



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Kathy J. Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Exemption to Certificate of Need - Discontinuation # E-016-16

Facility: Decatur Digestive Disease Center, Decatur, Illinois

This is to advise you that I have reviewed the above-captioned discontinuation request within the requirements of PA 99-0154 and have determined the following:

- The request is in compliance with the requirements in PA 99-0154 and the discontinuation request is approved.
- This request is to be reviewed by the Health Facilities Planning Board.
- This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in PA 99-0154.
- Other actions as follows:

03/31/2016

Kathy J. Olson, Chairman
Illinois Health Facilities and Services
Review Board

Date