



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

52525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-02	BOARD MEETING: March 10, 2015	PROJECT NO: 14-067	PROJECT COST: Original: \$1,100,365
FACILITY NAME: Center for Comprehensive Services, Inc.		CITY: Palatine	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (Center for Comprehensive Services, Inc., and Mentor ABI, LLC) propose to establish a 5-bed community based comprehensive rehabilitation center in Palatine. The total cost of the project is \$1,100,365. **The anticipated project completion date is April 30, 2015.**

The State Board Staff Notes: A Community-Based Residential Rehabilitation Center Model is a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitation care or intense medical or nursing services. (Section 35(4) of the Act) A Demonstration Program is a program to license and study alternative health care models authorized under the Act (Section 10 of the Act).

This project is being proposed under the Alternative Health Care Delivery Act. In order for an application for the community-based residential rehabilitation center alternative health care model to be approved, the applicant **must comply with all criteria established in 77 Ill. Adm. Code 1110.2830.** A community-based residential rehabilitation center alternative health care model shall have a **period of 12 months from the date of permit issuance to become operational.** Failure to begin operation in this time period shall result in the permit becoming null and void.

Board Staff notes this project was initially approved as project #13-051, Center for Comprehensive Services, Inc., on September 24, 2013. The project proposed to establish a 5-bed comprehensive rehabilitation care facility, at 707 West Helen Road North, in Palatine. The project was scheduled to be completed no later than November 30, 2013. Board Staff notes the project was not completed in a timely manner, and the permit holders were advised to relinquish the existing permit, and reapply for another Certificate of Need permit.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Center for Comprehensive Services, Inc., and Mentor ABI, LLC), propose to construct a 5-Bed Community Based Residential Rehabilitation Center in Palatine. The total cost of the project is \$1,100,365. **The anticipated project completion date is April 30, 2015.** The proposed facility is an expansion under the current CON that was granted for 100 beds. Assuming an average length of stay of 120 days, it is projected that 23-24 patients will be admitted to the home during its first year of opening based on current demand.
- In March 2010 the applicants were approved for 100 beds under the Alternative Health Care Delivery Act Model for Community-Based Residential Rehabilitation Center in the greater Chicago Area. As part of that approval the applicants are required to come back to the State Board and seek approval for the establishment of each individual home within this 100 bed framework. Currently the applicants have been approved for:
 - a 8 bed facility at 820 Berkshire Lane, Des Plaines, Illinois. (Permit #09-060)
 - an 8-bed facility at 1158 Deer Avenue, Palatine, Illinois. (Permit #12-033)

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because the applicants are proposing the establishment of a health care facility.

PURPOSE OF THE PROJECT:

- The purpose of the project is to provide residents of the metropolitan Chicago area access to an IDPH-licensed community based residential rehabilitation center. The metropolitan Chicago area has only one other facility of this nature in Des Plaines. The applicants note this, and other facilities in throughout the State, are operating at capacity, and often need to turn people away or delay services.

NEED FOR THE PROJECT:

To establish a Community-Based Residential Rehabilitation Center, the applicant must provide documentation that:

- Identifies staffing needs, qualifications, and patterns;
- The applicant facility is capable of providing the minimum range of services required under the Alternative Healthcare Delivery Act;
- Identifies the number and location of all beds in the model;
- The target utilization will be achieved by the second year of the model's operation; and,
- The programs provided in the model have been accredited by the Commission on Accreditation.

COMPLIANCE ISSUES:

- The applicants have reported no adverse actions for the past three years.

PUBLIC HEARING/COMMENT

- No public hearing was requested, and no letters of support or opposition were received regarding the proposed project.

FINANCIAL AND ECONOMIC FEASIBILITY:

- The project will be funded through cash and securities totaling \$660,365 and the fair market value of a lease totaling \$440,000. The applicants provided audited financial statements and it appears that sufficient cash is available to fund the cash portion of the project.

SUMMARY

- The applicants have addressed the requirements of the Alternative Health Care Delivery Act (210 ILCS/3) and (77 IAC 1110.2830) and (77 IAC 1120).

STATE BOARD STAFF REPORT
Center for Comprehensive Services, Inc. - Palatine
PROJECT #14-067

APPLICATION SUMMARY	
Applicants(s)	Center for Comprehensive Services, Inc. Mentor ABI, LLC
Facility Name	Center for Comprehensive Services, Inc. - Palatine
Location	Palatine
Application Received	December 22, 2014
Application Deemed Complete	December 26, 2014
Review Period Ended	February 24, 2015
Public Hearing Held	No
Can Applicants Request Deferral?	Yes
Review Period Extended by the State Board Staff?	No
Applicants' Modified the project?	No

I. The Proposed Project

The applicants propose to establish a 5-bed Community-Based Residential Rehabilitation Center in Palatine. The cost of the project is \$1,100,365.

II. General Information

The applicants are Center for Comprehensive Services, Inc., and Mentor ABI, LLC. The applicants propose to expand upon the approved 100 bed Certificate of Need in the category of Community-Based Residential Rehabilitation Center through the renovation and establishment of a 5-bed Residential Rehabilitation Center at 707 W. Helen Road North in Palatine.

The project is substantive and subject to Part 1110 and Part 1120 review. Obligation will occur after permit issuance. **The anticipated project completion date is April 30, 2015.**

III. Summary of Support and Opposition Comments

An opportunity for a public hearing was offered on this project; however, no hearing was requested. The State Board Staff has received no letters of support or opposition to the proposed project.

IV. Facilities in the Community-Based Residential Rehabilitation Model

Table One displays information pertaining to other facilities participating in this Alternative Health Care Model.

As Table One shows, there are 3 other providers of this service in the State of Illinois. Utilization data for these facilities is currently not collected by Board Staff or IDPH, and the program itself is a model that will be either approved or discontinued, once evaluated.

TABLE ONE Community Based Residential Rehabilitation Centers Illinois			
Facility	City	County	Beds
Center for Comprehensive Services*	Carbondale	Jackson	100
Center for Comprehensive Services*	Des Plaines	DuPage	8
Center for Comprehensive Services*	Palatine	Cook	8
Rescare Neuro Rehab Center	Downers Grove	DuPage	12

V. The Proposed Project – Details

The applicants propose to expand the Community Based Residential Rehabilitation Center Model, by establishing the Center for Comprehensive Services, Palatine, a 5 bed Community based Residential Rehabilitation Center, located at 707 W. Helen Road North, Palatine.

VI. Project Costs and Sources of Funds

The applicants' provided the project costs for clinical aspects of the proposed project. Table Two shows the project costs and funding sources using these considerations.

TABLE TWO Project Costs and Sources of Funds		
Use of Funds	Clinical	Total
Modernization Contracts	\$489,650	\$489,650
Contingencies	\$42,715	\$42,715
Moveable & Other Equipment	\$128,000	\$128,000
Fair Market Value of Leased Space	\$440,000	\$440,000
Totals	\$1,100,365	\$1,100,365
Source of Funds		
Cash & Securities	\$660,365	\$660,365
Fair Market Value of Leased Space	\$440,000	\$440,000
Total	\$1,100,365	\$1,100,365

VII. Cost/Space Requirements

Table Three displays the project's space requirements for the clinical portions of the project. The State Board Staff notes the project involves the modernization of a residence in its entirety. The applicants note the proposed project will modernize and update an existing building containing 4,327/GSF of space.

TABLE THREE Proposed GSF					
Department/Area	Existing GSF	Proposed	New Construction	Modernized	As Is
Rehabilitation	4,327	4,327	0	4,327	0
Total Clinical	4,327	4,327	0	4,327	0
TOTAL	4,327	4,327	0	4,327	0

VIII. Safety Net Impact Statement/Charity Care

The applicants stated the following:

Community -based residential rehabilitation centers do not provide acute care services. The proposed facility, however, will be Center for Comprehensive Services, Inc., second group home. The co-applicants operate two of Illinois IDPH-licensed community-based residential rehabilitation center, Center for Comprehensive Services-Carbondale and Center for Comprehensive Services-Des Plaines. Identified below is the amount of Medicaid services provided by those facilities, during each of the last three fiscal years: Medicaid services increased by nearly 12% over the past two years. Center for Comprehensive Services, Inc does have a mechanism to track Charity Care. The amounts over the following years are FY12 183,480, FY11 \$198,175, and FY10 \$295,586. These amounts reflect care provided to individuals unable to pay due to an indigent status.

In addition, the co-applicants work closely with the United States Veteran's Administration on programming for military personnel acquiring traumatic brain injuries through active service. Last, and due in major part to CCS's unique programming, the Carbondale center serves as a research site for a variety of studies, offers join programs with Southern Illinois University, and provides externship opportunities for a number of area universities. The data is illustrated in Tables Four and Five below.

TABLE FOUR			
Safety Net/Charity Care Information			
Center for Comprehensive Services, Inc.			
Medicaid and Charity Care Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY 2012	FY 2011	FY 2010
Inpatient			
Outpatient	Residential Program	Residential Program	Residential Program
Total	5	4	4
Charity (cost in dollars)			
Inpatient	\$183,480	\$190,248	\$283,763
Outpatient	N/A	N/A	N/A
Medicaid			
Medicaid (# of patients)	FY 2012	FY 2011	FY 2010
Inpatient	79	85	81
Outpatient	N/A	N/A	N/A
Total	79	85	81
Medicaid (revenue)	FY 2012	FY 2011	FY 2010
Inpatient	\$17,939,933	\$18,946,351	\$18,010,234
Outpatient	N/A	N/A	N/A
Total	\$17,939,933	\$18,946,351	\$18,010,234

TABLE FIVE			
Charity Care			
Center for Comprehensive Services, Inc.			
	FY 2012	FY 2011	FY 2010
Net Patient Revenue	\$26,202,247	\$28,918,833	\$29,062,456
Amount of Charity Care (Charges)	\$183,480	\$198,175	\$295,586
Cost of Charity Care	\$176,141	\$190,248	\$283,763

IX. Project Purpose and Alternatives

A) Criterion 1110.230 – Purpose of the Project

The criterion states:

“The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

The applicants' state: *The purpose of the proposed project is to provide residents of the metropolitan Chicago area access to the services of an IDPH-licensed community -based residential rehabilitation center. By granting this, the health care of area residents who have acquired brain injuries will be greatly enhanced. There are only 3 facilities with this type of license in the State, two of which are operated by the applicant in Des Plaines and Palatine. The program runs at capacity and has had to turn people away for services or delay their services. The people in the home are from the Chicago land area. The purpose is to open its 3rd home on its current Des Plaines IDPH license of 100 beds. The approval would allow us to open our third facility in the Chicago land area. The opening of the third facility will be modeled after the current Center for Comprehensive Services, Inc, d/b/a as NeuroRestorative-Illinois and NeuroRestorative/Carbondale facilities.*

The goal of the program will be to return the participant to his or her optimal living situation in their home community. In addition, the program focus is to allow the individual to be as independent as possible. The individual's abilities, in terms of independence, are evaluated prior to admission, at admission, monthly, at discharge and also post discharge."

B) Criterion 1110.230 - Alternatives to the Proposed Project

The criterion states:

"The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

- 1) Alternative options shall be addressed. Examples of alternative options 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) Other considerations.**
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of 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.

- 3) **The applicant shall provide empirical evidence, including quantified outcome data; that verifies improved quality of care, as available.”**

The applicants considered two alternatives:

1. Develop a Third Home Without a CON Permit

The applicant considered this alternative, but summarily rejected it, citing the need to comply with all governmental regulations, and not put the other licensed facilities at risk for government interventions. **The applicant identified a cost of approximately \$80,000 less than the proposed project with this alternative.**

2. Open a 100 Bed Facility

The alternative of opening a 100-bed facility was quickly dismissed, as this was counterproductive to the applicants operational model, which is to renovate existing homes, providing a 3 to 10 bed “family like” rehabilitation facility, leased from reputable real estate companies. The applicants also note the option remains to acquire/renovate other residential facilities as the need arises. **The applicant identified an estimated cost approximately \$352,000 a year higher with this alternative, due to a larger lease payment.**

The applicants have supplied the information requested in accordance with this criterion.

X. Community Based Residential Rehabilitation Center Alternative Health Care Model

A) Criterion 1110.2830(a) – Staffing Availability

The applicants are very familiar with licensure, staffing needs, and IDPH/CARF/JCHAO requirements for Community Based Residential Rehabilitation facilities. The applicants note their primary staffing strategy involves advertisements in professional journals and trade magazines, as well as major metropolitan news media outlets. Potential staff will be interviewed/selected/hired by personnel currently employed in management capacities who have an in-depth understanding of the requirements of each position filled. The applicants supplied a table (application, p. 54) that identifies a suitable staffing plan for each residence. The applicants have met the needs of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION (77 IAC 1110.238(a)).

B) Criterion 1110.2830(b) – Mandated Services

The applicants note the scope of services provided at the proposed facility will exceed those identified in 210 ILCS 3-35, and will be modeled after Neuro-Restorative-Illinois. The applicants supplied a list of services currently offered at Neuro-Restorative-Illinois, and note identical services will be offered at the proposed facility. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE WITH THE MANDATED SERVICES REVIEW CRITERION (77 IAC 1110.2830(b))

C) Criterion 1110.2830(c) – Size of Project

The criterion:

“The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

The applicants note IDPH does not maintain space standards for community-based residential rehabilitation centers. This residence to be used is a ranch-style home, with a connected 3 car garage, and consists of 3,814 square feet, or 636 square feet of living space per resident bed. Once reconfigured, all bedrooms will range from -121 square feet to -189 square feet each, with an average of 10 square feet being dedicated closet space per room. The bath and restrooms will be 101 sq. ft, 96 sq. ft, and a half bath of 27 sq. ft for a total of 324 sq ft. of private bath and restroom space. The home will undergo interior renovation, including the widening of corridors and doorways, the creation of a wheelchair accessible shower facility, and the conversion of the residence into a fully accessible residence, meeting and in many instances surpassing all ADA requirements. The residence will also receive installation of a full residential sprinkler system and centrally monitored alarm system to enhance life-safety features of the home.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE WITH THE SIZE CRITERIA (77 IAC 1110.2830(c)).

D) Criterion 1110.2830 (d) – Project Services Utilization

Criterion:

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in

Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source, that minimally include the following:

It has been the experience of the co-applicants that the demand for the types of high quality services provided by NeuroRestorative in its facilities, including Carbondale, Des Plaines and Palatine far exceeds the supply. As a result, Carbondale, Des Plaines, and Palatine operate at near 100% capacity, with vacant beds for only minimal times between discharges. A similar high occupancy is expected at the new home to be opened in Palatine on Helen Drive. Utilization is expected at 95% of existing capacity, understanding that additional residences up to a total of 100 beds will be made available over time while following licensure guidelines.

The proposed facility is an expansion under the current CON that was granted for 100 beds. Assuming an average length of stay of 120 days, it is projected that 23-24 patients will be admitted to the next home during its first year of opening based on current demand.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE WITH THE PROJECT SERVICE UTILIZATION CRITERIA (77 IAC 1110.2830(d)).

E) Criterion 1110.2830(e) – Background of Applicant

Criterion:

An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character, to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

The applicant provided a list of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, a certified statement from the applicant that no adverse action has been taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application, and authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted. The applicants appear

fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community.

XI. Criterion 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.

The total estimated project cost is \$1,100,365 and the applicant will fund the entirety of the project with cash and securities totaling \$660,365, and the Fair Market Value of Leases totaling \$440,000 (Internally Funded). The applicants provided audited financial statements and it appears sufficient resources are available to fund the project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE AVAILABILITY OF FUNDS CRITERIA (77 IAC 1120.120).

XII. 1120.130 - Financial Viability

A) Financial Viability Waiver

The applicants propose to fund the proposed project in its entirety with cash and securities (internal sources). The applicants provided audited financial statements and it appears sufficient resources are available to fund the project. The applicants have qualified for the financial waiver.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO MEET THE FINANCIAL VIABILITY CRITERIA (77 IAC 1120.130).

XIII. 1120.140-Economic Feasibility

A Criterion 1120.140(a) - Reasonableness of Financing Arrangements

The criterion states:

“This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or**
- 2) 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 that the current ratio does not fall below 2.0 times;
- B) or 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. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.

All available cash and equivalents are being used prior to borrowing. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF REASONABLENESS OF FINANCING ARRANGEMENTS (77 IAC 1120.140(a))

B. Criterion 1120.140(b) - Terms of Debt Financing

This criterion states:

“The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.”

The applicants will lease the health facility. The terms of the lease are documented below. The lease agreement was provided as required and the applicants have attested that it is at the lowest net cost available.

TABLE FIVE	
Terms of Debt Financing	
Monthly Rent (first year):	\$3,665.20
Monthly Rent (year 2):	\$3,738.50
Monthly Rent (year 3):	\$3,813.27
Monthly Rent (year 4):	\$3,889.54
Monthly Rent (year 5):	\$3,967.33

Monthly Rent (year 6):	\$4,046.68
Monthly Rent (year 7):	\$4,127.61
2% Annual Rent Adjustment	
Security Deposit:	\$3,665.20

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF TERMS OF DEBT FINANCING ARRANGEMENTS (77 IAC 1120.140(b))

C. Criterion 1120.140(c) - Reasonableness of Project Cost

The State Board Staff notes the cost identified below are for clinical expenses only.

Modernization and Contingencies – This cost is \$532,365 or \$123.03 per GSF. The State Board does not have a standard for this cost for Community Based Residential Rehabilitation Center.

Contingencies-Modernization – This cost is \$42,715 or 8.7% of modernization costs. The State Board does not have a standard for this cost for Community Based Residential Rehabilitation Center.

Moveable Equipment - These costs total \$128,000, or \$25,600 per bed. The State Board does not have a standard for this cost for Community Based Residential Rehabilitation Center.

Fair Market Value of the Lease – These costs total \$440,000. The State Board does not have a standard for this cost for Community Based Residential Rehabilitation Center.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF REASONABLENESS OF PROJECT COST CRITERION (77 IAC 1120.140(c))

D) Criterion 1120.140 (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.

The applicants anticipate the direct operating costs to be \$660.30 per patient day. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT DIRECT OPERATING COSTS CRITERION (77 IAC 1120.140 (d)).

E) Criterion 1120.140 (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.

The applicants anticipate the total effect of the Project on Capital Costs per patient day to be \$34.99. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140 (e)).

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