WELL CARE HOME

of Highland

July 8, 2024

Via electronic mail

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Well Care Home (the "Well Care")
Re-establish LTC Facility in Highland -- Project No. 23-042 (the "Project")

Dear Mr. Kniery,

Well Care Home remains excited about our Project to re-establish a long-term care facility in Highland. We believe that our Project increases needed access and will provide unique high-quality care particularly for those long-term care residents requiring renal dialysis. We also believe this Project complies with all your regulations for which it is in our control to comply.

As the Board knows from previous presentations, the prior owner of the Highland facility went into Chapter 7 bankruptcy in 2021 and closed both the skilled care facility and the associated Assisted Living facility. Well Care purchased the premises through the bankruptcy process. We are pleased to inform the Board that Well Care has reopened the related 36-apartment Assisted Living facility and have begun serving residents. This Project is for approval to reopen the 74-bed skilled facility. Because the prior closure ended the IDPH license this Project is being reviewed by the Board as establishment of a new facility.

When this Board previously considered this Project in May, Board members had several questions and suggested we supplement our application and return with additional information. We have since worked to address the Board's questions and are providing new information responding to Board members requests. Most importantly, we now provide the requisite referral letters requested by the Board and staff evidencing the need for this service is our area. The original CON application listed approximately 35 relevant area facilities. Further review of travel times to other facilities now shows that there are now only 6 facilities in the 30-minute travel time. We have taken the following steps as further discussed in the attached materials, including the action described below.

1. We are providing Referral Letters to address the negative finding and to document that we will achieve target Utilization

One issue raised in the prior Review Board meeting and in the State Board Report was that our application did not include referral letters. Because this is our first CON application, we had not well understood the importance of these letters. We are confident that there is demand for our services, and upon the Board's recommendation, we sought the necessary referral letters. We were pleased at the widespread response and are attaching 15 letters from area hospitals and physicians.

These referral letters evidence the vital need for the type of services we propose. Even after discounting letters that do not meet the rules technical requirement, these referrals total 1,926 resident referral annually. Assuming the statewide Average Length of Stay of 186 days, we would need only 131 annual patient referrals. The attached referral letters far exceed the number we would need to achieve 90% occupancy. We recognize that we will likely not receive as many referrals as noted, but even if only a fraction we will be well above the 131 annual referrals needed to achieve target occupancy.

In further review, we note that we may not have sufficiently explained our Assisted Living component. Our 36-apartment assisted living component is now in operation. As residents need additional care they will able to transition from assisted living to our skilled facility and this transition process will provide an important source of skilled residents not necessarily reflected in the referral letters.

2. Extensive Waiting List for Resident Admission

This Project is to re-open skilled facility that had closed in 2021. Consequently, unlike new construction, the facility could open fairly soon begin accepting residents after necessary IDPH surveys. In anticipation, a number of prospective residents have asked to be put on a waiting list for admission after opening. At this time 38 individuals are on our waiting list. This waiting list shows the demand for our services and should also provide assurance to the Review Board that our facility would achieve target occupancy. The waiting list alone could immediately fill over 50% of our beds. A copy of the name redacted waiting list is attached.

3. Documentation that no other LTC Facility in area provides in home renal dialysis.

Our original application did not fully appreciate the importance of the Board's 30-minute travel time rules and listed approximately 38 facilities as being withing the relevant service area. The State Board Report accordingly based its analysis of utilization of other facilities upon the larger number of area facilities listed in our application in finding a large number of underutilized facilities.

We have now analyzed the distance to all area facilities. We found that in fact there are only 6 skilled facilities within a 17 miles radius.

1.	Highland Healthcare	1450 26th St.	Highland	128	0.4 mi	No

2.	Aviston Countryside Manor	300 W 1st Street	Trenton	97	10.6	No
3.	Alhambra Rehab and Health Care	417 East Main	Alhambra	84	15	No
4.	Hilz Memorial Home	201 Belle St.	Alhambra	67	15.2	No
5.	Clinton Manor	111 East Illinois Street	New Baden	37	15.7	No
6.	Lebanon Care Center	120 North Alton	Lebanon	90	16.6	No

None of those facilities within the area provide dialysis onsite service. Also attached is the table including this information, but also showing numerous other facilities in the area but outside the 17-mile area. You will see that similarly none of those facilities offer in home dialysis to its residents. We did find that Bria of Belleville does offer these in home dialysis services. This facility is approximately 30 miles away. We note that our experience is that this facility cannot accommodate all of the residents wanting to have in home dialysis services.

4. Further Explanation of How Project will increase needed Access to Care.

Most skilled facilities find dialysis patients to be a burden on the nursing facility expenses. Those dialysis residents require transportation to and from the dialysis facility three times a week. Nursing facilities must absorb the cost of a van and a driver for transport to dialysis centers with no additional payment from CMS or IDHFS. Consequently, dialysis residents are less desirable for most nursing homes. That translates into increased length of stay at the hospitals and hard to find such facilities far away.

Nursing homes are generally less receptive to Medicaid residents. If a resident is on dialysis, costs of transportation and dialysis related additional medications make those nursing facilities even less receptive to accepting these residents.

Our proposed model of providing onsite dialysis not only fills the gap in the healthcare industry but also makes nursing homes more receptive and welcoming if they are on Medicaid. Dialysis is covered by Medicare with bundled payment per treatment. Our model will not only make Medicaid patients placement easier but save health care dollar amount by decreasing the hospital length of stays and rehospitalizations. This is a significant benefit and true community service and reduces healthcare cost.

Few long term care facilities offer much needed dialysis services as it is a sophisticated and complicated service with high upfront cost and slim profit margins, and no profit at all if they outsource dialysis to third parties. Dialysis is highly regulated by IDPH and CMS. Staffing is challenging and very expensive. So, there are very discouraging factors for non-medical and non-nephrologists to provide and understand such a sophisticated much needed dialysis service.

5. New Illinois General Assembly Legislation Encouraging in-home dialysis for LTC Residents.

The Illinois General Assembly very recently made legislative findings regarding the need for in-home dialysis in the LTC context. On May 30, 2024, the General Assembly passed a major Medicaid Omnibus bill, Senate Bill 3288. That bill found that in-home LTC is beneficial to residents and is less costly to than conventional outpatient dialysis. The legislature also recognized that there is greater need for these services and created a specific $95 Medicaid add-on payment for these treatments. We note that we long ago recognized the need for these service in proposing our project and not in response to the new payment methodology. The legislative findings are shown below and the excerpt from SB 3288 is included in the appendix.

> (a) Findings. The General Assembly finds the following:
>
> (1) Home dialysis services provided on-site at skilled nursing facilities are beneficial to nursing home residents by permitting more time for other health and wellness activities, and nullifying burdensome off-site travel which carries various health care risks and increased costs.
>
> (2) Home dialysis for nursing home residents provides an on-site venue for high-acuity residents to receive dialysis services, effectively creating downstream care opportunities for hospital patients in need of post-acute care and dialysis, and reducing the total cost of dialysis care.
>
> (3) On-site home dialysis in nursing homes is costlier for the provider than conventional outpatient dialysis, as labor costs are greater per treatment and such patients typically have higher acuities, necessitating more medication and greater staff involvement to promote patient compliance.

6. Status of IDPH Survey for Dialysis Requirements

At the May 9 Review Board meeting there was discussion about the status of IDPH approval for dialysis services that we wish to clarify. Dialysis services will be provided by Home Dialysis Therapies, Inc. ("HDT") which will be co-located at Well Care Home. HDT is wholly owned by Dr. Usman. Because HDT is a separate entity, that entity is incurring the expense of the dialysis equipment. Consequently, the cost of the dialysis equipment is not included in the CON application. The intent is that in the future HDT may also provide services to patients desiring to conduct treatment in their homes as well as to residents of Well Care Home. We do not expect that HDT will be providing these other in-home services, if any, until service at Well Care has been established.

Home. We do not expect that HDT will be providing these other in-home services, if any, until service at Well Care has been established.

Upon CON approval, Well Care would first admit residents and soon thereafter Home Dialysis Therapies would begin doing onsite dialysis. Once there are dialysis patients present at the facility, IDPH will come and survey the dialysis dens/ facility. The final IDPH dialysis survey would not be performed until Well Care is licensed by IDPH. IDPH has, however, performed a life safety inspection of the dialysis service. The original survey noted a plumbing issue which has now been rectified and approved by IDPH plumbing inspectors. See attached IDPH letter.

7. Conclusion

We listened carefully to Board member and staff comments regarding our application. With this supplemental filing we hope to have addressed any questions or concerns. We look forward to presenting our Project to you at your August 8 Board meeting.

Yours truly,

Ahsan Usman

Ahsan Usman, MD
CEO and President

Attachments

WELL CARE HOME of HIGHLANDS

REFERRAL LETTER SUMMARY

NAME	INSTITUTION	ANNUAL REFERRALS[1]	ANNUAL PROJECTED REFERRALS[2]
Kortney Hohmeyer, RNCM Case Manager	Highland Hospital	90	90
Jennifer Ott, LCWS, CCM Director of Case Management	Rehabilitation Institute of Southern Illinois	54	54
Jordan Chapel LCSW, RN Case Manager	SSM St Louis University Hospital	330	330
Lacy Otten, LCSW Case Manager	BJC Memorial Hospital of Shiloh	132	132[3]
Ashley Marshall, LCSW, CCM Case Manager	HSHS St. Elizabeth's Hospital	150	150[4]
Sarah [illegible] Case Manager	HSHS St. Joseph's Hospital	90	90[5]
Bushra Shaukat, M.D. Practicing Physician Family Medicine / Hospitalist Physician	Belleville/Shiloh area of Illinois	390	390
Benedicta O. Umoru, M.D. Practicing Physician	Heartland Medical Center, LLC; Fairview Heights, Belleville and Shiloh, Illinois area	270	270
Nilupa Gaspe Mudiyanselage, M.D. Hospitalist Physician	Belleville	300	180
Muhammad Burhan Janjua, M.D. Assistant Professor Practicing Neuro-spine Surgeon	Washington University in St. Louis; Center for Orthopedic and Neurosciences; Memorial Hospital, Belleville	150	120
Shabbir Shaikh, M.D. Internal Medicine Physician	Medical Surgical Clinic	180	120

Unquantified Referral Letters

NAME	INSTITUTION	ANNUAL REFERRALS	ANNUAL PROJECTED REFERRALS
Chris A. Klay, MA PT MHA FACHE President & CEO	HSHS Southern Illinois Market and St. Joseph's Hospital	NQ	NQ
Amardeep Shrestha, M.D. Practicing Physician	Alyve Medical PLLC; Family Medical Clinic Metro East area	210	NQ[6]
Rashid A. Dalal, M.D. Practicing Physician	Midwest Nephrology & Hypertension Associates	360	NQ
Farhanaz Chowdhury, M.D. Practicing Physician	Belleville Physician	NQ	NQ
TOTAL		2,706	1,926

[1] Historical referrals are calculated based upon all midpoint of the range of monthly referrals annualized. For example, a letter showing 5-10 monthly referrals is calculated as to annual referrals (7.5 monthly x 12 = 90 annual referrals).

[2] Projected annual referrals similarly is calculated by multiplying the average monthly range by 12 months.

[3] In accordance with HFSRB rules the number of projected referrals have been reduced so as to not exceed historical referrals.

[4] Id.

[5] Id.

[6] "NQ" means that the number of historical or projected referral was not quantified.

WELL CARE HOME

of Highland

Resident Waiting Initials and Zip Code List for Admission
July 1, 2024

Dialysis:

1. C.B. 62230
2. M.G. 62230
3. N.H. 62230

Memory Unit:

4. C.C. 62246
5. K.L. 62249
6. A.W. 62249
7. S.T. 62249
8. R.S. 62230
9. D.K. 62230
10. S.A. 62230
11. B.S. 62249
12. I.I. 62249

Skilled & Longterm:

13. J.L. 62249
14. L.H. 62249
15. M.H. 62249
16 P.W. 62230
17. L.W. 62230
18. D.S. 62246
19. B.K. 62246
20. J.A. 62230
21. D.K. 62230
22. B.Z. 62249
23. D.L. 62249
24. D.B. 62230

25. F.H. 62249
26. F.H. 62249
27. L. F. 62249
28. P.F. 62249
29. D.B. 62230
30. A.T. 62230
31. R.B. 62249
32. D.B. 62230
33. B.S. 62249
34. J.F. 62230
35. C.F. 62249
36. L.S. 62249
37. H.K. 62249
38. D.W. 62249

WELL CARE HOME
HEALTHCARE
of Highland

May 16, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am the case manager at Highland hospital. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 5-10 patients per month for skilled care. I could refer to the proposed Project approximately 5-7 (depending on patient's preference) patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 70-80% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 70-80% of my patients originate from Zip Cold areas: 62249, 62234, 62275, 62025.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Kortney Hohmeyer RNCM
Highland IL Hospital

52286915 1

WELL CARE HOME
HEALTHCARE
of Highland

Subscribed and sworn to before me this
15 day of May, 2024.

(Notary Public) [SEAL]

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

WELL CARE HOME
HEALTHCARE
of Highland

May 21, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am the Director of Case Management for the Rehabilitation Institute of Southern Illinois. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 4-5 patients per month for skilled care. I could refer to the proposed Project approximately 4-5 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 30% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

52286915.1

WELL CARE HOME
HEALTHCARE
of Highland

LCSW, CCM

Jennifer Ott, LCSW, CCM

Subscribed and sworn to before me this
21 day of May, 2024.

[SEAL]

(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

WELL CARE HOME
HEALTHCARE
of Highland

May 20th, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a case manager at SSM St Louis University Hospital. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 25-30 patients per month for skilled care. I could refer to the proposed Project approximately 25-30 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 40% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 90% of my patients originate from Zip Cold areas:63104, 63110, 63139, 63070.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,
Jordan Chapel, LCSW, RN

52286915.1

WELL CARE HOME
HEALTHCARE
of Highland

Subscribed and sworn to before me this
28 day of May, 2024.

[SEAL]

(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 8/17/26

52286915.1

WELL CARE HOME
HEALTHCARE
of Highland

May 21, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a case manager at BJC Memorial Hospital of Shiloh. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 10-12 patients per month for skilled care. I could refer to the proposed Project approximately 10-15 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 80% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 80% of my patients originate from Zip Cold areas:62221, 62225, 62226, 62269.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,
Lacy Otten, LCSW,

Subscribed and sworn to before me this

WELL CARE HOME
HEALTHCARE
of Highland

21 day of May, 2024.

Leslie M. Whitaker
(Notary Public)

[SEAL]

OFFICIAL SEAL
LESLIE M. WHITAKER
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 8/17/26

WELL CARE HOME
HEALTHCARE
of Highland

May 23, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a case manager at HSHS St. Elizabeths Hospital. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 10-15 patients per month for skilled care. I could refer to the proposed Project approximately 15-25 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 40% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 80% of my patients originate from Zip Cold areas:62249, 62208,62225, 62269.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,
Ashley Marshall, LCSW, CCM

Ashley Marshall

52286915.1

WELL CARE HOME
HEALTHCARE
of Highland

Subscribed and sworn to before me this
23 day of May, 2024.

Leslie M. Whitaker [SEAL]
(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 8/17/26

WELL CARE HOME
HEALTHCARE
of Highland

May 23, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a case manager at HSHS St. Joseph's Hospital in Breese. It is my understanding that Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 5-10 patients per month for skilled care. I could refer to the proposed Project 10-15 patients per month for skilled care within a 12-month period after the Project is completed and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates 3% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 90% of my patients originate from Zip Cold areas:62230, 62218, and 62231.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Subscribed and sworn to before me this
23 day of May, 2024.

[SEAL]

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 8/17/26

52286915.1

WELL CARE HOME
HEALTHCARE
of Highland

(Notary Public)

52286915.1

WELL CARE HOME
HEALTHCARE

of Highland

May 20th, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a practicing family medicine/hospitalist physician in Belleville/Shiloh area in Illinois. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a huge need for patients needing in house dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 30-35+ patients per month for skilled care in the area which could be referred to this new facility. This patient population originates from within 30 to 40 minutes travel time of the new facility.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Bushra Shaukat M.D.
bushrashaukat7@gmail.com

Subscribed and sworn to before me this

WELL CARE HOME
HEALTHCARE

of Highland

20 day of May, 2024.

Leslie M. Whitaker [SEAL]
(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

Heartland Medical Center, LLC

5032 North Illinois, Suite B, Fairview Heights, IL 62208 • Tel: 618-416-9005/618-416-9006 • Fax 618-641-9452

Benedicta Umoru, MD

May 20, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a practicing physician in the Fairview Heights, Belleville, and Shiloh, Illinois area. I have been in practice in this community for over 20 years and am on staff at four of the local hospitals. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment. Getting placement for patients needing dialysis has become extremely difficult: with patients sometimes having to be placed hundreds of miles from their homes and families, causing extended hospital stays.

Over the years, I have referred approximately 20-25 patients per month for skilled care. I could refer to the proposed Project approximately 20-25 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 90% from within a 30-minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 95% of my patients originate from Zip Code areas: 62208, 62226, 62201, 62220.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Benedicta O. Umoru, MD

Subscribed and sworn to before me this
20 day of May, 2024.

Leslie M. Whitaker
(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 8/17/25

WELL CARE HOME
HEALTHCARE
of Highland

May 20, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a hospitalist physician practicing at Belleville close to Highland, Illinois. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred approximately 20-30 patients per month for skilled care. I could refer to the proposed Project approximately 15 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume primarily originates nearly 80% from within a 30-40 minute travel time of the new facility.

These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,
Nilupa Gaspe Mudiyanselage, MD
(nilupa.gaspe@gmail.com)

State of Illinois
County of Clinton
This instrument was acknowledged
before me on May 20th 2024
By Leslie M. Whitaker

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

52286915.1

May 22, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am an assistant professor, neurosurgery section of spine surgery and neurosurgical oncology at Washington University in St. Louis, MO. I am a practicing neuro-spine surgeon at Memorial Hospital in Belleville, Illinois. It is my understanding that the Well Care Home NFP, INC proposes to reestablish a 74-bed long term care facility in Highland Illinois.

These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment. Over years, I have operated on hundreds of patients who were on dialysis and required skilled nursing care. I have seen growing need for such skilled beds with dialysis services on-site. I can imagine the hardship of patients going to skilled nursing facility post operatively and requiring dialysis service. I do believe that giving a gift tof such a much needed facilityfo the community will definitely reduce the misery and hardship of many senior residents in the area.

Over the years, I have referred approximately 10-15 patients per month for skilled care. I could refer to the proposed Project approximately 10 patients per month for skilled care within a 12-month period after the Project is completed, and anticipate the referral volume to remain similar or grow for the next two years. My patient volume originates nearly 90% from within a 60 minute travel time of the new facility and I would expect my referral to be respective of those origins. Specifically, 80% of my patients originate from Zip Code areas: 62226, 62230, 62249, 62269.
These patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Muhammad Burhan Janjua, MD
Assistant Professor
Washington University in St. Louis
Center for Orthopedic and Neurosciences
4700 Memorial Drive Suite 230
Belleville, IL 62226
Cell: 314-477-0985

Subscribed and sworn to before me this
22 day of May, 2024.

Leslie M Whitaker [SEAL]
(Notary Public)

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

MEDICAL SURGICAL CLINIC
5003 N. ILLINOIS STREET • SUITE 2
FAIRVIEW HEIGHTS, ILLINOIS 62208
(618) 233-5000 • FAX (618) 233-5040

SHABBIR A. SHAIKH, M.D.

MAX M. GOLDENBERG, M.D.
1936-1988

May 21, 2024

Mr. John Kniery (john.kniery@illinois.gov)

Administrator

Illinois Health Facilities & Services

Review Board

525 West Jefferson

Springfield, IL. 62761

RE: Application for certificate of need for "Wellcare Home NFP"

Project #23-042 (the "Project")

Dear Mr. Kniery,

I am an internal medicine physician and have been practicing in the Fairview Heights area for the past 20 plus years. It is my understanding that Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois.

I believe that these services are very much in need. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred anywhere between 10-20 patients per month for skilled care. I could refer to the proposed project around 10 patients per month for skilled care within a 12 month period after the project is completed and anticipate the referral volume to remain similar or grow for the next two years.

MEDICAL SURGICAL CLINIC
5063 N. ILLINOIS STREET • SUITE 2
FAIRVIEW HEIGHTS, ILLINOIS 62208
(618) 233-5000 • FAX (618) 233-5040

SHABBIR A. SHAIKH, M.D.

MAX M. GOLDENBERG, M.D.
1936-1988

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please feel free to contact me.

Sincerely,

Shabbir Shaikh, M.D.

State of Illinois
County of Clinton
This instrument was acknowledged
before me on May 21st 2024
By Leslie M. Whitaker

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

HSHS
St. Joseph's
Hospital Highland

May 23, 2024

Via E-mail (john.kniery@illinois.gov)

Mr. John Kniery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

In my capacity as the President & CEO of the HSHS Southern Illinois Market, and President & CEO of HSHS St. Joseph's Hospital in Highland, Illinois, I am writing to you on behalf of Well Care Home NFP and in support of Well Care Home's Project described above. It is my understanding that Well Care Home proposes to establish a 74-bed long term care facility in Highland, Illinois.

There is a significant need for these services in the Highland service area. Specifically, there is a particular need for patients requiring dialysis and other renal care in a long-term care environment. Our hospitals often struggle to find appropriate long-term care placement for patients with dialysis and renal care needs. HSHS supports this effort to provide dialysis and renal care services to the community.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,

Chris A. Klay, MA, PT, MHA, FACHE
President & CEO
HSHS Southern Illinois Market

State of Illinois
County of Clinton
This instrument was acknowledged
before me on May 23rd 2024
By Leslie M. Whitaker

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

May 23rd, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application for Certificate of Need for Well Care Home NFP
Project #23-042 (the "Project")

Dear Mr. Kniery:

I am a practicing physician at Belleville, IL which is adjacent to Highland, IL. It is my understanding that the Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois. These services are very much needed. Specifically, there is a particular need for patients needing dialysis and other renal care in a long-term care environment.

Over the years, I have referred significant number of patients per month for skilled care. Significant portion of those patients required dialysis. The proposed project would serve those patients and help them immensely.

Thank you for giving Well Care's certificate of need application consideration. If I can be of any assistance, please contact me.

Sincerely,

Farhanaz Chowdhury

Farhanaz Chowdhury MD
Belleville, IL
Farhanaz.chowdhury@gmail.com

State of Illinois
County of Clinton
This instrument was acknowledged before me on May 23rd 2024
By Leslie M. Whitaker

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

ALYVE MEDICAL PLLC
FAMILY MEDICAL CLINIC
Amardeep Shrestha, MD

1480 N Green Mount Rd Ste 200, Ofallon, IL 62269

Ph: 618-622-3450; Fax: 618-622-3468

Email: ashrestha@fmcofallon.com

May 21, 2024

Mr. John Kniery (john.kniery@illinois.gov)
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Re: Application for Certificate of Need for Well Care Home NFP Project # 23-042 (the "Project")

Dear Mr. Kniery,

I am a practicing physician in Metro East area. I work as a primary care physician in Ofallon, IL which serves for the community of Metro East Area around St Louis Metropolitan city. I have been practicing in the area for over 5 years. I also work as a hospitalist physician particularly at Anderson hospital, Maryville, Illinois and am on staff at four of the local hospitals around this area.

It is my understanding that Well Care Home proposes to reestablish a 74-bed long-term care facility in the Highland Illinois area. I believe these services are very needed in this community. The area comprises of a large elderly population with multiple medical comorbidities requiring ongoing nursing and rehabilitative care. There is a particular need for patients that require hemodialysis or other renal care in this long-term care environment. With our current situation, these patients are transferred to a local dialysis unit for their scheduled dialysis treatments. This will require the use of multiple different resources including personnel management and arrangement of transportation. This is particularly difficult in situations like harsh weather that leads to missed dialysis treatments leading to unnecessary emergency room visits for hyperkalemia, fluid overload etc. and ultimately leading to unnecessary hospital admissions requiring urgent arrangement of inpatient hemodialysis. This also adds increased risk of mortality and morbidity to this subset of population.

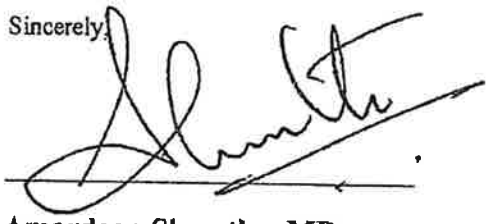
For patients who admits to hospital who require hemodialysis, the placement is currently incredibly challenging with increased geometric length of stay in the hospital, increasing the risk of acquiring more hospital acquired illness and increases the hospital workload. I have personally experienced several such patients waiting to be placed in a nursing facility that is able to provide the nursing care that they require along with their renal care. Such facilities

are scarce and hence they sometimes need to be placed hundreds of miles away from their home and families, causing additional distress and inconvenience. I strongly believe a nursing facility in the vicinity that provides for all these subsets of the population with ongoing renal care will be very helpful. This will fill the gap I currently see in our health care system.

Over the years, I have referred approximately 15-20 patients per month for skilled care. With increased longevity, I anticipate the volume of the need will continue to increase over time and hence the need for a plan to expand and establish such a facility is utmost important.

Thank you for giving Well Care's certificate of need application consideration. If I can be of assistance, please contact me.

Sincerely,



Amardeep Shrestha, MD

State of Illinois
County of Clinton
This instrument was acknowledged
before me on May 31st 2024
By Leslie M. Whitaker

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

Midwest Nephrology & Hypertension Associates

Dr. Ifath Bashiruddin Dr. Rashid Dalal
Dr. Meher Mallick Dr. Ahsan Usman
Tammi Jones, NP
5003 North Illinois Street
Suite 1
Fairview Heights, IL 62208
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

May 20, 2024

Attention: John Kniery
Administrator
Illinois Health Facilities & Service
Review Board
525 West Jefferson
Springfield IL. 62761

Re: Project #23-042
Well Care Home NFP Project
Application for certificate of Need

Dear Mr. Kniery,

It is my understanding that Well Care Home proposes to reestablish a 74-bed long term care facility in Highland Illinois. Our practice has been in the area for more than 20 years with locations in Breese, Highland, Granite City, Belleville, East Saint Louis and Fairview Heights.

I can honestly say that these services are desperately needed. In specific there is a particular need for patients who are needing dialysis and other renal care in a long-term care environment.

Over the years, our practice has referred over 30 patients a month for skilled service care, therefore I know there is a huge demand for skilled nursing home beds to keep up with the growing demand. There are no skilled facilities in a 30 mile radius offering a much needed dialysis service. This is very unfortunate that there is such a growing need of nursing home residents being on dialysis but there are so few nursing homes to offer the needed services to the community. It is a true hardship for patients being on dialysis having to not only find transportation to receive their life sustaining treatment three days a week but also to have to travel in all sorts of weather conditions on top of all the health issues they are already dealing with. For a patient to be able to dialyze at their home facility rather than have to travel around could greatly help a patient's quality of life.

Midwest Nephrology & Hypertension Associates

Dr. Ifath Bashiruddin Dr. Rashid Dalal
Dr. Meher Mallick Dr. Ahsan Usman
Tammi Jones, NP
5003 North Illinois Street
Suite 1
Fairview Heights, Il 62208
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

Thank you for giving Well Care's certificate of need application consideration. If you need any further information please feel free to contact my office at (618) 239-9500.

Sincerely,

Rashid A Dalal, M.D
Midwest Nephrology & Hypertension Associates

Subscribed and sworn to before me this
20 day of May, 2024.

[SEAL]

OFFICIAL SEAL
LESLIE M WHITAKER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 8/17/26

Well Care Home of Highland
Area LTC Facilities Within 30 Minutes / 17 Miles

#	Facility	Address	City	# of Beds	Distance	Dialysis Service Onsite
1.	Highland Healthcare	1450 26th St.	Highland	128	0.4 mi	No
2.	Aviston Countryside Manor	300 W 1st Street	Trenton	97	10.6	No
3.	Alhambra Rehab and Health Care	417 East Main	Alhambra	84	15	No
4.	Hilz Memorial Home	201 Belle St.	Alhambra	67	15.2	No
5.	Clinton Manor	111 East Illinois Street	New Baden	37	15.7	No
6.	Lebanon Care Center	120 North Alton	Lebanon	90	16.6	No
7.	Edwardsville Nursing and Rehab	401 S. Mary Dr	Edwardsville	120	17.1	No
8.	Cedar Ridge Health & Rehab Center	One Perryman Street	Lebanon	116	17.3	No
9.	Breese Nursing Home	1155 North First Street	Breese	112	17.6	No
10.	Elmwood Nursing & Rehab Center	152 Wilma Drive	Maryville	104	17.8	No
11.	Manor Court of Maryville	2133 Vadalabene Drive	Maryville	132	19.5	No
12.	Greenville Nursing & Rehab	400 E Hillview Ave	Greenville	90	19.6	No
13.	Eden Village Care Center	400 South Station Rd	Glen Carbon	128	20.6	No
14.	River Crossing of Edwardsville	6277 Center Grove Rd	Edwardsville	120	21.5	No
15.	University Nursing and Rehab	1095 University Dr	Edwardsville	122	22.2	No
16.	Collinsville Rehab and Health	614 North Summit	Collinsville	98	23.2	No
17.	Meridian Village	399 N. Meridian Rd	Glen Carbon	70	23.9	No
18.	Aperion Care Mascoutah	901 North Tenth Street	Mascoutah	55	24.7	No
19.	Caseyville Nursing and Rehab	601 West Lincoln	Caseyville	150	25.4	No
20.	Mar-ka Nursing Home	201 South 10th Street	Mascoutah	76	25.7	No
21.	Heritage Health – Staunton	215 West Pennsylvania Avenue	Staunton	90	26.4	No
22.	Carlyle Health Care & Senior Living	501 Clinton Street	Carlyle	109	26.5	No
23.	Stearns Nursing & Rehab	3900 Stearns Avenue	Granite City	109	28.4	No
24.	Swansea Rehab & Healthcare Center	1405 North 2nd Street	Swansea	94	28.6	No
25.	Granite Nursing & Rehab Center	3500 Century Drive	Granite City	86	29.5	No
26.	Integrity Healthcare of Wood Rive	393 Edwardsville Rd	Wood River	106	32.2	No
27.	Vandalia Rehab & Healthcare Center	1500 West St. Louis Avenue	Vandalia	116	33.2	No
28.	Fayette Co. Hospital Nursing Home	650 West Taylor	Vandalia	85	37.9	No
29.	Bria of Cahokia	3354 Jerome Lane	Chokia	133	41.4	No
30.	Autumn Meadows of Cahokia	#2 Annable Court	Chokia	150	42.9	No

AN ACT concerning public aid.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

ARTICLE 5.

Section 5-5. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:

(305 ILCS 5/5-5)

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant individuals, provided by an individual licensed

Sec. 5-5.08a. Renal dialysis; add-on payments for home dialysis providers in skilled nursing facilities.

(a) Findings. The General Assembly finds the following:

(1) Home dialysis services provided on-site at skilled nursing facilities are beneficial to nursing home residents by permitting more time for other health and wellness activities, and nullifying burdensome off-site travel which carries various health care risks and increased costs.

(2) Home dialysis for nursing home residents provides an on-site venue for high-acuity residents to receive dialysis services, effectively creating downstream care opportunities for hospital patients in need of post-acute care and dialysis, and reducing the total cost of dialysis care.

(3) On-site home dialysis in nursing homes is costlier for the provider than conventional outpatient dialysis, as labor costs are greater per treatment and such patients typically have higher acuities, necessitating more medication and greater staff involvement to promote patient compliance.

(b) Subject to federal approval, for dates of service beginning on and after January 1, 2025, for home renal dialysis provided to residents of skilled nursing facilities, the Department shall reimburse a per-claim add-on payment to certified home dialysis providers in accordance with this

Section. Certified home dialysis providers providing dialysis services within a skilled nursing facility shall receive a per-claim add-on payment of $95 per treatment. As used in this Section, "certified home dialysis provider" means an end-stage renal disease facility that (i) provides dialysis treatment or dialysis training to caregivers or individuals with end-stage renal disease and (ii) has been approved to provide dialysis home training support services by the federal Centers for Medicare and Medicaid Services.

ARTICLE 50.

Section 50-5. The Illinois Public Aid Code is amended by changing Sections 5-5.07 and 14-13 as follows:

(305 ILCS 5/5-5.07)

Sec. 5-5.07. Inpatient psychiatric stay; DCFS per diem rate. The Department of Children and Family Services shall pay the DCFS per diem rate for inpatient psychiatric stay at a free-standing psychiatric hospital or a hospital with a pediatric or adolescent inpatient psychiatric unit effective the 3rd day ~~11th day~~ when a child is in the hospital beyond medical necessity, and the parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child or the child's discharge is being delayed due to a pending inquiry or

To: Brian Cox Plumbing and Water Quality Program Manager

From: Matthew L. Popov, Plumbing Inspector
Metro East Regional Office

Date: 04/16/2024

Subject: Vitality Home Portable Dialysis Room A
100 Faith Dr.
Highland, IL. 62249

On April 16, 2024, a reinspection at the Vitality Home Portable Dialysis Room (A) at the above said location was conducted by plumbing inspector Matthew L. Popov. This reinspection was conducted to determine if the violations cited on April 11, 2024, had been corrected. At the time of the reinspection, the previous violations had been corrected.

NOTE: The hand wash sink was provided with tempered water. Also, there were two dialysis boxes provided for room (A).

CC: Richard.hughes@illinois.gov
[illegible]

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
PLUMBING INSPECTION REPORT

Type of Unit Inspected and Location: Vitality Home Portable Dialysis Room (A) (Two Boxes)

100 Faith Dr.	Highland	Madison	62249
Street Address.	City	County	Zip Code

Firm or person responsible for plumbing: Brefeld Plumbing & Heating

21 W. Broadway	Trenton	Clinton	62299	618-520-5764
Street Address	City	County	Zip Code	Telephone#

TYPE OF INSPECTION

_____ License _____ Code _____ Underground _____ Rough-In _____ Final

_____ OTHER OR TYPE: _____

An inspection this date has been conducted under authority of the Illinois Plumbing License Law. Notice is hereby given of violations. Correction of the below listed violation(s) must be made within the time limit shown to prevent further enforcement action by this Department.

Item #	Code Rule #	Violations	Correct By
		02-14-2024: ROUGH-IN Room A 2 Boxes	
		There were no plumbing code violations observed during the rough-in. For six dialysis boxes, hand wash sink, at the dirty sink.	
		04-11-2024: FINAL	
1.	890.680 (e)	The hand wash sink was not provided with tempered water.	
2.	890.740 (a)(3)	The discharge piping for the portable dialysis units were not provided with an airgap at point of discharge into the sanitary sewer system.	
		04-16-2024: REINSPECTION	
		There were no plumbing code violations observed during the reinspection.	

Jason Athmer: 058-195938
Owner or Plumber

Matthew L. Popov
Plumbing Inspector

4/16/24
Date