



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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

**VIA EMAIL**  
**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

February 22, 2016

Jacob M. Axel, President  
Axel & Associates, Inc.  
675 North Court Suite 210  
Palatine, IL 60067

Re: E-008-16 – St James Chicago Heights Exemption Application

Dear Mr. Axel:

We are in the process of reviewing the application for exemption for St. James Hospital – Chicago Heights and additional information is required.

**Safety Net Impact**

1. The three (3) requirements of the safety net impact statement were not addressed in the safety net impact statement that was provided. Please provide a new safety net impact statement that addresses these questions.
  1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
  2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
  3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.
2. A safety net impact schedule for St. James Chicago Heights for the exemption application needs to be provided.

**Discontinuation**

3. The reasons for the discontinuation and the impact on access of the discontinuation need to be provided as required.
  - A) Reasons for Discontinuation  
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;
- 2) Lack of sufficient staff to adequately provide the service;
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;
- 4) The facility or the service is not in compliance with licensing or certification standards.

B) Impact on Access

The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) The service will no longer exist within 45 minutes travel time of the applicant facility;
- 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;
- 3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

If you should have any questions please contact Mike Constantino or George Roate at 217.782.3516 or [Mike.Constantino@illinois.gov](mailto:Mike.Constantino@illinois.gov) or [George.Roate@illinois.gov](mailto:George.Roate@illinois.gov)

Sincerely,



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