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January 27, 2020

#### VIA FEDERAL EXPRESS

Courtney Avery
Board Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RECEIVED

JAN 3 0 2020

HEALTH FACILITIES & SERVICES REVIEW BOARD

Re: Encompass Rehabilitation Hospital of Libertyville, Project #19-036, Updated Application Pages

Dear Ms. Avery:

We represent the applicants, Encompass Health Rehabilitation Hospital of Libertyville, LLC, Encompass Health Illinois Real Estate, LLC, and Encompass Health Corporation in relation to Project #19-036, Encompass Rehabilitation Hospital of Libertyville. The purpose of this letter is to provide updated application pages for the project. These updates are being submitted after reevaluation of the original allocation of reviewable/ non-reviewable space by Lawrence Whatley, Vice-President of Design and Construction for Encompass. These reallocations resulted from a more detailed and appropriate allocation of space. The original submission did not delineate between patient bed units, therapy space, and pharmacy. These updated pages identify those departments.

To be clear, our overall projects costs and the size of the project remains the same. The enclosed updated application pages reflect an appropriate re-allocation of costs and space consistent with the Board's administrative rules. Please allow us to summarize these minor changes for you:

- An increase in Site Preparation and corresponding removal of site survey and soil investigation costs (Pages 7 and 85 of the application).
- A decrease in the clinical allocation line for new construction contracts, contingency, architectural/engineering fees, moveable equipment, net interest expense costs, and other costs to be capitalized. The updated pages reflect a corresponding increase for the previously mentioned line items to the non-clinical allocation line. (Pages 7 and 85 of the application).
- A slight adjustment in the space allocation of clinical and non-clinical space in the proposed facility (Pages 9, 86, and 134).

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If you have any questions or need any additional information regarding the project, please feel free to contact me via phone at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman, via phone at 312-212-4952 or via email at MSilberman@beneschlaw.com with any questions.

Very truly yours,

BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP

Juan Morado, Jr.

JM:mls Enclosures

cc: Mike Constantino, Senior Project Reviewer George Roate, Project Reviewer



# **Encompass Health Rehabilitation Hospital** of Libertyville, LLC

# CON Application to Establish a New 60-Bed Comprehensive Physical Rehabilitation Hospital in Libertyville, Illinois (Lake County, HSA 8)

CORRECTED PAGES: 7, 9, 85, 86, 134 re: reviewable/non-reviewable sq. ft. and cost allocation

Applicant: Encompass Health Rehabilitation Hospital of Libertyville, LLC

9001 Liberty Parkway Birmingham, AL 35242

Authorized Representative: Walt

**Walter Smith** 

Director, State Regulatory Affairs

Encompass Health 9001 Liberty Parkway Birmingham, AL 35242

(205) 970-7926

**Primary Contacts:** 

Mark Silberman and Juan Morado Jr.

Benesch Law

71 S. Wacker, Suite 1600

Chicago, IL 60606

(312) 212-4952 and (312) 212-4967

# **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. Note, the use and sources of funds must be equal.

Project Cost	ts and So	urces of Funds			
USE OF FUNDS	С	LINICAL	NO	NCLINICAL	TOTAL
Preplanning Costs					
Site Survey and Soil Investigation					
Site Preparation	\$	1,127,344	\$	902,806	\$ 2,030,150
Off Site Work					
New Construction Contracts	\$	22,718,428	\$	10,269,572	\$ 32,988,000
Modernization Contracts					
Contingencies	\$	1,828,466	\$	826,534	\$ 2,655,000
Architectural/Engineering Fees	\$	1,340,875	\$	606,125	\$ 1,947,000
Consulting and Other Fees	\$	682,489	\$	308,511	\$ 991,000
Movable or Other Equipment (not in construction contracts)	\$	3,810,509	\$	1,722,491	\$ 5,533,000
Bond Issuance Expense (project related)	T	-		-	
Net Interest Expense During Construction (project related)	\$	1,194,896	\$	540,137	\$ 1,735,034
Fair Market Value of Leased Space or Equipment					W
Other Costs To Be Capitalized	\$	2,964,938	\$	1,340,262	\$ 4,305,200
Acquisition of Building or Other Property (excluding land)		-		-	
TOTAL USES OF FUNDS	\$	35,667,945	\$	16,516,439	\$ 52,184,384
SOURCE OF FUNDS	С	LINICAL	NO	NCLINICAL	TOTAL
Cash and Securities	\$	35,667,945	\$	16,516,439	\$ 52,184,384
Pledges					
Gifts and Bequests					
Bond Issues (project related)					
Mortgages					
Leases (fair market value)					
Governmental Appropriations					
Grants			_		 
Other Funds and Sources					
TOTAL SOURCES OF FUNDS	\$	35,667,945	\$	16,516,439	\$ 52,184 <u>,</u> 384

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

# **Cost Space Requirements**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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 Sc	quare Feet	Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Comprehensive Rehabilitation	\$35,667,945		41,824 BGSF	41,824 BGSF			
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	\$35,667,945		41,824 BGSF	41,824 BGSF			
NON REVIEWABLE	\$16,516,439						
Administrative							
Parking		-					
Gift Shop							
Total Non-clinical	\$16,516,439		18,906 BGSF	18,906 BGSF			
TOTAL	\$ 52,184,384		60,730 BGSF	60,730 BGSF			

APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### **Project and Sources of Funds Itemization**

Encompass Health Rehabilitation Hospital of Libertyville, LLC

#### Summary of Project and Related Cost Data Assumptions

Project Costs and Sources of Funds								
Component		Clinical		Non-Clinical	Total			
Site Preparation	\$	1,127,344	\$	902,806	\$ 2,030,150			
New Construction Contracts	\$	22,718,428	\$	10,269,572	\$ 32,988,000			
Contingencies	\$	1,828,466	\$	826,534	\$ 2,655,000			
Architectural/Engineering Fees	\$	1,340,875	\$	606,125	<b>\$</b> 1,947,000			
Consulting and Other Fees	\$_	682,489	\$	308,511	\$ 991,000			
Movable/Other Equipment (not in contracts)	\$	3,810,509	\$_	1,722,491	\$ 5,533,000			
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Other Costs To Be Capitalized	\$	2,964,938	\$	1,340,262	\$ 4,305,200			
Total Project Cost	\$	35,667,945	\$	16,516,439	\$ 52,184,384			

# Site Preparation

Project site preparation costs are based upon the proposed site location in Libertyville, IL and Encompass Health experience.

#### **New Construction**

The new construction will be a single-story 60,730 gross square foot building. Project building costs are comprised of all costs and expenses covered under the construction contract, including major medical and other fixed equipment and contractor's overhead and profit. Costs are estimated based on national architectural/construction standards adjusted for Lake County building code compliance and Encompass experience. These costs are projected to be \$32,988,000 or \$543.19 per reviewable square foot.

#### Contingencies

Project contingencies costs are an allowance for unforeseeable events related to construction and are estimated to be \$2,655,000, which is 8% of estimated new construction costs.

## Architectural/Engineering fees

Project architectural/engineering fees are projected to be \$1,947,000, or approximately 6% of new construction and contingencies costs. These costs are consistent with Encompass Health experience.

#### Moveable Equipment Costs not in Building Contract

Project moveable equipment costs are estimated costs commensurate for a 60-bed facility and are based on Encompass Health experience.

#### Net Interest Expense during Construction

Construction period project costs will be funded by cash transfers from Encompass at annual interest rate of 7.25%.

# Other Costs that are to be Capitalized

Other project costs to be capitalized are primarily comprised of CON Development fees, pre-opening expenses, and ACE-IT clinical system installation costs.

## **Cost Space Requirements**

Encompass Health Rehabilitation Hospital of Libertyville, LLC

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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 So	uare Feet	Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
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Total Non-clinical	\$16,516,439		18,906 BGSF	18,906 BGSF			
TOTAL	\$ 52,184,384		60,730 BGSF	60,730 BGSF			

APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Size of the Project Proposed GSF Compared to State Board Standard									
	rd Std	Met							
Reviewable Service	Unit	Per Bed	Total	Per Bed	Total	Standard			
Comprehensive Physical Rehab Beds	60	584.47	35,068	525-660 GSF	39,600	Yes			
Pharmacy	1	803	803	N/A	N/A	N/A			
PT/OT/ST	N/A	N/A	5,953	N/A	N/A	N/A			

Reviewable Space Total 41,824

Non-Reviewable Space 18,906

Total Proposed GSF 60,730