI, FAHEEM	12.0	Providence
60643	CHICAGO	ML	ER	2/4/2011	92	GLOWACKI, MATTHEW	12.0	Renaissance
60643	CHICAGO	EG	ER	12/29/2011	100	WATSON, RICHARD	12.0	Park Villa
60652	CHICAGO	JA	ER	9/12/2011	64	GLOWACKI, MATTHEW	12.0	Riveredge
60655	CHICAGO	PJV	ER	12/16/2011	58	KNIGHT, DANIEL	12.0	Hartgrove
60655	CHICAGO	PJV	ER	12/7/2011	58	BUCKLES, ANTHONY	12.0	Riveredge
60655	CHICAGO	MRS	ER	7/17/2011	59	BELLINO, MICHAEL	12.0	Riveredge
60655	CHICAGO	LR	ER	5/5/2011	61	KNIGHT, DANIEL	12.0	Loretto
60655	CHICAGO	DWM	ER	9/30/2011	63	MAJUMDAR, MAHFUZUL	12.0	Hartgrove
60655	CHICAGO	DWM	ER	9/22/2011	63	KNIGHT, DANIEL	12.0	Hartgrove
60655	CHICAGO	JAC	ER	10/7/2011	86	MANCZKO, THADDEUS	12.0	Heritage
60803	MERRIONETTE PK	RVR	ER	6/22/2011	55	MAJUMDAR, MAHFUZUL	12.0	Riveredge
60803	MERRIONETTE PARK	TB	ER	7/2/2011	56	NUSSBAUM, ERIC	12.0	Chicago Lakeshore
60803	MERRIONETTE PARK	BEM	ER	11/8/2011	57	PATEL, VIKAS	12.0	Chicago Lakeshore
60803	ALSIP	GJ	ER	1/21/2011	58	DUBOIS, THIERRY	12.0	Chicago Lakeshore
60803	ALSIP	GJ	ER	3/24/2011	58	MAJUMDAR, MAHFUZUL	12.0	Chicago Lakeshore
60803	MERRIONETTE PARK	ADA	ER	8/19/2011	59	KNIGHT, DANIEL	12.0	Hartgrove
60803	ALSIP	GJ	ER	6/21/2011	59	HARRIS, GARY	12.0	Hartgrove
60803	ALSIP	JC	ER	11/5/2011	61	MARTIN, JAMES H.	12.0	Hartgrove

Attachment A - ECPS Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60803	ALSIP	JC	ER	11/8/2011	61	PATEL, VIKAS	12.0	South Suburban
60803	ALSIP	BJG	ER	12/6/2011	67	KNIGHT, DANIEL	12.0	Renaissance
60803	MERRIONETTE PARK	GB	ER	6/3/2011	70	JESANI, FAHEEM	12.0	Bell Haven
60803	MERRIONETTE PARK	GB	ER	7/2/2011	70	MAJUMDAR, MAHFUZUL	12.0	Bell Haven
60827	CALUMET PARK	DAJ	ER	4/13/2011	55	MARTIN, JAMES H.	12.0	Hartgrove
60827	CALUMET PARK	LH	ER	3/5/2011	57	KYSIA, RASHID	12.0	Chicago Lakeshore
60827	RIVERDALE	KB	ER	5/30/2011	57	JESANI, FAHEEM	12.0	Chicago Lakeshore
60827	CALUMET PARK	JMT	ER	9/29/2011	57	GLOWACKI, MATTHEW	12.0	Chicago Lakeshore
60827	CALUMET PARK	DMJ	ER	1/9/2011	58	KNIGHT, DANIEL	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	7/10/2011	58	PATEL, VIKAS	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	5/1/2011	58	PATEL, VIKAS	12.0	Chicago Lakeshore
60827	CALUMET PARK	AR	ER	5/3/2011	58	BADDING, JANET	12.0	Chicago Lakeshore
60827	RIVERDALE	CB	ER	11/24/2011	62	KNIGHT, DANIEL	12.0	Hartgrove
60827	CALUMET PARK	MAJ	ER	7/16/2011	62	BELLINO, MICHAEL	12.0	Hartgrove
60827	CALUMET PARK	MAD	ER	6/3/2011	68	KNIGHT, DANIEL	12.0	Renaissance
60827	CALUMET PARK	QI	ER	4/4/2011	69	KYSIA, RASHID	12.0	Renaissance
60901	KANKAKEE	RG	ER	3/20/2011	56	KYSIA, RASHID	12.0	Manor Care Kankakee
61603	PEORIA	RP	ER	5/24/2011	61	GLOWACKI, MATTHEW	12.0	Hunter House
98033	KIRKLAND	TJG	ER	6/6/2011	58	KYSIA, RASHID	12.0	Coal Creek
Total Patient Days - 12 Mos Historical							1,812.0	

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Pronger Smith Medical Group have referred 17 patients to the facilities summarized below and shown in Attachment A – Pronger Smith Medical Group Physician Referrals by Zip Code.

Physicians

MARY ANNE DAMIANI, MD	ROBERT OLIVER, MD
ASHOK G. DHOLAKIA, MD	ELIZABETH PANAGOS, MD
KAIHUA LAI, MD	YOGESH TEJPAL, MD
JOHN OBERTHONG, MD	RAJIZ J. VASAVADA, MD

Facility Name	Patients Referred	Facility Name	Patients Referred
Bell Haven	1	Renaissance	5
Chicago Lakeshore	3	Riveredge	2
Manor Care Homewood	4	St Colletta's	1
Park Villa	1	Total	17

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

Sincerely,

By:

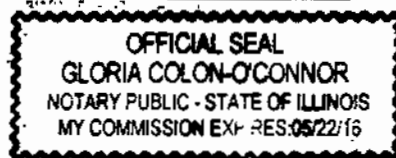
Name: Alan M. Roman, M.D. (managing partner)
On Behalf of Pronger Smith Medical Group

Date: 7/30/2012

Subscribe to before me this 30 of July 2012

Notary Public

My commission Expires: May 22, 2016



Attachment A - Pronger Smith Medical Group Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60406	BLUE ISLAND	RZ	I/P	1/26/2011	69	PANAGOS, ELIZABETH	12.0	Manor Care Homewood
60406	BLUE ISLAND	GMM	I/P	12/31/2011	70	LAI, KAIHUA	12.0	Manor Care Homewood
60406	BLUE ISLAND	CJM	I/P	12/6/2011	74	VASAVADA, RAJIZ J.	12.0	Manor Care Homewood
60406	BLUE ISLAND	JR	I/P	5/4/2011	88	DHOLAKIA, ASHOK G.	12.0	Manor Care Homewood
60452	OAK FOREST	JTO	I/P	2/25/2011	56	LAI, KAIHUA	12.0	Chicago Lakeshore
60452	OAK FOREST	JTO	I/P	10/17/2011	56	VASAVADA, RAJIZ J.	12.0	Chicago Lakeshore
60461	OLYMPIA FIELDS	MD	I/P	11/4/2011	68	LAI, KAIHUA	12.0	Park Villa
60478	COUNTRY CLUB HI	OC	I/P	7/3/2011	81	OBERTHONG, JOHN	12.0	St Colletta's
60628	CHICAGO	DGS	I/P	11/22/2011	64	OLIVER, ROBERT	12.0	Chicago Lakeshore
60628	CHICAGO	JK	I/P	5/6/2011	81	DHOLAKIA, ASHOK G.	12.0	Riveredge
60628	CHICAGO	LMD	I/P	2/13/2011	82	TEJPAL, YOGESH	12.0	Riveredge
60643	CHICAGO	MC	I/P	5/30/2011	81	DAMIANI, MARY ANNE	12.0	Renaissance
60643	CHICAGO	MC	I/P	8/15/2011	81	LAI, KAIHUA	12.0	Renaissance
60643	CHICAGO	MC	I/P	9/10/2011	82	LAI, KAIHUA	12.0	Renaissance
60643	CHICAGO	JWM	OPO	12/23/2011	93	DHOLAKIA, ASHOK G.	12.0	Renaissance
60803	ALSIP	AS	I/P	6/4/2011	92	LAI, KAIHUA	12.0	Bell Haven
60827	RIVERDALE	ODT	I/P	12/24/2011	65	OLIVER, ROBERT	12.0	Renaissance
Total Patient Days - 12 Mos Historical							204.0	

Hamdi Khilfeh, MD
11238 South Western Avenue
Chicago, Illinois 60643
(773) 238-1111

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year I have referred 15 patients to the facilities summarized below and shown in Attachment A – Hamdi Khilfeh, MD Physician Referrals by Zip Code.

Facility Name	Patients Referred
Bell Haven	2
Chicago Lakeshore	1
Coal Creek	1
Crestwood Care Ctr	2
Hartgrove	2
Pinecrest	1
Renaissance	3
Riveredge	2
Warren Barr	1
Total	15

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

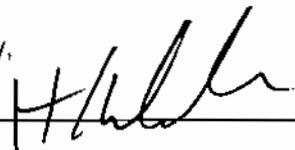
I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general.

The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

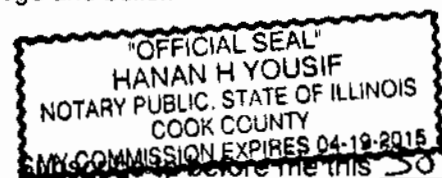
Please feel free to contact me with any questions.

Sincerely,

By: 

Name: Hamdi Khilfeh, MD

Date: 7/30/12



July 30 2012

Notary Public

My commission

Expires: 04-19-2015

Attachment A - Hamdi Khilfeh, MD Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60445	CRESTWOOD	TS	I/P	9/23/2011	76	KHILFEH, HAMD	12.0	Crestwood Care Ctr
60472	ROBBINS	CC	OPO	9/2/2011	63	KHILFEH, HAMD	12.0	Hartgrove
60472	ROBBINS	LH	OPO	8/29/2011	75	KHILFEH, HAMD	12.0	Pincrest
60608	CHICAGO	CW	I/P	7/14/2011	87	KHILFEH, HAMD	12.0	Crestwood Care Ctr
60617	CHICAGO	BH	I/P	6/1/2011	78	KHILFEH, HAMD	12.0	Warren Barr
60628	CHICAGO	MS	I/P	3/3/2011	80	KHILFEH, HAMD	12.0	Riveredge
60643	CHICAGO	MAP	I/P	11/30/2011	62	KHILFEH, HAMD	12.0	Chicago Lakeshore
60643	CHICAGO	LW	OPO	9/16/2011	70	KHILFEH, HAMD	12.0	Renaissance
60643	CHICAGO	JW	I/P	11/13/2011	75	KHILFEH, HAMD	12.0	Renaissance
60643	CHICAGO	BP	I/P	8/12/2011	76	KHILFEH, HAMD	12.0	Renaissance
60803	ALSIP	ME	I/P	4/8/2011	72	KHILFEH, HAMD	12.0	Bell Haven
60803	ALSIP	CJL	I/P	9/6/2011	73	KHILFEH, HAMD	12.0	Bell Haven
60803	ALSIP	ES	I/P	7/7/2011	62	KHILFEH, HAMD	12.0	Riveredge
60827	RIVERDALE	DE	I/P	11/14/2011	63	KHILFEH, HAMD	12.0	Hartgrove
98033	KIRKLAND	TJG	I/P	8/13/2011	58	KHILFEH, HAMD	12.0	Coal Creek
Total Patient Days - 12 Mos Historical							180.0	

Robert Fliegelman, D.O.
Metro Primary Care Physicians
13755 South Cicero Avenue
Crestwood, IL 60445
Office: 888-767-6722

July 30, 2012

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Historical and Anticipated Referral Letter

Dear Members of the Illinois Health Facilities and Services Review Board:

With respect to the establishment of a behavioral health service located at MetroSouth Medical Center, which will provide certain acute mental illness services, this referral letter is in reference to the requirements found at Title 77 of the Illinois Administrative Code, Section 1110.730.

During the 2011 fiscal year the following physicians employed by Metro Primary Care Physicians have referred 103 patients to the facilities summarized below and shown in Attachment A – Metro Primary Care Physicians Physician Referrals by Zip Code.

Physicians

PARAG AMIN, MD
MOHAMMED ASGAR, MD
DANIEL DESIMONE, DO

LUCIANO FOCHE SATTOFILHO, MD
RICHARD HARRIS, MD
ALBERT L. REYNOLDS, MD

<u>Facility Name</u>	<u>Patients Referred</u>	<u>Facility Name</u>	<u>Patients Referred</u>
Bell Haven	5	Manor Care	2
Chicago		Manor Care	
Lakeshore	3	Homewood	10
Crestwood Care	8	Pinecrest	4
Hartgrove	8	Renaissance	25
Heritage	3	Riveredge	31
Holy Family	1	St Mary & Elizabeth	1
Jesse Brown VA	2	Total	103

These referrals have not been used to support other CON applications and it is anticipated that future referrals to MetroSouth Medical Center will come from within the proposed geographic service area.

I support the proposed opening of MetroSouth Medical Center and anticipate referring the same number of patients to MetroSouth Medical Center's behavioral health center in 2013 and 2014, if not more. The number of seniors requiring acute behavioral health services is increasing, as is the aging population in general. The information in this letter is true and correct to the best of my knowledge and belief.

Thank you for your time and consideration.

Please feel free to contact me with any questions.

Sincerely,

By:

Name: Robert Fliegelman, D.O.

Date:

7/30/12

Subscribe to before me this 30 of July 2012

Julie M. Dykema
Notary Public

My commission Expires: 10/23/13



Attachment A - Metro Primary Care Physicians Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
46320	HAMMOND	JC	I/P	5/31/2011	83	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care
60016	DES PLAINES	EP	I/P	8/16/2011	104	AMIN, PARAG	12.0	Hofy Family
60406	BLUE ISLAND	KMS	I/P	10/2/2011	59	DESIMONE, DANIEL	12.0	Riveredge
60406	BLUE ISLAND	LWS	I/P	6/14/2011	58	DESIMONE, DANIEL	12.0	Riveredge
60406	BLUE ISLAND	DLB	I/P	12/13/2011	56	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60406	BLUE ISLAND	ZJ	I/P	2/11/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60406	BLUE ISLAND	RE	I/P	9/22/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	FAH	I/P	1/3/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	RM	I/P	12/8/2011	57	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	LB	I/P	6/7/2011	58	HARRIS, RICHARD	12.0	Riveredge
60406	BLUE ISLAND	GJD	I/P	11/28/2011	67	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	GJD	I/P	11/10/2011	67	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	ES	I/P	1/18/2011	93	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	2/23/2011	73	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	4/23/2011	74	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JWK	I/P	7/8/2011	74	HARRIS, RICHARD	12.0	Manor Care Homewood
60406	BLUE ISLAND	JA	I/P	7/7/2011	58	REYNOLDS, ALBERT L.	12.0	Riveredge
60406	BLUE ISLAND	EA	I/P	12/6/2011	83	REYNOLDS, ALBERT L.	12.0	Manor Care Homewood
60406	BLUE ISLAND	MFM	I/P	3/28/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60406	BLUE ISLAND	MFM	I/P	3/23/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Manor Care Homewood
60419	DOLTON	TB	I/P	11/30/2011	64	HARRIS, RICHARD	12.0	Chicago Lakeshore
60419	DOLTON	LB	I/P	12/8/2011	77	REYNOLDS, ALBERT L.	12.0	Renaissance
60425	GLENWOOD	FDW	I/P	4/8/2011	69	HARRIS, RICHARD	12.0	Manor Care
60426	PHEONIX	OS	I/P	5/7/2011	94	HARRIS, RICHARD	12.0	Pincrest
60426	PHEONIX	OS	I/P	1/18/2011	94	HARRIS, RICHARD	12.0	Pincrest
60429	HAZEL CREST	JAH	I/P	12/13/2011	74	ASGAR, MOHAMMED	12.0	Crestwood Care Ctr
60430	HOMEWOOD	JCS	I/P	8/23/2011	82	HARRIS, RICHARD	12.0	Renaissance
60445	CRESTWOOD	SH	I/P	9/1/2011	58	FOCHESATTOFILHO, LUCIANO	12.0	St Mary & Elizabeth
60445	CRESTWOOD	CC	I/P	5/24/2011	88	FOCHESATTOFILHO, LUCIANO	12.0	Crestwood Care Ctr
60445	MIDLOTHIAN	EJA	OPO	11/1/2011	94	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60445	CRESTWOOD	SL	I/P	6/29/2011	73	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60453	OAK LAWN	LE	I/P	7/5/2011	82	FOCHESATTOFILHO, LUCIANO	12.0	Crestwood Care Ctr
60453	OAK LAWN	EGS	I/P	9/6/2011	57	HARRIS, RICHARD	12.0	Riveredge
60463	PALOS HTS	WR	I/P	3/4/2011	59	HARRIS, RICHARD	12.0	Riveredge
60467	ORLAND PARK	JCM	I/P	9/24/2011	74	ASGAR, MOHAMMED	12.0	Renaissance
60472	ROBBINS	JWJ	I/P	5/8/2011	58	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	JS	I/P	7/21/2011	59	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	MP	I/P	8/5/2011	63	FOCHESATTOFILHO, LUCIANO	12.0	Hartgrove
60472	ROBBINS	LH	OPO	9/29/2011	83	HARRIS, RICHARD	12.0	Pincrest
60473	SOUTH HOLLAND	RLJ	I/P	6/17/2011	79	FOCHESATTOFILHO, LUCIANO	12.0	Jesse Brown VA
60473	SO HOLLAND	JWH	I/P	11/10/2011	78	HARRIS, RICHARD	12.0	Pincrest
60473	SOUTH HOLLAND	RLJ	I/P	2/3/2011	78	HARRIS, RICHARD	12.0	Jesse Brown VA
60619	CHICAGO	MM	I/P	8/25/2011	84	HARRIS, RICHARD	12.0	Riveredge
60620	CHICAGO	LT	I/P	2/22/2011	58	HARRIS, RICHARD	12.0	Hartgrove
60620	CHICAGO	DW	I/P	5/24/2011	57	REYNOLDS, ALBERT L.	12.0	Hartgrove
60628	CHICAGO	IS	I/P	1/29/2011	65	ASGAR, MOHAMMED	12.0	Riveredge
60628	CHICAGO	RC	I/P	5/3/2011	62	FOCHESATTOFILHO, LUCIANO	12.0	Chicago Lakeshore
60628	CHICAGO	RM	OPO	6/28/2011	72	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	JLS	I/P	1/27/2011	76	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	LVC	OPO	5/31/2011	77	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	FB	I/P	6/10/2011	75	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	EM	I/P	6/22/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	HS	I/P	6/15/2011	65	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	GD	OPO	10/7/2011	67	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	HS	I/P	2/3/2011	68	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	MMH	I/P	8/30/2011	69	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	RS	I/P	4/12/2011	79	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	JT	I/P	1/25/2011	84	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	GH	I/P	10/22/2011	81	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	AW	I/P	8/20/2011	82	HARRIS, RICHARD	12.0	Riveredge
60628	CHICAGO	NG	I/P	5/29/2011	79	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60628	CHICAGO	DML	I/P	8/2/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60643	CHICAGO	BMF	I/P	2/16/2011	78	AHMED, ZAFAR	12.0	Renaissance
60643	CHICAGO	ML	I/P	2/3/2011	92	ASGAR, MOHAMMED	12.0	Renaissance
60643	CHICAGO	RLB	I/P	7/23/2011	93	ASGAR, MOHAMMED	12.0	Renaissance
60643	CHICAGO	RJ	I/P	7/30/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	IG	I/P	5/18/2011	92	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	JB	I/P	7/22/2011	71	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60643	CHICAGO	AI	I/P	5/25/2011	56	HARRIS, RICHARD	12.0	Chicago Lakeshore
60643	CHICAGO	MIO	I/P	6/23/2011	84	HARRIS, RICHARD	12.0	Renaissance
60643	CHICAGO	MM	I/P	10/3/2011	88	HARRIS, RICHARD	12.0	Renaissance

Attachment A - Metro Primary Care Physicians Physician Referrals by Zip Code

Pt Zip Code	Pt City	Pt Initials	Pt Type	Discharge Date	Patient Age	Referring Physician	Avg Psych LOS	Referral Facility Name
60643	CHICAGO	ER	I/P	10/31/2011	89	HARRIS, RICHARD	12.0	Renaissance
60643	CHICAGO	LMC	I/P	2/28/2011	77	HARRIS, RICHARD	12.0	Renaissance
60643	CHICAGO	VW	I/P	2/11/2011	71	REYNOLDS, ALBERT L.	12.0	Renaissance
60644	CHICAGO	RT	OPO	10/10/2011	59	HARRIS, RICHARD	12.0	Riveredge
60649	CHICAGO	MG	I/P	6/23/2011	88	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60649	CHICAGO	AB	I/P	6/23/2011	91	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60649	CHICAGO	MLG	I/P	8/22/2011	84	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60655	CHICAGO	JPB	I/P	1/21/2011	55	ASGAR, MOHAMMED	12.0	Riveredge
60655	CHICAGO	MDC	I/P	5/13/2011	73	FOCHESATTOFILHO, LUCIANO	12.0	Heritage
60655	CHICAGO	RPH	I/P	1/5/2011	72	HARRIS, RICHARD	12.0	Heritage
60655	CHICAGO	WLS	I/P	7/8/2011	93	HARRIS, RICHARD	12.0	Heritage
60803	MERRIONETTE PARK	BEM	I/P	8/8/2011	57	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60803	MERRIONETTE PARK	TC	I/P	6/15/2011	60	FOCHESATTOFILHO, LUCIANO	12.0	Riveredge
60803	ALSIP	JW	I/P	3/8/2011	80	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60803	ALSIP	VVY	I/P	10/31/2011	86	HARRIS, RICHARD	12.0	Bell Haven
60803	ALSIP	JPC	OPO	3/22/2011	76	HARRIS, RICHARD	12.0	Bell Haven
60803	ALSIP	JMS	I/P	10/13/2011	74	FOCHESATTOFILHO, LUCIANO	12.0	Bell Haven
60805	EVERGREEN PARK	JPM	I/P	3/3/2011	71	AHMED, ZAFAR	12.0	Crestwood Care Ctr
60805	EVERGREEN PARK	JPM	I/P	3/23/2011	71	HARRIS, RICHARD	12.0	Crestwood Care Ctr
60827	CALUMET PARK	TH	I/P	12/26/2011	62	AHMED, ZAFAR	12.0	Hartgrove
60827	CALUMET PARK	JEW	I/P	9/9/2011	70	AHMED, ZAFAR	12.0	Renaissance
60827	RIVERDALE	ED	I/P	1/28/2011	69	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	BH	I/P	6/28/2011	74	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	DT	I/P	8/23/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	ME	I/P	5/18/2011	78	FOCHESATTOFILHO, LUCIANO	12.0	Renaissance
60827	CALUMET PARK	VRB	I/P	7/7/2011	56	HARRIS, RICHARD	12.0	Hartgrove
60827	RIVERDALE	DE	I/P	9/28/2011	63	HARRIS, RICHARD	12.0	Hartgrove
60827	CALUMET PARK	GC	OPO	12/30/2011	66	HARRIS, RICHARD	12.0	Renaissance
60827	CALUMET PARK	EP	I/P	5/24/2011	94	HARRIS, RICHARD	12.0	Renaissance
60827	CALUMET PARK	JEW	I/P	6/9/2011	70	HARRIS, RICHARD	12.0	Renaissance
60827	RIVERDALE	CM	I/P	10/21/2011	81	REYNOLDS, ALBERT L.	12.0	Renaissance
60827	RIVERDALE	HHH	I/P	6/22/2011	79	REYNOLDS, ALBERT L.	12.0	Renaissance
Total Patient Days - 12 Mos Historical							1,236.0	

PROPOSED MEDICAL DIRECTOR

Rajeev Malhotra, MD

Psychiatry

Certification Psychiatry/Neurology
Geriatric Psychiatry (Sub-Spec Cert)
Medical Group Conventions Psychiatry
Medical School Government Medical College of India (1974)
Internship Rajindra Hospital (1975)
Residency The Chicago Medical School Psychiatry (1999)



Fellowship Western Psychiatric Institute & Clinics (2005)
Gender Male

Location

4S100 Rte 59 Unit 6
Naperville, IL 60563
Phone: (630)416-8289
Fax: (630)416-8306



August 1, 2012

Illinois Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

Dear Sir/Madame:

The purpose of this letter is to explain the hospital's plan to obtain staff for the new inpatient geriatric psychiatric unit. The following summarizes various recruitment efforts in which the hospital will implement:

- Recruit/hire internally
- Advertise with relevant local organizations
- Post job listings regularly with various online websites
- Contract with recruiters specific to the positions needed
- Contract with various staffing agencies if necessary

Please contact me directly at 708-824-4841 if you have any questions or need more specific information.

Respectfully submitted,

Jackie Montgomery

Director of Human Resources |Spiritual Care| Volunteer Services

SIGNET HEALTH

Psychiatric DRG Diagnosis Crosswalk

CMS-DRG	MS-DRG	Description
12	56	Degenerative nervous system disorders w/MCC
	57	Degenerative nervous system disorders w/o MCC
23	80	Nontrauma.stupor and coma w/MCC
	81	Nontrauma.stupor and coma w/o MCC
424	876	OR proc w/principal dx of mental illness
425	880	Acute adjustment reaction & psychosocial dysfunction
426	881	Depressive neuroses
427	882	Neuroses except depressive
428	883	Disorders of personality and impulse control
429	884	Organic disturbances and mental retardation
430	885	Psychoses
431	886	Behavioral and developmental disorders
432	887	Other mental disorder diagnoses
433	894	Alcohol/drug abuse or dependence, left ama
521	895	Alcohol/drug abuse or dependence w/ rehab therapy
523	896	Alcohol/drug abuse or dependence w/o rehab Therapy w/ MCC
	897	Alcohol/drug abuse or dependence w/o rehab Therapy w/o MCC

Our typical geriatric mental health patients are evaluated and provided treatment for depression, anxiety, bi-polar disorder, obsessive compulsive disorder, behavioral symptoms of dementia, delirium, and other psychiatric disorders complicated by the biological and psychological effects of aging.

The most common diagnosis is depression (MS DRG 885) at 74%, followed by degenerative nervous system disorders (MS DRG 057) at 9%, and organic disturbances and mental retardation (MS DRG 884) at 7%.

National statistics (provided by Pepper.org) are shown below in the chart on the following page :

**Average Patient Level Adjustment
Assumptions:**

MS- DRG	DRG Adj.	Total D/C's	% Total D/C's	Total Adj.
885	1.00	212,433	73.45%	0.73
057	1.05	26,638	9.21%	0.10
884	1.03	20,592	7.12%	0.07
881	0.99	9,760	3.37%	0.03
897	0.88	6,950	2.40%	0.02
882	1.02	3,011	1.04%	0.01
056	1.05	2,693	0.93%	0.01
880	1.05	2,003	0.69%	0.01
886	0.99	1,635	0.57%	0.01
883	1.02	1,303	0.45%	0.00
895	1.02	693	0.24%	0.00
876	1.22	516	0.18%	0.00
896	0.88	410	0.14%	0.00
894	0.97	308	0.11%	0.00
081	1.07	262	0.09%	0.00

***Source - pepperresources.org**

1.00

Chief Executive Officer
Advocate Christ Medical Center
4440 West 95th Street
Chicago, IL 60653

Chief Executive Officer
Advocate Good Samaritan Hospital
4924 Forest Avenue
Downers Grove, IL 60515

Chief Executive Officer
Advocate Illinois Masonic Med Ctr
836 West Wellington Avenue
Chicago, IL 60657

Chief Executive Officer
Aurora Chicago Lakeshore Hospital
4840 North Marine Drive
Chicago, IL 60640

Chief Executive Officer
Children's Memorial Hospital
2300 Children's Plaza
Chicago, IL 60614

Chief Executive Officer
Elmhurst Memorial Hosp-Berteau Ave
155 East Brush Hill Road
Elmhurst, IL 60126

Chief Executive Officer
Garfield Park Hospital
520 North Ridgeway Avenue
Chicago, IL 60624

Chief Executive Officer
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

Chief Executive Officer
Hartgrove Hospital
5730 West Roosevelt Rd
Chicago, IL 60644

Chief Executive Officer
Ingalls Memorial Hospital
1600 Torrence Avenue
Calumet City, IL 60409

Chief Executive Officer
Jackson Park Hospital Foundation
7531 South Stony Island Avenue
Chicago, IL 60649

Chief Executive Officer
Kindred Hospital Chicago North
2544 West Montrose Avenue
Chicago, IL 60618

Chief Executive Officer
Little Company of Mary Hospital
2800 West 95th Street
Chicago, IL 60805

Chief Executive Officer
Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

Chief Executive Officer
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640

Chief Executive Officer
MacNeal Memorial Hospital
3249 Oak Park Avenue
Berwyn, IL 60402

Chief Executive Officer
Mercy Hospital and Medical Center
2525 South Michigan Avenue
Chicago, IL 60616

Chief Executive Officer
Methodist Hospital of Chicago
5025 North Paulina Street
Chicago, IL 60640

Chief Executive Officer
Mount Sinai Medical Center
1500 South Chicago Avenue
Chicago, IL 60608

Chief Executive Officer
Northwestern Memorial Hospital
251 East Huron Street
Chicago, IL 60611

Chief Executive Officer
Norwegian American Hospital
1044 North Francisco
Chicago, IL 60622

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Palos Community Hospital
12251 South 80th
Palos Heights, IL 60463

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333 North Madison Street
Joliet, IL 60435

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8311 West Roosevelt Road
Forest Park, IL 60130

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Chicago, IL 60628

Chief Executive Officer
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1653 West Congress Parkway
Chicago, IL 60612

Chief Executive Officer
Saint Joseph Health Centers and Hospital
2900 North Lake Shore Drive
Chicago, IL 60657

Chief Executive Officer
Silver Cross Hospital
1900 Silver Cross Boulevard
New Lenox, IL 60451

Chief Executive Officer
South Shore Hospital
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Chicago, IL 60617

Chief Executive Officer
St. Anthony Hospital
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Chicago, IL 60623

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St. Bernard Hospital
326 West 64th Street
Chicago, IL 60621

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Chicago, IL 60625

Chief Executive Officer
VHS Westlake Hospital
1225 West Lake Street
Melrose Park, IL 60160

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St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

Chief Executive Officer
University of Illinois Medical Center at
Chicago
1740 West Taylor Street
Chicago, IL 60612



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MEDICAL CENTER

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Executive Office

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July 19, 2012

Advocate Christ Medical Center
4440 West 95th Street
Chicago, IL 60453

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

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MEDICAL CENTER

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July 19, 2012

Advocate Good Samaritan Hospital
4924 Forest Avenue
Downers Grove, IL 60515

Dear Chief Executive Officer:

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Executive Office

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July 19, 2012

Advocate Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, IL 60657

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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Executive Office

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July 19, 2012

Aurora Chicago Lakeshore Hospital
4840 North Marine Drive
Chicago, IL 60640

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Children's Memorial Hospital
2300 Children's Plaza
Chicago, IL 60614

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Elmhurst Memorial Hospital-Berteau Avenue
155 East Brush Hill Road
Elmhurst, IL 60126

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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T (708) 597-2000 W MetroSouthMedicalCenter.com
Executive Office

WJH

July 19, 2012

Garfield Park Hospital
520 North Ridgeway Avenue
Chicago, IL 60624

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer



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July 19, 2012

Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Hartgrove Hospital
5730 West Roosevelt Rd
Chicago, IL 60644

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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July 19, 2012

Ingalls Memorial Hospital
1600 Torrence Avenue
Calumet City, IL 60409

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Jackson Park Hospital Foundation
7531 South Stony Island Avenue
Chicago, IL 60649

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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July 19, 2012

Kindred Hospital Chicago North
2544 West Montrose Avenue
Chicago, IL 60618

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Little Company of Mary Hospital
2800 West 95th Street
Chicago, IL 60805

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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July 19, 2012

Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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July 19, 2012

Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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T (708) 597-2000 W MetroSouthMedicalCenter.com
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July 19, 2012

MacNeal Memorial Hospital
3249 Oak Park Avenue
Berwyn, IL 60402

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Mercy Hospital and Medical Center
2525 South Michigan Avenue
Chicago, IL 60616

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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Chief Executive Officer

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July 19, 2012

Methodist Hospital of Chicago
5025 North Paulina Street
Chicago, IL 60640

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Mount Sinai Medical Center
1500 South Chicago Avenue
Chicago, IL 60608

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Northwestern Memorial Hospital
251 East Huron Street
Chicago, IL 60611

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Norwegian American Hospital
1044 North Francisco
Chicago, IL 60622

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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July 19, 2012

Palos Community Hospital
12251 South 80th
Palos Heights, IL 60463

Dear Chief Executive Officer:

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July 19, 2012

Provena Saint Joseph Medical Center
333 North Madison Street
Joliet, IL 60435

Dear Chief Executive Officer:

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Chief Executive Officer

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Executive Office

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July 19, 2012

Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130

Dear Chief Executive Officer:

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July 19, 2012

Roseland Community Hospital
45 West 111th Street
Chicago, IL 60628

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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MEDICAL CENTER

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July 19, 2012

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

Dear Chief Executive Officer:

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MetroSouth
MEDICAL CENTER

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Executive Office

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July 19, 2012

Saint Joseph Health Centers and Hospital
2900 North Lake Shore Drive
Chicago, IL 60657

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MetroSouth
MEDICAL CENTER

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Executive Office

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July 19, 2012

Silver Cross Hospital
1900 Silver Cross Boulevard
New Lenox, IL 60451

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

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MEDICAL CENTER

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T (708) 597-2000 W MetroSouthMedicalCenter.com

Executive Office

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July 19, 2012

South Shore Hospital
8012 South Crandon
Chicago, IL 60617

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MetroSouth
MEDICAL CENTER

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Executive Office

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July 19, 2012

St. Anthony Hospital
2875 West 19th Street
Chicago, IL 60623

Dear Chief Executive Officer:

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Executive Office

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July 19, 2012

St. Bernard Hospital
326 West 64th Street
Chicago, IL 60621

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

COPY



MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 W MetroSouthMedicalCenter.com

Executive Office

Copy

July 19, 2012

St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, IL 60622

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

Copy



MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428

T (708) 597-2000 W MetroSouthMedicalCenter.com

Executive Office

Copy

July 19, 2012

St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

COPY



MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 W MetroSouthMedicalCenter.com
Executive Office

Copy

July 19, 2012

Swedish Covenant Hospital
5145 North California
Chicago, IL 60625

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

Copy



12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 W MetroSouthMedicalCenter.com
Executive Office

copy

July 19, 2012

Thorek Hospital & Medical Center
850 West Irving Park Road
Chicago, IL 60613

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

copy



MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 W MetroSouthMedicalCenter.com
Executive Office

Copy

July 19, 2012

University of Illinois Medical Center at Chicago
1740 West Taylor Street
Chicago, IL 60612

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

Copy



12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 W MetroSouthMedicalCenter.com
Executive Office

copy

July 19, 2012

VHS Westlake Hospital
1225 West Lake Street
Melrose Park, IL 60160

Dear Chief Executive Officer:

MetroSouth Medical Center intends to file an application for a permit to establish the Acute Mental Illness Category of Service. The request will be for a fourteen (14) bed unit, and it will serve geriatric patients requiring in-patient behavioral health services.

I would like to take this opportunity to allow you to advise us if you believe this project will have any impact on your hospital or services. Please respond in writing, and direct your response to my attention Enrique Beckmann, M.D., Ph.D.

Thank you.

Sincerely,

Enrique Beckmann, M. D., Ph.D.
Chief Executive Officer

COPY

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Advocate Christ Medical Center
4440 West 95th Street
Chicago, IL 60453

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4259

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Advocate Good Samaritan Hospital
4924 Forest Avenue
Downers Grove, IL 60515

2. Article Number
(Transfer from service label)

91 7999 9991 7030 5656 4266

PS Form 3811, February 2004

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102595-02-M-1540

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A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Advocate Illinois Masonic Med Ctr
836 West Wellington Avenue
Chicago, IL 60610

RECEIVED

JUL 24 2012

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4341

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

7/23/12

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

T-39

COPY

1-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Aurora Chicago Lakeshore Hospital
4840 North Marine Drive
Chicago, IL 60640

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JUL 24 2012

Per _____

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4112

PS Form 3811, February 2004

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
☒ Agent
☐ Addressee

B. Received by (Printed Name)
KORNO POYER

C. Date of Delivery
7-21-12

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

copy

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Children's Memorial Hospital
2300 Children's Plaza
Chicago, IL 60614

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Brigham Young University
1500 Brush Hill Road
Eldersburg, IL 61121

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JUL 24 2012

Per _____

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4051

PS Form 3811, February 2004

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Edgar Rodriguez

C. Date of Delivery
7-31-12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

57
2-12

COPY

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Garfield Park Hospital
520 North Ridgeway Avenue
Chicago, IL 60624

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Hartgrove Hospital
5730 West Roosevelt Rd
Chicago, IL 60644

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4075

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COPY

3-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Ingalls Memorial Hospital
1600 Torrence Avenue
Calumet City, IL 60409

RECEIVED

JUL 24 2012

Per _____

2. Article Number

(Transfer from service label)

91-7199 9991 7030 5656 4204

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Jackson Park Hospital Foundation
7531 South Stony Island Avenue
Chicago, IL 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Makenna

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Kindred Hospital Chicago North
2544 West Montrose Avenue
Chicago, IL 60618

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

91-7199-9991-7030 5656-4174

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COPY

4-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Little Company of Mary Hospital
2800 West 95th Street
Chicago, IL 60605

JUL 24 2012

Per

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60641

JUL 24 2012

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patricia M. Hoffman*☐ Agent☐ Addressee

B. Received by (Printed Name)

Patricia M. Hoffman

C. Date of Delivery

*7/23/12*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. Brown*☐ Agent☐ Addressee

B. Received by (Printed Name)

E. Brown

C. Date of Delivery

*7/23/12*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

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Domestic Return Receipt

102595-02-M-1540

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5-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
MacNeal Memorial Hospital
3249 Oak Park Avenue
Berwyn, IL 60402

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4020

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Mercy Hospital and Medical Center
2525 South Michigan Avenue
Chicago, IL 60616

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4055

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Methodist Hospital of Chicago
5025 North Paulina Street
Chicago, IL 60640

RECEIVED
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2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4136

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

COPY

6-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Mount Sinai Medical Center
1500 South Chicago Avenue
Chicago, IL 60608

2. Article Number

(Transfer from service label)

91-7199-9991-7030-5656-4198

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Northwestern Memorial Hospital
251 East Huron Street
Chicago, IL 60611

2. Article Number

(Transfer from service label)

91-7199-9991-7030-5656-4211

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Norwegian American Hospital
1044 North Francisco
Chicago, IL 60622

2. Article Number

(Transfer from service label)

91-7199-9991-7030-5656-4228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COPY

7-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
 Palos Community Hospital
 12251 South 80th
 Palos Heights, IL 60463

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4143

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

COPY

8-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Provena Saint Joseph Medical Center
333 North Madison Street
Joliet, IL 60435

Per _____

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5650 8505

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130

Per _____

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5650 8499

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Roseland Community Hospital
45 West 111th Street
Chicago, IL 60628

2. Article Number

(Transfer from service label)

71 7199 9991 7030 5656 4334

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Therese DeKue

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eric _____

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X _____

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COPY

7-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4273

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Saint Joseph Health Center and Hospital
2900 North Lake Shore Drive
Chicago, IL 60657

Per

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4358

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Silver Glen Hospital
1900 Silver Cross Boulevard
New Lenox, IL 60451

JUL 24 2012

2. Article Number
(Transfer from service label)

91 7199 9991 7030 5656 4242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COPY

10-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer

South Shore Hospital

8012 South Crandon

Chicago, IL 60655

RECEIVED

JUL 2 4 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

MARIA SANTO

C. Date of Delivery

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

JAN BUCHANAN STATION

CHICAGO

JUL 2 3 2012

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4297

97

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer

St. Anthony Hospital

2875 West 19th Street

Chicago, IL 60623

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4310

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer

St. Bernard Hospital

326 West 64th Street

Chicago, IL 60621

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4303

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COPY

11/13

SENDER: COMPLETE THIS SECTION

- 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:

1. Article Addressed to:

Chief Executive Officer
St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, IL 60622

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4167

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4150

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Swedish Covenant Hospital
5145 North California
Chicago, IL 60625

Per _____

2. Article Number
(Transfer from service label)

91-7199-9991-7030-5656-4327

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thomas J. ...*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Tom ...

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COPY

12-13

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
Thorek Hospital & Medical Center
850 West Irving Park Road
Chicago, IL 60613

RECEIVED
JUL 24 2012

Per _____

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4280

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

YVES AUGUST 17/23/12

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
University of Illinois Medical Center at
Chicago
1740 West Taylor Street
Chicago, IL 60612

RECEIVED
JUL 24 2012

Per _____

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Natasha Sumner*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-26-12

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Chief Executive Officer
VHS Westlake Hospital
1225 West Lake Street
Meirese Park, IL 60160

RECEIVED
JUL 24 2012

Per _____

2. Article Number

(Transfer from service label)

91 7199 9991 7030 5656 4044

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



South
Shore
hospital

July 23, 2012

Enrique Beckmann, M.D., Ph.D.
Chief Executive Officer
MetroSouth Medical Center
12936 South Gregory Street
Blue Island, IL 60406-2428

Dear Dr. Beckmann:

South Shore Hospital has received approval from the State of Illinois Planning Board to establish a 15-bed Geriatric Psych Unit. The unit is presently under construction and we expect it to open by the end of this year.

Although our service area differs to some degree, I believe that there will be an impact on the population we serve for geriatric services.

Sincerely,

Jesus M. Ong
President/CEO

JMO/hw

RECEIVED

JUL 25 2012

Per _____

cc'd Linda St J.

7-25-12

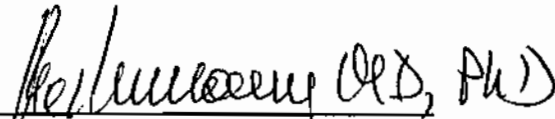
ea

ATTACHMENT 22

Criterion 1110.730(g) -- Assurances

In accordance with 77 Ill. Adm. Code § 1110.730(g), the applicant representative signing below hereby attests to the following statement:

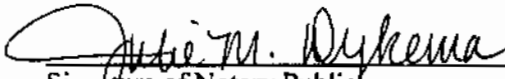
1. Applicant understands that, by the second year of operation after project completion, Applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code § 1100.560 for the Acute Mental Illness ("AMI") category of service, specifically, with regard to the request for a CON permit to establish a 14 bed AMI unit to be located at MetroSouth Medical Center in Chicago, Illinois.


Signature of Application Representative

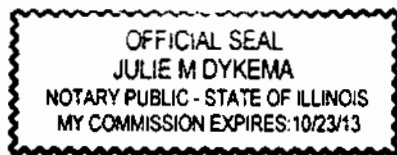
Enrique Beckmann, MD, PhD
Printed Name

Chief Executive Officer
Title

Subscribed and sworn to before me this 31st day of July, 2012.


Signature of Notary Public

Seal



7/30/12

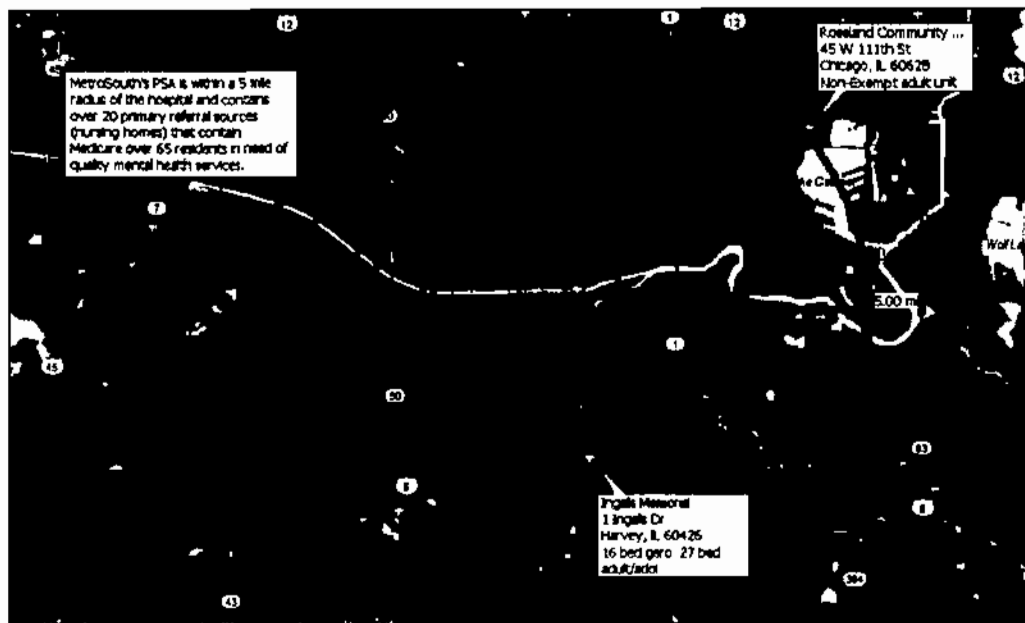
MetroSouth Medical Center
Attn: Ms. Linda St. Julien
Re: Geropsych development

Dear Ms. St. Julien,

As requested, please find this short letter as a response to the State CON application question that pertains to utilization projections for the proposed geriatric behavioral health program.

Signet Health has been instrumental in developing more than 40 inpatient behavioral health programs such as the geropsych program proposed for MetroSouth Medical Center. A critical factor in our development efforts includes; first the identification, and then the community education process directed to primary referral sources located within the PSA of the hospital. It is not unusual for new inpatient geriatric programs to receive more than 80% of their admissions from outside referral sources, not necessarily through the emergency department. **Signet Health expects the market development efforts for the new geropsych program at MSMC to provide approximately 80% of its patients from outside market development**

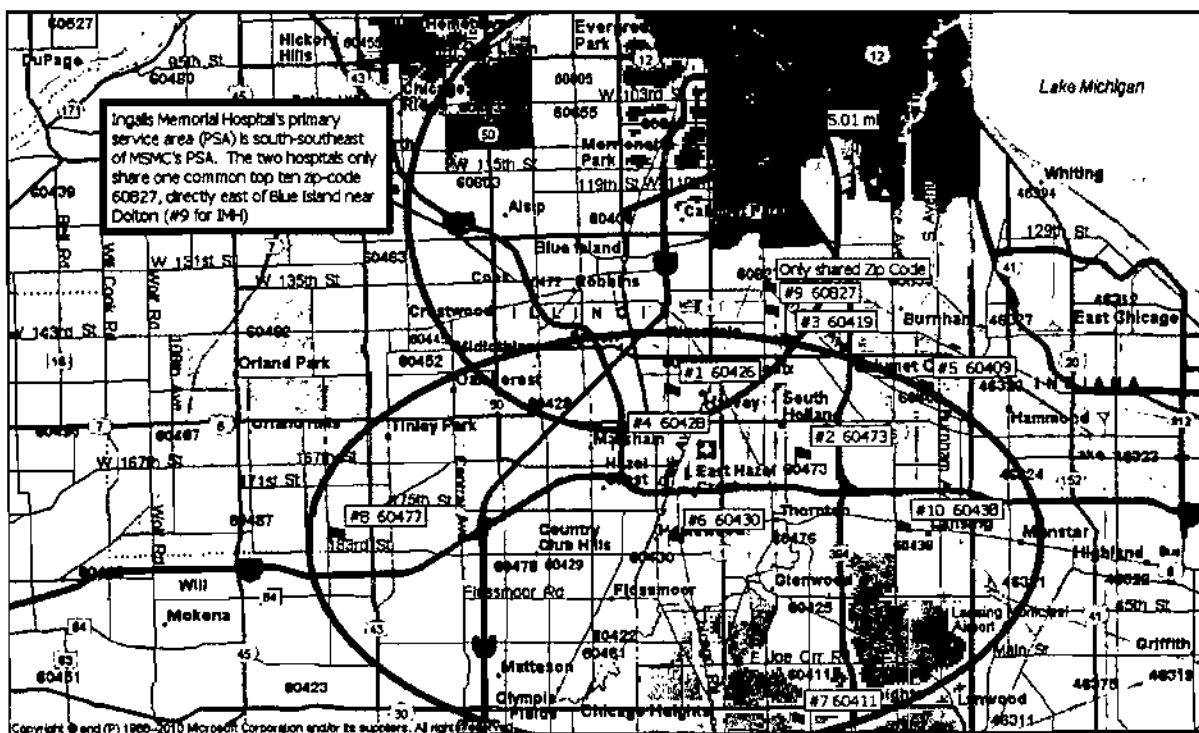
Signet expects to fully develop the behavioral health program at MetroSouth Medical Center through consultation and evaluation of the community education and referral development efforts to attending physicians, non-attending physicians, non-physician clinicians, nursing homes, human service organizations, health maintenance organizations, home health agencies, and other effective sources. Signet's approach is a multifaceted one in which not only physicians, but all possible referral sources are considered. **There are over 500 potential referral sources in Cook County and over 40 within a 5 mile radius of the hospital, fully within the PSA of MSMC.**



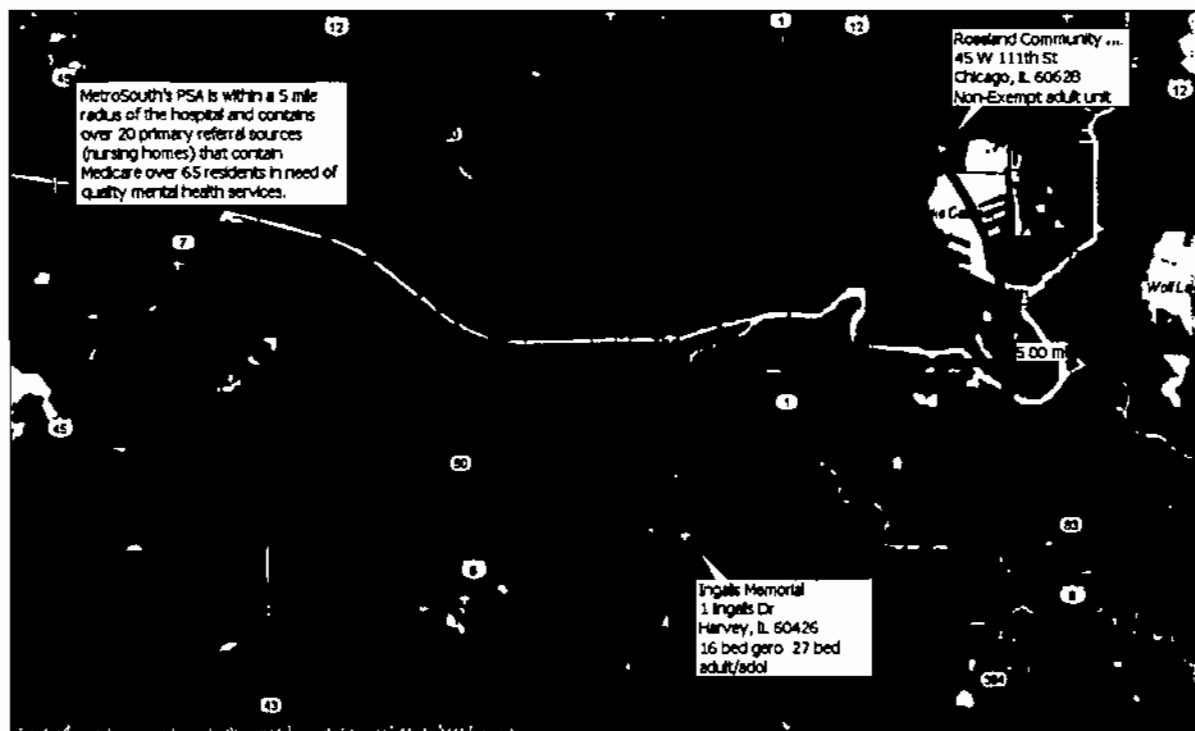
Seniors over 65 years of age represent the fastest growing segment of our population in America. In 2010, this segment of the population exceeded 40.3 million people. The State of Illinois had approximately 1,539,836 of its overall population that were aged 65 or older which was slightly lower than the U.S average of 13% from Census 2010 data. **Additionally, Cook County has a significant under-served geriatric mental health population as well.**

National research shows that depression and other mental illness among the elderly is one of the most debilitating and predominant diseases. It is also one of the most treatable. Between 15% and 25% of the elderly suffer from symptoms of mental illness. **With the clinical treatment available through geropsychiatric units such as the one to be fully developed for MetroSouth Medical Center, mental illness and associated crises can be controlled.** The community education and marketing process will focus on this need.

Acute behavioral health services in Cook County are competitive. The only other psych provider within a 5 mile radius of MetroSouth is Ingalls Memorial Hospital to the south. There are no other inpatient psych providers within the PSA of the hospital and limited geriatric mental health services within 10 miles of the hospital. Currently, there are other limited geropsychiatric programs located to the north on the outskirts of the hospital's secondary service market area which may be benefiting slightly from out-migration from Blue Island area referral sources for geropsych services, adult and other behavioral health services.



Signet Health believes that there is pent-up demand for up to 17 inpatient geriatric psych beds within the 5 mile radius PSA of the hospital alone. From our development experience, Signet believes that approximately 20-25% of admissions to the proposed geropsych unit will come through the ED while approximately 75-80% will be admitted as a result of the ongoing community education effort within the PSA and outlying markets of the hospital. As the reputation and quality of the new proposed behavioral health program becomes stronger and future development occurs at MSMC, unique opportunities exist to further brand and build a solid reputation in behavioral health within the hospital's primary service area further improving local market share and positive culture. The local market and an external marketing effort in the surrounding market area will substantially support a first year volume of 10 and a second year volume of 12.





July 30, 2012

In August of 2008, St. Francis Hospital in Blue Island was rescued from closure and became MetroSouth Medical Center. After three years of intense management which resulted in an impressive turnaround, the hospital was purchased by a subsidiary of Community Health Systems, thus rendering its future more secure from being a stand-alone facility with limited access to resources and capital to becoming a member of a 134-hospital strong national company. MetroSouth Medical Center can now serve more confidently its constituents and provide secure employment to an economically challenged community.

MetroSouth Medical Center is above all a community hospital desirous of being responsive to the healthcare needs of the communities it serves. In that vein, the hospital has developed and enhanced a wide array of services. Notable among these are emergency medicine, obstetrics and gynecology, perinatology and neonatology as well as a complete set of medical and surgical specialties. The hospital has developed eleven outpatient centers conveniently located in the community to facilitate access to care. In addition, the hospital continues to grow its array of partnerships with skilled nursing facilities and various other eldercare providers as well as federally qualified healthcare centers.

Ever mindful of its responsibilities to its patients and providers, the hospital stands alone in its community with respect to the depth and scope of its electronic medical record achievements.

MetroSouth has done all of this while enhancing its quality and safety as attested by its outstanding scores and recognition by regulatory agencies and various rating agencies. More recently, MetroSouth has showed dramatic improvements in patient satisfaction surveys.

MetroSouth, like other hospitals, has experienced a large shift from inpatient to outpatient services. This has opened opportunities for the consideration of alternate uses of existing capacity. There is a national trend to integrate medical and behavioral care. That is in part because patients who suffer from mental illness are less likely to comply with treatment recommendations. As a result, such patients are more likely to be readmitted. MetroSouth wishes to respond to this trend by entering into the behavioral health arena by opening an Acute Mental Illness (AMI) inpatient unit specializing in geriatric psychiatry. This unit will not only respond to a community need, as is being evidenced in the material we are submitting, but also addresses importantly the critically short supply of treatment capacity for behavioral services. And the offering of these services would enhance MetroSouth's services to its aging communities while making best use of its physical plant capacity. The National Alliance on Mental Illness reports that more than half of all US counties have no practicing psychiatrists, psychologists or social workers – and only 27% of community hospitals

have an inpatient psychiatric unit. And, as we all know, many states including Illinois have cut their mental health budgets. A case in point, in MetroSouth's very back yard was the recent closure of the Tinley Park Mental Health Center.

MetroSouth believes there is a shortage of approximately seventeen beds for inpatient geropsych in the hospital's primary service area based on the following:

Patient Origin

Medicare Hospital Market Service Area file for calendar year ending 12/31/2011 / Demographics						
ZIP Code of Residence	Discharges	Days of Care	Charges	Discharges Inc/Dec	Market Share	
60406	683	3,349	21,459,882	16.2%	52.7%	
60628	662	3,045	19,372,477	-4.3%	11.2%	
60643	656	3,235	21,188,728	-12.4%	17.2%	
60827	418	2,174	13,849,164	-9.1%	27.4%	
60803	236	1,037	7,059,889	-9.6%	19.5%	
60472	210	911	6,105,640	-1.9%	30.0%	
60445	203	1,056	8,279,094	-24.5%	10.3%	
60426	126	634	4,035,450	16.7%	5.5%	
60620	112	541	3,510,320	-0.9%	2.0%	
60655	103	497	3,645,851	22.6%	7.2%	
All other ZIP Codes	1,294	5,793	44,334,528			
Total	4,703	22,272	152,841,023	-7.1%		

MetroSouth Medical Center's primary market service area (PSA) was developed utilizing data from the ten top zip-codes for admission for the year ending 12/31/2011 (see chart above). These top ten zip codes are located within a five-mile radius of the hospital and represent 72% of the total discharges for the hospital. 419,942 residents live in these ten zip codes (U.S. Census Bureau 2010 statistics) of which approximately 50,813 are age 65 or older (12.1% Cook County). National statistics (SAMHSA data) show that approximately 25% of persons over the age of 65 will struggle with a serious mental illness (SMI) in their lifetime.

(see <http://archpsyc.jamanetwork.com/article.aspx?articleid=205249>)

Using more conservative SAMHSA statistics as outlined below, we believe that MetroSouth's primary service area should support up to 33 Medicare over-65 beds.

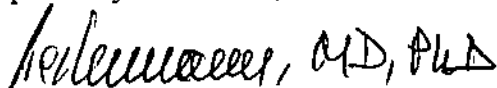
- (PSA Pop 65+) 50,813 x 5.2% (mid-range of SMI) = 2,642 x 12 (National ALOS) = 31,707 Patient Days
- 31,707 patient days / 365 days = 87 beds
- 87 beds x 38% (discounted 62% for free standing facilities) = **33 geropsychiatric bed need in the primary service area of MetroSouth**
- Current DPU geropsychiatric beds within 5 miles of MetroSouth = 16 Beds (Ingalls)
- **Net DPU Geropsychiatric Bed Need = 17 Beds**

The "age 65 or older" demographic for MetroSouth's primary service area has steadily increased over the last decade (Cook County). MetroSouth provided 44,850 patient days (3409 discharges) of healthcare during the year ending 12/30/2011 of which 21,974 patient days were reimbursed under Medicare. By far, the largest payor source for MetroSouth was Medicare in 2011 (49%) and continues to grow in 2012. Opening a new geriatric behavioral health inpatient service line will complement MetroSouth's commitment to serving the ever-aging patient mix in their primary service area.

Nearly half of Americans will develop mental illness during their lifetimes according to the American Hospital Association's *"Trend Watch: Bring Behavioral Health Into the Care Continuum."* The Robert Wood Johnson Foundation estimates that 68% of adults with mental health conditions also have medical conditions and that 29% of adults with medical conditions also have mental health conditions.

Given these facts and the aging of our population, MetroSouth strongly believes that it can best serve its patients and the community by offering inpatient psychiatric services. MetroSouth's management team is a good partner to the State of Illinois. We care for all members of our community, and through our efforts we have expanded care provided to Medicaid recipients, particularly in maternal-fetal services. The opportunity to now offer a full array of geriatric psychiatry services to our fastest growing age group is a natural consequence of our commitment to being the hospital of choice to our community.

Respectfully submitted,



Enrique Beckmann, MD, PhD
Chief Executive Officer

Aging Boomers' Mental Health Woes Will Swamp Health System: Report

U.S. not equipped to handle growing number of seniors with mental health, substance use issues, researchers say

July 10, 2012

HealthDay

By Amanda Gardner

HealthDay Reporter

TUESDAY, July 10 (HealthDay News) -- The United States faces an unprecedented number of aging baby boomers with mental health or substance use issues, a number so great it could overwhelm the existing health care system, a new report warned Tuesday.

"The report is sufficiently alarmist," said Dr. Gary Kennedy, director of geriatric psychiatry at Montefiore Medical Center in New York City. "I think [the report authors] are right."

Kennedy was not involved with the report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* It was mandated by Congress and issued by The Institute of Medicine in light of a "silver tsunami" of health care needs expected to accompany a senior population that will reach 72.1 million by 2030.

The "silver tsunami" is the result of simple supply-and-demand forces gone awry, the report authors explained.

Up to 8 million older Americans, or 20 percent of the current senior population, suffer from some form of mental health condition, often depression, at-risk drinking or dementia-related behavioral and psychiatric symptoms, according to the IOM report. (A basic diagnosis of Alzheimer's disease was excluded from the study.)

And 2 million seniors have severe mental illnesses, a number that is "greatly underappreciated," said Dr. Peter Rabins, one of the authors of the report.

Also, as baby boomers age, studies indicate that their use of illicit drugs will continue.

"The reality is the Woodstock Generation has come of age," said Kennedy. "Their background is with psychedelic drugs, marijuana, recreational drugs, non-narcotics . . . It's a real problem."

Against these growing problems, meanwhile, the number of health providers and other service providers is shrinking in proportion. And that means, according to the report, that "a health care workforce that is not prepared to address either [mental health/substance use] problems or the special needs of an aging population is a compelling public health burden."

"The number of individuals with specialty training in both aging and either mental health or substance use issues is extremely small," said Rabins, who is a psychiatry professor at Johns Hopkins School of Medicine in Baltimore.

Nor are candidates rushing to fill the pipeline, Kennedy added, probably because of lower pay in geriatric specialties.

Each of these populations -- the elderly, and those with mental health and/or substance use issues -- require special care. But the two in combination represent a special challenge.

Older people metabolize both alcohol and drugs differently from younger people, putting them at risk for overdoses. According to one estimate, almost two-thirds of emergency room visits for adverse drug reactions in 2008 were by elderly people.

Also, elderly people -- particularly those with depression -- may be less able to adhere to complicated medication regimens for mental and physical ailments.

And medications to treat mental health issues may not react well with other medications needed to treat high blood pressure, diabetes and the host of other physical problems that become common as people age.

"The biggest challenge appears to be the fact that these problems rarely occur in isolation. Most [elderly] people who have mental health or substance use problems also have a physical health problem," said Rabin. "That's not true in younger age groups."

The report provides a number of recommendations for solutions, in what basically amounts to an overhaul of the health care system.

Key to handling the future explosion of seniors with mental health issues and/or substance use issues will be organizing a better health care workforce.

"We really need to be training the existing workforce, which interacts with both older people and mentally ill people, to have the skill set of the other group," said Rabins. "People with general mental health training, such as social workers, psychologists and psychiatrists, have very little training in treating the elderly. Those in the aging network have very little experience treating mental illness."

Better provisions, including funding, need to be made for training professionals to care for this population. This includes primary care providers, nurses and nursing-home assistants.

And Medicare/Medicaid reimbursement schedules need to be overhauled to make sure the services this population requires are covered.

The report also said the federal government should coordinate all the efforts that involve these two vulnerable populations.

In addition, Kennedy suggested that partial forgiveness of medical-school loans would "turn around the onward direction of trainees coming into the geriatric field."

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Source: http://health.usnews.com/health-news/news/articles/2012/07/10/aging-boomers-mental-health-woes-will-swamp-health-system-report_print.html

Geriatric Healthcare Workforce Fact Sheet

Background

In January 2009, U.S. Senators Herb Kohl (D-WI), chairman of the Special Committee on Aging, Blanche Lincoln (D-AR), and Bob Casey (D-PA) re-introduced the "Retooling the Health Care Workforce for an Aging America Act of 2009," (S. 245). **The same bill (H.R. 468) was introduced in the U. S. House of Representatives by Representative Jan Schakowsky (D-IL) on January 13, 2009.** A number of the provisions in this legislation were included in health care reform legislation, the "Patient Protection and Affordable Care Act," that was signed into law by President Obama on March 23, 2010.

This legislation addresses the current and future shortage of health care personnel who are trained to care for older adults. The bill was prompted by a report issued by the Institute of Medicine (IOM) in April 2008, which painted a grim picture of health care for older Americans. AAGP has been in the forefront of efforts to remedy the problems identified by the IOM study.

AAGP leaders and staff worked closely with Senator Kohl's staff on the Senate Aging Committee on the bill's mental health provisions.

S. 245/H.R. 468 includes authorization of two studies that address issues high on AAGP's list of priorities:

- A complementary IOM report on the composition of the mental health workforce that is needed to meet the needs of the aging population. This provision was funded in the appropriations bill for the Department of Health and Human Services (HHS) for Fiscal Year 2010, and AAGP worked with HHS and IOM on contours of the study, which began in March 2011.
- A study to be conducted by the Government Accountability Office (GAO) which would examine National Institutes of Health spending on conditions and illnesses that disproportionately affect the health of older adults. This study would examine the number of older adults included in clinical trials supported by NIH institutes, an issue that AAGP has raised with Senate and House members on numerous occasions in recent years.

AAGP also strongly supported a provision that was included in health care reform legislation that will expand authorization for Geriatric Education Centers (GECs) to include new grants for short-term intensive courses (mini-fellowships) in geriatrics, chronic care management and long-term care to faculty members of medical and other health professions school. It would require GECs applying for these grants to incorporate mental health and dementia "best practices" training into most of their courses.

Other provisions of S. 245/H.R. 468 would:

- Expand other geriatrics programs under Title VII and Title VIII of the Public Health Service Act to be more inclusive of allied health professions.
- Require state veterans employment and job counseling services to provide information on opportunities in geriatrics and long-term care.
- Establish tuition stipends for direct care workers (nurse aides, home health aides and person or home-care aides) in the long-term care sector to advance to into nursing.
- Establish programs to develop the opportunities in for high school and college students studying in various allied healthcare disciplines to work with low-income seniors.
- Establish model demonstration programs for developing best practices in training of mid-level professionals to advance in the aging services field.
- Develop online training for caregivers to demonstrate techniques for activities of daily living assistance.

- Establish a national demonstration program to develop and evaluate core training competencies for personal and home care aides as well as additional training content, supplement current federal requirements, for home health aides and nurse aides.
- Provide better integration of services and information to meet the needs of family caregivers.
- Authorize studies by the GAO on projected needs of lower-income individuals and on successful practices in reducing turnover and improve retention among direct care staff in nursing homes, assisted living facilities, and home health agencies.

AAGP Position

AAGP strongly supports this legislation, which was endorsed by a broad range of organizations interested in aging and health care issues. While some provisions were included in the health care reform legislation enacted in March 2010, AAGP and allied organizations will continue to advocate for the remaining provisions as well as other initiatives to address the geriatric health care workforce during the 112th Congress. The complex problems associated with aging require a supply of health care professionals and paraprofessionals with special training in geriatrics, better geriatrics education and training for the entire health care workforce, and better information and support for family caregivers. It is critical that action be taken now to alleviate the serious shortage of health care professionals trained to meet the special needs of older people.

(March 3, 2011)

NEWS

F R O M T H E N A T I O N A L A C A D E M I E S

NATIONAL ACADEMY OF SCIENCES
NATIONAL ACADEMY OF ENGINEERING
INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

Date: July 10, 2012

FOR IMMEDIATE RELEASE

Baby Boomers Likely to Face Inadequate Care for Mental Health, Substance Abuse; IOM Report Recommends Ways to Boost Work Force, Fund Services and Training

WASHINGTON — Millions of baby boomers will likely face difficulties getting diagnoses and treatment for mental health conditions and substance abuse problems unless there is a major effort to significantly boost the number of health professionals and other service providers able to supply this care as the population ages, says a new report from the Institute of Medicine. The magnitude of the problem is so great that no single approach or isolated changes in a few federal agencies or programs will address it, said the committee that wrote the report.

The report calls for a redesign of Medicare and Medicaid payment rules to guarantee coverage of counseling, care management, and other types of services crucial for treating mental health conditions and substance use problems so that clinicians are willing to provide this care. Organizations that accredit health and social service professional schools and license providers should ensure that all who see older patients -- including primary care physicians, nurses, physicians' assistants, and social workers -- are able to recognize signs and symptoms of geriatric mental health conditions, neglect, and substance misuse and abuse and provide at least basic care, the committee said.

Top leaders of the U.S. Department of Health and Human Services need to promote national attention to building a work force of sufficient size that is trained in geriatric mental health and substance abuse care. They should ensure that all the department's relevant agencies are devoting sufficient attention and resources to these conditions.

"There is a conspicuous lack of national attention to ensuring that there is a large enough health care work force trained to care for older adults with mental health and substance use conditions," said committee chair Dan G. Blazer, J.P. Gibbons Professor of Psychiatry and Behavioral Sciences and vice chair for faculty development, Duke University Medical Center, Durham, N.C. "These conditions are relatively common, they can be costly, and they can have profound negative impacts on people's health and well-being. This report is a wake-up call that we need to prepare now or our older population and their extended families will suffer the consequences."

The committee conservatively estimated that between 5.6 million and 8 million older Americans -- 14 percent to 20 percent of the nation's overall elderly population -- have one or more mental health conditions or problems stemming from substance misuse or abuse. Depressive disorders and dementia-related behavioral and psychiatric symptoms are the most prevalent. Rates of accidental and intentional misuse of prescription medications are increasing. Although the rate of illicit drug use among older individuals is low, studies indicate that it will likely increase as the baby boomers age.

Inattention to older adults' mental health conditions and substance misuse is associated with higher costs and poorer health outcomes, the report notes. For example, older individuals with untreated depression are less likely to properly take medications for diabetes, high blood pressure, and heart disease, and they are more likely to require repeated costly hospital stays.

Training in geriatric care for these problems is necessary, the committee emphasized. Age alters the way

people's bodies metabolize alcohol and medications, increasing the general risk for overdoses; these changes also can worsen or cause alcoholism and addiction. Older adults are also more likely to have physical conditions and impairments in thinking and ability to function that can complicate the detection and treatment of mental health problems and substance misuse or abuse. For example, cognitive impairments can affect an older person's ability to comply with medication directions.

Medicare and Medicaid payment policies deter effective and efficient care for substance abuse and mental health conditions by limiting which personnel can be reimbursed and which types of services are covered, the committee found. Effective care includes helping patients self-manage their conditions and monitoring to prevent relapses, services that can be provided by a range of trained providers and in a variety of care settings. The Centers for Medicare and Medicaid Services should evaluate alternative payment methods that would better reflect and fund effective services and coordinated team-based care for mental health and substance abuse, the report says.

Most primary care providers will have frequent contact with older patients, yet their training includes little if any education on geriatric mental health and substance use, the report notes. Few opportunities exist to specialize in geriatric care for these conditions, and financial incentives and mentorships are not in place to encourage health professionals to enter or stay in this field. Health professionals' training across all disciplines should include competence in these areas, and they should be expected to be able to respond appropriately to signs of mental health or substance use problems to the full extent of their scope of practice, the committee said. Congress should appropriate the funds to carry out the provisions in the Patient Protection and Affordable Care Act that support loan forgiveness and scholarships for individuals who work with or are preparing to work with older adults with mental health conditions or substance use problems.

Resources for HHS programs that have supported or could support geriatric care for mental health and substance abuse have been dwindling and in some cases are being eliminated, the committee noted. The report urges HHS leaders to ensure each agency provides sufficient attention and funds to grants and other programs to build an adequate work force able to provide this care.

The report was sponsored by the U.S. Department of Health and Human Services. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The Institute of Medicine, National Academy of Sciences, National Academy of Engineering, and National Research Council together make up the independent, nonprofit National Academies. For more information, visit <http://national-academies.org> or <http://iom.edu>. A committee roster follows.

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Pre-publication copies of *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at <http://www.nap.edu> or <http://iom.edu/>. Reporters may obtain a copy from the Office of News and Public Information (contacts listed above).

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INSTITUTE OF MEDICINE

Board on Health Care Services

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Report: Too little mental health care for boomers

By AP Medical Writer LAURAN NEERGAARD

July 10, 2012

WASHINGTON (AP) — Getting older doesn't just mean a risk for physical ailments like heart disease and bum knees: A new report finds as many as 1 in 5 seniors has a mental health or substance abuse problem.

And as the population rapidly ages over the next two decades, millions of baby boomers may have a hard time finding care and services for mental health problems such as depression — because the nation is woefully lacking in doctors, nurses and other health workers trained for their special needs, the Institute of Medicine said Tuesday.

Instead, the country is focused mostly on preparing for the physical health needs of what's been called the silver tsunami.

"The burden of mental illness and substance abuse disorders in older adults in the United States borders on a crisis," wrote Dr. Dan Blazer of Duke University, who chaired the Institute of Medicine panel that investigated the issue. "Yet this crisis is largely hidden from the public and many of those who develop policy and programs to care for older people."

Already, at least 5.6 million to 8 million Americans age 65 and older have a mental health condition or substance abuse disorder, the report found — calling that a conservative estimate that doesn't include a number of disorders. Depressive disorders and psychiatric symptoms related to dementia are the most common.

While the panel couldn't make precise projections, those numbers are sure to grow as the number of seniors nearly doubles by 2030, said report co-author Dr. Peter Rabins, a psychiatrist at Johns Hopkins University. How much substance abuse treatment for seniors will be needed is a particular question, as rates of illegal drug use are higher in boomers currently in their 50s than in previous generations.

Mental health experts welcomed the report.

"This is a wake-up call for many reasons," said Dr. Ken Duckworth of the National Alliance on Mental Illness. The coming need for geriatric mental health care "is quite profound for us as a nation, and something we need to attend to urgently," he said.

Merely getting older doesn't make mental health problems more likely to occur, Rabins said, noting that middle age is the most common time for onset of depression.

But when they do occur in older adults, the report found that they're too often overlooked and tend to be more complex. Among the reasons:

—People over 65 almost always have physical health problems at the same time that can mask or distract from the mental health needs. The physical illnesses, and medications used for them, also can complicate treatment. For example, up to a third of people who require long-term steroid

treatment develop mood problems that may require someone knowledgeable about both the medical and mental health issues to determine whether it's best to cut back the steroids or add an antidepressant, Rabins said.

On the other side, older adults with untreated depression are less likely to have their diabetes, high blood pressure and other physical conditions under control — and consequently wind up costing a lot more to treat.

—Age alters how people's bodies metabolize alcohol and drugs, including prescription drugs. That can increase the risk of dangerous overdoses, and worsen or even trigger substance abuse problems.

—Grief is common in old age as spouses, other relatives and friends die. It may be difficult to distinguish between grief and major depression.

That also means a loss of the support systems that earlier in life could have helped people better recover from a mental health problem, said Dr. Paul D.S. Kirwin, president of the American Association for Geriatric Psychiatry. Adding stress may be loss of a professional identity with retirement, and the role reversal that happens when children start taking care of older parents.

"There'll never be enough geriatric psychiatrists or geriatric medicine specialists to take care of this huge wave of people that are aging," Kirwin said.

The Institute of Medicine report recognizes that. It says all health workers who see older patients — including primary care physicians, nurses, physicians' assistants and social workers — need some training to recognize the signs of geriatric mental health problems and provide at least basic care. To get there, it called for changes in how Medicare and Medicaid pay for mental health services, stricter licensing requirements for health workers, and for the government to fund appropriate training programs.

Source: <http://www.saukvalley.com/2012/07/10/report-too-little-mental-health-care-for-boomers/aclyaa/>

Report



The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?

Released: July 10, 2012

Type: Consensus Report

Topics: Aging, Health Care Workforce, Substance Abuse and Mental Health

Activity: The Mental Health Workforce for Geriatric Populations

Board: Board on Health Care Services

At least 5.6 million to 8 million – nearly one in five – older adults in America have one or more mental health and substance use conditions, which present unique challenges for their care. With the number of adults age 65 and older projected to soar from 40.3 million in 2010 to 72.1 million by 2030, the aging of America holds profound consequences for the nation.

For decades, policymakers have been warned that the nation's health care workforce is ill-equipped to care for a rapidly growing and increasingly diverse population. In the specific disciplines of mental health and substance use, there have been similar warnings about serious workforce shortages, insufficient workforce diversity, and lack of basic competence and core knowledge in key areas.

Following its 2008 report highlighting the urgency of expanding and strengthening the geriatric health care workforce, the IOM was asked by the Department of Health and Human Services to undertake a complementary study on the geriatric mental health and substance use workforce. An expert committee assessed the needs of this population and the workforce that serves it. The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, says the committee, that no single approach, nor a few isolated changes in disparate federal agencies or programs, can adequately address the issue. Overcoming these challenges will require focused and coordinated action by all.

Project is funded through cash on hand.

Financials are submitted through email and in project 11-115.

The waiver applies since the project is internally funded with cash on hand.

The projected operating costs for first full year of operating at target utilization: See attached
There is no effect of the project on MSMC's capital costs.

MetroSouth Medical Center

IP Exempt Gero Psych Proforma

Income Statement

	Level 1 A		Level 2 B		Level 3 C	
	Total	PPD	Total	PPD	Total	PPD
Patient Stats:						
Average Daily Census	7.8		10.0		13.0	
Average Length of Stay	12.0		12.0		12.0	
Total Discharges	238		304		395	
Total Medicare %	95.0%		95.0%		95.0%	
Geropsych MCR % (Age 65+)	95.0%		95.0%		95.0%	
Patient Revenues:						
Gross Inpatient Revenue	\$ 5,135,405	\$ 1,799	\$ 6,567,633	\$ 1,799	\$ 8,537,923	\$ 1,799
Less: Contractual Adj's	(2,693,941)	(944)	(3,445,261)	(944)	(4,478,840)	(944)
Net Patient Revenue (1):	\$ 2,441,465	\$ 855	\$ 3,122,372	\$ 855	\$ 4,059,083	\$ 855
Direct Expenses (2):						
Salary & Wages - Hospital	\$ 1,233,730	\$ 432	\$ 1,427,751	\$ 391	\$ 1,730,814	\$ 365
SW&B - Mgmt Pass-Thru	208,728	73	208,728	57	208,728	44
Benefits - Hospital	281,061	98	325,262	89	394,304	83
Supplies	28,540	10	36,500	10	47,450	10
Medical Director	144,000	50	144,000	39	144,000	30
Management Fee	264,000	93	264,000	72	264,000	56
Other	24,000	8	24,000	7	24,000	5
Total Direct Expenses	\$ 2,184,060	\$ 765	\$ 2,430,241	\$ 666	\$ 2,813,296	\$ 593
Contribution Margin	\$ 257,405	\$ 90	\$ 692,130	\$ 190	\$ 1,245,787	\$ 263
Contribution Margin %	10.5%		22.2%		30.7%	
Incremental Overhead (3):						
Ancillary Departments	\$ 143,262	\$ 50	\$ 183,216	\$ 50	\$ 238,181	\$ 50
Laundry & Linen	32,662	11	41,771	11	54,302	11
Housekeeping	38,675	14	49,462	14	64,300	14
Dietary	42,806	15	54,745	15	71,168	15
Total Incremental Overhead	\$ 257,405	\$ 90	\$ 329,193	\$ 90	\$ 427,951	\$ 90
EBITDA	\$ 0	\$ 0	\$ 362,937	\$ 99	\$ 817,836	\$ 172
EBITDA %	0.0%		11.6%		20.1%	

FOOTNOTES:

- (1) Based on the "Net Revenue Assumptions" page, which assumes a per diem or per discharge net reimb. rate by payor type. The MCR per diem rate is based on the "Exempt IPF-PPS Pmt Estimator" Non-Medicare per diem or per discharge rates are either from information provided by the hospital or based on estimated industry averages. These per diem and per discharge rates are assumed as all-inclusive bundled rates.
- (2) Salary & Wages and Benefits expenses are detailed on the "Salary & FTE Analysis" page.
- (3) Incremental Overhead PPD's based on non-salary direct cost per Wksht A from the cost report.
- (4) Detailed on the "DSH Impact" page and determined utilizing the cost report provided.
- (5) Detailed on the "IME Impact" page and determined utilizing the cost report provided.
- (6) Detailed on the "GME Impact" page and determined utilizing the cost report provided.

Charity Care
Safety Net Impact

Safety Net Impact Statement

4

CHARITY CARE			
Charity Care (# of patients)	Year 2009	Year 2010	Year 2011
Inpatient	57	518	374
Outpatient	50	1,337	1,973
Total	107	1,855	2,347
Charity (Cost in Dollars)			
Inpatient	1,486,203	1,954,052	1,780,810
Outpatient	1,491,254	510,625	781,881
Total	2,977,457	2,464,677	2,562,692
MEDICAID			
Medicaid (# of Patients)	Year 2009	Year 2010	Year 2011
Inpatient	2,516	2,888	2,869
Outpatient	26,455	28,757	31,013
Total	28,971	31,645	33,882
Medicaid (Revenue)			
Inpatient	\$ 53,355,499	\$ 52,724,829	\$ 56,081,963
Outpatient	\$ 35,597,408	\$ 42,011,747	\$ 48,378,215
Total	\$ 88,952,907	\$ 94,736,576	\$ 104,460,178