



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

## **DELIVERED ELECTRONICALLY**

June 24, 2019

Joe Ourth, Partner  
Saul Ewing Arnstein & Lehr LLP  
161 N. Clark Street, Suite 4200  
Chicago, IL 60601

Re: #19-014 – Additional Information

Dear Joe:

To complete our review of the Application for Permit #19-014 we are requesting the following information:

1. The Department of Public Health will be licensing the entire building as a hospital if this application is approved; therefore, the space and cost of the day treatment center will need to be included in the application for permit. Additionally, all the projected financial information will need to be updated to reflect this addition.
2. Application for Permit page 4: Please provide the members of MIRA Healthcare Properties, LLC (related entity) and their percentage of ownership.
3. Application for Permit page 4: Please provide a copy of the lease between MIRA Healthcare Properties, LLC and MIRO Behavioral Health Care, LLC
4. Application for Permit page 4: Please provide the name of the related entity providing day treatment to children and adolescents.
5. Application for Permit page 5: The project uses do not agree to the sources of funds by \$2,000. Please provide a corrected page 5. With the addition of the day treatment center this schedule will need to be updated.
6. Application for Permit page 56: The gross square footage does not equal 35,682 GSF. The difference is 2,750 GSF. Please provide a corrected page 56. With the addition of the day treatment center this schedule will need to be updated.
7. Application for Permit page 187: Our computer system will not let allow the downloading of the free maps tool. Please furnish the zip codes within the 10-mile radius and the population of each zip code within the 10-mile radius.
8. Application for Permit page 201: the language in the rule states "will achieve and maintain the occupancy standard specified 77 ILAC 1100 by the second year after project completion." Please provide a revised assurance statement with this language.

- a. The Application states: “This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, MIRA understands that it is expected to achieve and maintain the occupancy specified in 1110.234 (e)(1) by the second year of operation after project completion. MIRA Neuro Behavioral Health Care, LLC reasonably expects to meet this occupancy target in its third year of operation.”
9. Application for Permit – Referral Letters: Page 201-250-Are the historical referrals just for children and adolescents or does the data include adults?
10. Attachment 33-Page 338: The financial term sheet is not signed by the Applicant.
11. Application for Permit Page 341-342: For the projected financial information (balance sheet, income statement) we need a list of the assumptions used. As noted above the projected balance sheet and income statement will need to be revised to reflect the daily treatment center.
12. Attachment 36-Page 346: The capital costs per equivalent patient day should include just depreciation, amortization and interest.
13. Please provide a list of programs that will be available for patients in the hospital and the day treatment center.
14. Please provide a draft admittance policy and charity care policy for the hospital.

We are going to extend the review for this project to the September State Board Meeting. If you have any questions, please do not hesitate to contact me at 217-782-3516 or [mike.constantino@illinois.gov](mailto:mike.constantino@illinois.gov)

Sincerely,



Mike Constantino, Project Reviewer  
Illinois Health Facilities and Services Review Board