



LOYOLA
UNIVERSITY
HEALTH SYSTEM

Daniel J. Post
Executive Vice President
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May 11, 2016

Ms. Kathryn J. Olson
Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd floor
Springfield, Illinois 62761

RECEIVED

MAY 12 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Request for Permit Renewal
Project # 15 – 060
Establishment of Comprehensive Physical Rehabilitation
Gottlieb Memorial Hospital

Dear Ms. Olson,

On behalf of Gottlieb Memorial Hospital, Loyola University Health System and Trinity Health System, I am requesting a one year permit renewal for Project # 15-060. HFSRB approved this project on March 29, with a project completion date of December 31, 2016. We request a one year extension of the completion date for this project to December 31, 2017.

This request is based on the possibility that the new inpatient rehabilitation service at Gottlieb Memorial Hospital (GMH) may not receive designation by the U.S. Centers for Medicare and Medicaid Services (CMS) before the planned opening date of July 1, 2016. It is CMS's practice to designate rehabilitation units only at the start of the "program year," defined as the fiscal year of the provider hospital. GMH's fiscal year starts on July 1. This date was anticipated in the permit application for the relocation of the inpatient rehabilitation unit to GMH from Loyola University Medical Center (LUMC). The 6th floor (20 bed inpatient rehabilitation bed unit) at GMH is likely to be ready by this date. Renovation of supporting space with physical therapy and offices on the 4th floor may not be ready by July 1.

While efforts are underway by GMH with CMS to achieve designation before July 1, it is prudent that we anticipate the possibility this may not occur by that date. Inability to achieve CMS designation by July 1, 2016 means that the CMS designation will be deferred a year later, July 1, 2017. Accordingly, GMH requests a one year extension of its permit, from December 31, 2016 as approved by HFSRB, to December 31, 2017.

The unit at GMH will replace an existing Comprehensive Physical Rehabilitation unit at LUMC. If the CMS designation for the unit at GMH is delayed a year, LUHS will need to keep the existing Comprehensive Physical Rehabilitation unit at LUMC in operation beyond the July 1, 2016 date for the discontinuation (Certificate of Exemption E-036-15, approved by HFSRB on March 29, 2016). HFSRB's review of the LUMC rehabilitation unit discontinuation was coordinated with the approval of GMH Project #15-060. The LUMC rehabilitation unit is currently designated by CMS. LUHS and LUMC commit to discontinue the rehab service and closure of the rehab unit at LUMC when the new rehab unit is open at GMH and has received CMS designation. On May 6 we discussed with HFSRB



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staff the need to keep the rehab unit at LUMC open until the new unit at GMH is open and designated by CMS. We were given assurance that the discontinuation of the unit at LUMC does not take effect on July 1, 2016, but when we inform the State in writing that the unit is discontinued.

Enclosed is a check in the amount of \$500.00 as payment of the permit renewal fee.

Thank you for your consideration of this request for permit renewal.

Sincerely,

Daniel J. Post
Executive Vice President
Network Development and System Integration

cc: Mike Constantino, HFSRB staff
Armand Andreoni, Director of Community Benefit, LUHS
Ralph Weber, Consultant



Vendor #: 577746 Check Date: 05/06/16 Check #: 10611

	Gross Amount	Discount Amount	Net Amount Paid
CKRQ7501160506102229 05/06/2016 APPLICATION PROCESSING FEE - LOYOLA UNIV MED CTR	\$500.00	\$0.00	\$500.00
Page 1 of 1	TOTALS:	\$500.00	\$0.00
		\$500.00	

Detach at Perforation Before Depositing Check

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK.

15-060 Gottlieb Memorial Hospital



PAY EXACTLY Five Hundred and 00/100 Dollars

PAY TO THE ORDER OF ILLINOIS DEPT OF PUBLIC HEALTH
525-535 W JEFFERSON ST
SPRINGFIELD IL 62761-0001Date
05/06/2016Number
10611Amount
\$ *****500.00
Authorized Signature

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See Reverse Side For Easy Opening Instructions

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ACCOUNTS PAYABLE
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ILLINOIS DEPT OF PUBLIC HEALTH
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SPRINGFIELD IL 62761-0001