



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

January 2, 2014

EMAIL
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kevin Casey
Director of Developmental Disabilities
Illinois Department of Human Services Division of Developmental Disabilities
319 E. Madison Street, Suite 4N
Springfield, IL 62701

Re: Project 13-058 - Warren G. Murray Developmental Center

Dear Mr. Casey:

We are reviewing the information submitted with your application for permit for the discontinuation of the 372-bed Warren G. Murray Developmental Center and we need the following information:

- The estimated completion date: the application estimates the completion date as November 30, 2013. We need a new completion date. See attached page below.
- An explanation of the Charity Care Information submitted as part of the Safety Net Impact Schedule.
 - What does the charity care expense submitted for each of the fiscal years represent?

Please complete the schedules that are attached for Warren G. Murray Developmental Center for fiscal years 2013, 2012, 2011 and 2010.

Should you have questions or concerns please contact me at 217.785.1557 or at mike.constantino@illinois.gov

Sincerely,

Mike Constantino
Attached:

- Page 2 of the application for permit
- Expenditure Schedules for 2010, 2011, 2012, 2013

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 \$ _____.

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): _____

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.

Murray Developmental Center June 30, 2009				
	Expenditures Through June 30, XXXX	Lapse Period July 1st to August 31, XXXX	Total Expenditures 14 Months Ended August 31, XXXX	Balances Lapsed August 31, XXXX
Appropriations Net of Transfers				
General Revenue Fund				718,377
Personal services	28,645,300			
Retirement contributions	4,749,600	1,206,810	27,926,923	-
State employees retirement system - continuing appropriation	1,188,000	836,800	1,089,139	98,861
State contributions to Social Security	2,047,900	1,957,643	2,046,275	1,625
Contractual services	1,917,800	1,710,109	1,907,874	9,926
Travel	5,200	4,587	238	375
Commodities	1,389,700	1,206,397	1,370,541	19,159
Printing	9,500	9,432	9,432	68
Equipment	119,900	42,127	77,530	243
Telecommunications services	88,400	73,645	14,673	82
Operation of auto equipment	70,100	55,152	12,393	2,555
Expenses related to living skills program	2900		2,900	
Total	\$40,234,300	\$37,368,505	\$2,014,524	\$851,271

Murray Developmental Center June 30, 2010				
	Expenditures Through June 30, XXXX	Lapse Period July 1st to August 31, XXXX	Total Expenditures 14 Months Ended August 31, XXXX	Balances Lapsed August 31, XXXX
Appropriations Net of Transfers				
General Revenue Fund				
Personal services				
Retirement contributions				
State employees retirement system - continuing appropriation				
State contributions to Social Security				
Contractual services				
Travel				
Commodities				
Printing				
Equipment				
Telecommunications services				
Operation of auto equipment				
Expenses related to living skills program				
Total				

Murray Developmental Center June 30, 2011				
	Expenditures Through	Lapse Period July 1st	Total Expenditures 14 Months	Balances Lapsed August 31, XXXX
Appropriations				
Net of Transfers	June 30, XXXX	to August 31, XXXX	Ended August 31, XXXX	
General Revenue Fund				
Personal services				
Retirement contributions				
State employees retirement system - continuing appropriation				
State contributions to Social Security				
Contractual services				
Travel				
Commodities				
Printing				
Equipment				
Telecommunications services				
Operation of auto equipment				
Expenses related to living skills program				
Total				

Murray Developmental Center June 30, 2012				
	Expenditures Through	Lapse Period July 1st	Total Expenditures 14 Months	Balances Lapsed August 31, XXXX
Appropriations				
Net of Transfers	June 30, XXXX	to August 31, XXXX	Ended August 31, XXXX	
General Revenue Fund				
Personal services				
Retirement contributions				
State employees retirement system - continuing appropriation				
State contributions to Social Security				
Contractual services				
Travel				
Commodities				
Printing				
Equipment				
Telecommunications services				
Operation of auto equipment				
Expenses related to living skills program				
Total				

Murray Developmental Center June 30, 2013				
	Appropriations Net of Transfers	Expenditures Through June 30, XXXX	Lapse Period July 1st to August 31, XXXX	Total Expenditures 14 Months Ended August 31, XXXX
				Balances Lapsed August 31, XXXX
General Revenue Fund				
Personal services				
Retirement contributions				
State employees retirement system - continuing appropriation				
State contributions to Social Security				
Contractual services				
Travel				
Commodities				
Printing				
Equipment				
Telecommunications services				
Operation of auto equipment				
Expenses related to living skills program				
Total				