

Original

ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR EXEMPTION

E-010-13

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

This section must be completed for all proposed projects or transactions (except proposed changes of ownership) requesting an exemption from review and from the requirements of obtaining a certificate of need.

RECEIVED

A. Proposed Type of Project or Transaction

APR 12 2013

Check the applicable box that describes the proposed project or transaction.

- Acquisition of Major Medical Equipment
Establishment or Expansion of Neonatal Intensive Care Service and Beds
Combined Facility Licensure
Temporary Use of Beds for Demonstration Programs
Addition of Dialysis Stations to an Existing Facility

HEALTH FACILITIES & SERVICES REVIEW BOARD

B. Applicant Identification (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name Fresenius Medical Care of Illinois, LLC, d/b/a Fresenius Medical Care Naperville North
Address 920 Winter Street, Waltham, MA 02451

Name of Registered Agent CT Systems

Type of Ownership Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify)

Corporations and limited liability companies must provide an Illinois certificate of good standing; partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Facility Identification

Does the proposed transaction involve one or more existing licensed or certified health care facility(ies) subject To the Health Facilities Planning Act? Yes No

If no is checked, skip to item D. If yes is checked, provide the following information, then skip to item E. If more than one facility is involved in the transaction or project, provide this information for each facility and insert after this page, then skip to item E.

Facility Name Fresenius Medical Care of Illinois, LLC, d/b/a Fresenius Medical Care Naperville North
Street Address 516 W. 5th Avenue City Naperville
County DuPage Zip 60563 Illinois State Representative District 96th district

Type of Ownership: Non-profit Corporation For-profit Corporation Limited Liability Company Partnership Governmental Sole Proprietorship Other (specify)

D. Project Identification

For proposed transactions (such as the acquisition of major medical equipment by a clinic) that do NOT involve a licensed or certified health care facility that is subject to the Planning Act, complete the following:

Project Name _____
Street Address _____ City _____
County _____ Zip _____ Illinois State Representative District _____

E. Primary Contact Person (person who is to receive correspondence or inquiries)

Name Lori Wright Title Senior CON Specialist
Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
Telephone No. (708) 498-9121

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Coleen Muldoon Title Regional Vice President
Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
Telephone No. (708) 498-9118

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Clare Ranalli Title Attorney – McDermott, Will & Emery
Address 227 W. Monroe Street, Suite 4700, Chicago, IL 60606
Telephone No. (312) 984-3365

G. Flood Plain Requirements

Does the proposed project or transaction involve construction of a new building or an addition to an existing building? Yes No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).

APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.

H. Historic Resources Preservation Act Requirements

Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings? Yes No If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).

APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.

I. Project Status and Completion Schedules

1. Anticipated transaction or project obligation date (refer to Part 1130.140)

December 31, 2013

NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)

April 30, 2015

3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
- Obligation or completion is contingent upon approval of the exemption application;
- Obligation or completion will occur after approval of the exemption application.

J. Project Cost and Sources of Funds

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

USE AND SOURCE OF FUNDS	
Use of Funds	
Preplanning Costs	N/A
Site Survey and Soil Investigation	N/A
Site Preparation	N/A
Off Site Work	N/A
New Construction Contracts	N/A
Modernization Contracts	830,250
Contingencies	82,000
Architectural/Engineering Fees	89,500
Consulting and Other Fees	N/A
Movable or Other Equipment (not in construction contracts)	247,900
Bond Issuance Expense (project related)	N/A
Net Interest Expense During Construction (project related)	N/A
Other Costs To Be Capitalized	N/A
Leased Space	768,750
ESTIMATED TOTAL USE OF FUNDS	2,018,400
Source of Funds	
Cash and Securities	1,249,650
Pledges	N/A
Gifts and Bequests	N/A
Bond Issues (project related)	N/A
Mortgages	N/A
Leases	768,750
Government Appropriations	N/A
Grants	N/A
Other Funds and Sources	N/A
ESTIMATED TOTAL SOURCE OF FUNDS	2,018,400

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on behalf of Fresenius Medical Care of Illinois, LLC * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the exemption application fee required for this application is sent herewith or will be paid upon request.

[Handwritten signature of Mark Fawcett]

[Handwritten signature of Bryan Mello]

Signature

Signature

Printed Name Mark Fawcett
Vice President & Treasurer

Printed Name Bryan Mello
Assistant Treasurer

Printed Title _____

Printed Title _____

Notarization:

Notarization:

Subscribed and sworn to before me
this _____ day of _____ 2013

Subscribed and sworn to before me
this 5 day of April 2013

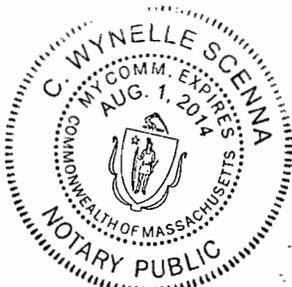
Signature of Notary

C. Wynelle Scenna

Signature of Notary

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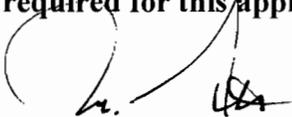


*Insert EXACT legal name of the applicant

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on behalf of Fresenius Medical Care Holdings, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the exemption application fee required for this application is sent herewith or will be paid upon request.



Signature

Printed Name Mark Fawcett
Vice President & Treasurer

Printed Title _____

Notarization:

Subscribed and sworn to before me
this _____ day of; _____ 2013

Signature of Notary

Seal



Signature

Printed Name Bryan Mello
Assistant Treasurer

Printed Title _____

Notarization:

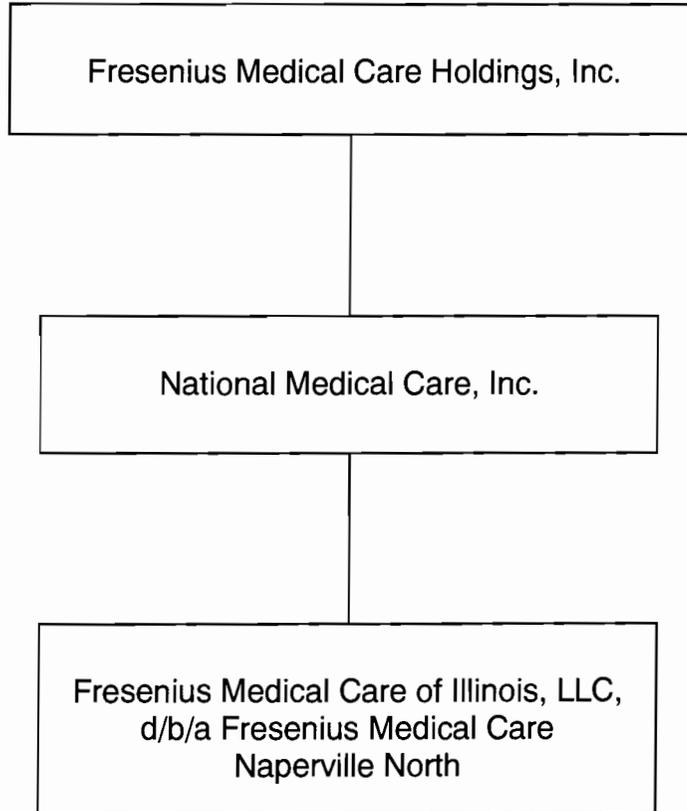
Subscribed and sworn to before me
this 5 day of April 2013

Signature of Notary

Seal

*Insert EXACT legal name of the applicant





Compliance Requirements

To the best of my knowledge, all post permit filings on the following outstanding permits belonging to Fresenius Medical Care Holdings, Inc. are up to date and within State Board compliance.

#10-063	#11-070 – 090	#12-043	#12-069
#10-064	#11-091	#12-046	#12-091
#10-067	#11-096	#12-056	#12-095
#11-038	#12-012	#12-067	#12-098
#11-054	#12-029	#12-072	#E005-13
#11-059			

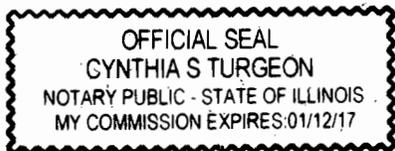
Lori Wright
Signature

Lori Wright/Senior CON Specialist
Name/Title

Subscribed and sworn to before me
this 11th day of APRIL, 2013

Cynthia S. Turgeon
Signature of Notary

Seal



SECTION VI. PROJECTS FOR THE ADDITION OF DIALYSIS STATIONS (ADS)**A. PROJECT INFORMATION** (provide the following:)

1. What is the number of additional dialysis stations requested in this application? 7
2. What is the facility's current number of certified dialysis stations? 14
3. What is the facility's planning area for dialysis services? 7
4. What is the number of additional dialysis stations identified in the inventory as needed for the facility's planning area? 51
5. What is the date of the inventory update you used to obtain the information in #4 above? 02/06/13
6. What is the total number of treatments provided by this facility for the most recent 12 months that utilization data is available? 10,722 Specify the 12 month period (year) 04/01/12 – 03/31/13
7. Based upon the facility's number of treatments provided in #5 above, what is the facility's utilization rate for the 12 month period for which data was provided? 81.82%
8. Does the utilization rate listed in #6 above meet the rate of 80% specified in 77 Ill. Adm. Code 1100.630?
 Yes No

B. LEGAL NOTICE REQUIREMENTS

Provide proof of publication of the legal notice regarding the project as required by Part 1130.544.

APPEND DOCUMENTATION AS ATTACHMENT ADS-1 AFTER THE LAST PAGE OF THIS SECTION.

C. CERTIFICATIONS

Provide a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed.

APPEND DOCUMENTATION AS ATTACHMENT ADS-2 AFTER THE LAST PAGE OF THIS SECTION.

D. APPLICATION PROCESSING FEE

The exemption application processing fee is the greater of \$1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order payable to the **Illinois Department of Public Health** must accompany the application.

LEGAL NOTICE

This notice is being given in accordance with the Illinois Health Facilities & Services Review Board, Application for Exemption, section VI, Subpart B. Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Naperville North, located at 516 W. 5th Avenue, Naperville, is applying for an exemption to add seven dialysis stations at an estimated total cost of \$500,000. Lori Wright Senior CON Specialist Fresenius Medical Care 1 Westbrook Corporate Center Westchester, IL 60154 708-498-9121 Published in Daily Herald March 22, 2013 (4333762)

CERTIFICATE OF PUBLICATION

Paddock Publications, Inc.

Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the **DAILY HERALD**. That said **DAILY HERALD** is a secular newspaper and has been circulated daily in the Village(s) of Addison, Bensenville, Bloomingdale, Carol Stream, Glendale Heights, Glen Ellyn, Itasca, Keeneyville, Lisle, Lombard, Medinah, Naperville, Oak Brook, Oakbrook Terrace, Roselle, Villa Park, Warrenville, West Chicago, Wheaton, Winfield, Wood Dale

County(ies) of DuPage and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 7150, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published March 22, 2013 in said DAILY HERALD.

IN WITNESS WHEREOF, the undersigned, the said PADDOCK PUBLICATIONS, Inc., has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY *Laurel Baltz*
Authorized Agent

Control # 4333762

March 19, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities and Services Review Board Application for Exemption, the applicant entity, which is Fresenius Medical Care of Illinois, LLC, d/b/a Fresenius Medical Care Naperville North, attests to the fact that:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed

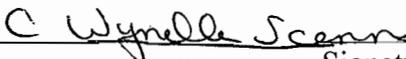
By: 
ITS: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

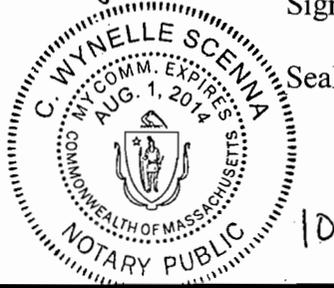
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 5 day of April, 2013

Signature of Notary


Signature of Notary

Seal



Seal

March 19, 2012

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities and Services Review Board Application for Exemption, the co-applicant entity, which is Fresenius Medical Care Holdings, Inc., attests to the fact that:

3. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
4. That the project has not yet been entered into or executed

By:  _____
ITS: Mark Fawcett
Vice President & Treasurer

By:  _____
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 5 day of April, 2013

Signature of Notary

 _____
Signature of Notary

Seal

