

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	University of Illinois Medical Center at Chicago (UIMCC)				MAR 14 2018	
	Discontinuation of Rehabilitation Category of Service				HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address:	1740 W. Taylor Street					
City and Zip Code:	Chicago, 60612					
County:	Cook	Health Service Area	6	Health Planning Area:	A-02	

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	The Board of Trustees of the University of Illinois, A Body Corporate and Politic
Street Address:	364 Henry Administration Building (MC346), 506 S. Wright Street
City and Zip Code:	Urbana, 61801
Name of Registered Agent	Dedra M. Williams, Secretary to the Board of Trustees
Registered Agent Street Address:	364 Henry Administration Building (MC346), 506 S. Wright Street
Registered Agent City and Zip Code:	Urbana, 61801
Name of Chief Executive Officer:	Timothy Killeen, President, University of Illinois
CEO Street Address:	364 Henry Administration Building (MC346), 506 S. Wright Street
CEO City and Zip Code:	Urbana, 61801
CEO Telephone Number:	217-333-3070

Type of Ownership of Applicants

- ☐ Non-profit Corporation
☐ For-profit Corporation
☐ Limited Liability Company

- ☐ Partnership
☒ Governmental
☐ Sole Proprietorship
☐ Other

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

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	David Loffing
Title:	Chief Operating Officer
Company Name:	University of Illinois Hospital & Health Sciences System
Address:	1740 W. Taylor Street, Suite 1400 Chicago, Illinois 60612
Telephone Number:	312-996-3900
E-mail Address:	dloff@uic.edu
Fax Number:	312-996-7049

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name: (SEE FOLLOWING PAGE)
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

Edwin W. Parkhurst, Jr.
Managing Principal
PRISM Healthcare Consulting
799 Roosevelt Road
Building 4, Suite 317
Glen Ellyn, IL 60137
630-790-1265
630-790-2696 (fax)
eparkhurst@consultprism.com

Douglas B. Swill
Drinker Biddle & Reath
191 N. Wacker
Suite 3700
Chicago, IL 60606
312-569-1270
312-569-3259 (fax)
douglas.swill@dbrr.com

Post Exemption Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name:	David Loffing
Title:	Chief Operating Officer
Company Name:	University of Illinois Hospital & Health Sciences System
Address:	1740 W. Taylor Street, Suite 1400 Chicago, Illinois 60612
Telephone Number:	312-996-3900
E-mail Address:	dhloffh@uic.edu
Fax Number:	312-996-7049

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	The Board of Trustees of the University of Illinois, a Body Corporate and Politic
Address of Site Owner:	364 Henry Administration Building (MC346), 506 S. Wright Street, Urbana IL61801
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	
Address:	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable – refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Change of Ownership
- ☒ Discontinuation of an Existing Health Care Facility or of a category of service
- ☐ Establishment or expansion of a neonatal intensive care or beds

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

University of Illinois Medical Center at Chicago (UIMCC), located at 1740 W. Taylor Street, Chicago, Illinois, proposes to discontinue its 18-bed comprehensive physical rehabilitation category of service.

UIMCC proposes to convert the 18 rehabilitation beds to adult medical/surgical beds and to reorganize the adult medical surgical beds to increase the compliment of private patient rooms from 41 percent to 52 percent. This conversion will not result in any increase in UIMCC's authorized number of adult medical/surgical beds; the number of adult medical surgical beds will remain at 240. UIMCC's total bed complement will decrease from 495 to 477 authorized beds.

The discontinuation of the inpatient rehabilitation category of service will occur after the issuance of the Certificate of Exemption by the Health Facilities and Services Review Board, but no later than 30 days after the requested Certificate of Exemption is issued by the HFSRB.

The project does not include any construction, modernization, demolition of any existing structures, or equipment. There are no project costs.

The project is classified as substantive because it includes the discontinuation of a category of service.

Project Costs and Sources of Funds (Neonatal Intensive Care Services only)

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 Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

NA – Proposed discontinuation does not relate to the neonatal intensive care category of service.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100		
Estimated start-up costs and operating deficit cost is \$ <u>NA</u>		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- ☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): The project completion date will be no later than 30 days after the Certificate of Exemption is issued by the HFSRB.

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance. NA

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Above highlighted information to be completed

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Type of Discontinuation

- ☐ Discontinuation of an Existing Health Care Facility

☐ Discontinuation of a category of service

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

CERTIFICATION To be completed

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of The Board of Trustees of the University of Illinois, A Body Corporate and Politic*

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 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 fee required for this application is sent herewith or will be paid upon request.

Amit G. Ghosh
SIGNATURE

AMIT GHOSH
PRINTED NAME

CFO/Controller
PRINTED TITLE Univ. of Illinois

Dedra M. Williams
SIGNATURE

DEDRA M. WILLIAMS
PRINTED NAME

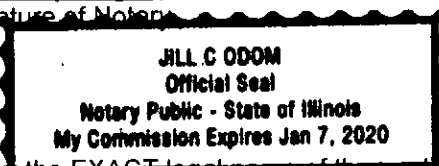
SECRETARY OF THE BOARD OF TRUSTEES
PRINTED TITLE OF THE UNIVERSITY

Notarization:

Subscribed and sworn to before me
this 22nd day of February, 2018

Jill C. Odom
Signature of Notary

Seal



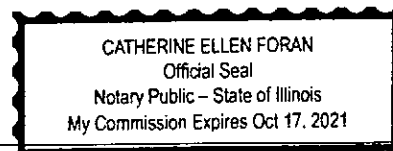
*Insert the EXACT location of the applicant

Notarization:

Subscribed and sworn to before me
this 22nd day of February

Catherine Ellen Foran
Signature of Notary

Seal



After paginating the entire completed application, indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS TO BE COMPLETED		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	3
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	3
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	11
5	Flood Plain Requirements	13
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
	Service Specific:	
14	Neonatal Intensive Care Services	NA
15	Change of Ownership	NA
	Financial and Economic Feasibility:	
16	Availability of Funds	
17	Financial Waiver	
18	Financial Viability	
19	Economic Feasibility	
20	Safety Net Impact Statement	
21	Charity Care Information	

Attachments

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

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

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note that University of Illinois Medical Center at Chicago is governmentally owned. By law, the organization is not required to obtain an Illinois Certificate of Good Standing.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.**Site Ownership****[Provide this information for each applicable site]**

Exact Legal Name of Site Owner:	The Board of Trustees of the University of Illinois, a Body Corporate and Politic
Address of Site Owner:	364 Henry Administration Building (MC346), 506 S. Wright Street, Urbana IL61801
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The Board of Trustees of the University of Illinois owns the property on which the University of Illinois Medical Center at Chicago facility is located. The site is an aggregation of several individual parcels. The "official" address is 1740 West Taylor, although the Cook County Assessor uses 1732 West Taylor (see attached picture of the Hospital with its tax exempt parcel number – Attachment 2, Exhibit 1).

Cook County Assessor's Office



Cook County Assessor's Office
James M. Houlihan



Tribuzio Home Inspection Services Inc.
Call 708-453-THIS (708-453-8447)
www.thishomeinspector.com

Home Appeals Exemptions Forms Search News Departments Info

Advertising Directory

> Search > Property Search > Property Details



1732 W Taylor St

PIN 17-18-416-068-0000

Property

Appeals Exemptions Certificate Of Error

Property Details



VIEW LARGER IMAGE

City

Chicago

Township

West Chicago

NBDH

132

Taxcode

77001

Class

0-00

Assessed Valuation

	2009 Board Certified Assessment	2008 Board of Review Certified
Land Assessed Value	0	0
Building Assessed Value	0	0
Total Assessed Value	0	0

Property Characteristics

Description Exempt

Quick Links



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Save \$25 off

ONE-WAY RENTALS WITH AVIS

GET THIS DEAL

AVIS

Advertise With Us

Advertisement

Frequently Asked Questions

- ? What is my PIN?
- ? What is an appeal?
- ? When can I file an appeal?
- ? What is an exemption?

View All FAQ's >>>

Most Requested Forms

- ? Residential Appeal Form
- ? Industrial/Commercial Appeal Form
- ? Homeowner/Senior Exemption
- ? Senior Freeze Application

View All Forms >>>

http://cookcountyassessor.com/Property_Search/Property_Details.aspx?Pin=17184160680000(10/27/2010 1:29:21 PM)

UIMCC 80D COE

89732453.2

7/27/17

2/21/2018 2:05 PM

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: University of Illinois Medical Center at Chicago

Address: 1740 West Taylor Street, Chicago, Illinois 60612

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input checked="" type="checkbox"/> Governmental | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The Board of Trustees of the University of Illinois owns the University of Illinois Medical Center at Chicago and several other healthcare providers across the State. These providers are not subject to the licensure requirements of the Illinois Hospital Licensure Act. The Hospital was established under the University of Illinois Hospital Act (110 ILCS 330). Attachment 1, Exhibit 1 is a letter from the UIC Legal Counsel confirming this status.

Example to be Updated

UNIVERSITY OF ILLINOIS
Chicago • Springfield • Urbana-Champaign

Office of University Counsel (MC 225)
405 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7228

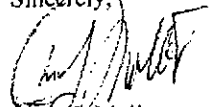
November 1, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

Pursuant to 210 ILCS 85/3(A)(2), the University of Illinois Medical Center at Chicago is exempt from the licensure requirements of the Illinois Hospital Licensing Act.

Sincerely,



Chris J. Mollet
Associate University Counsel

Enclosure

cc: John J. DeNardo

Chicago • Phone (312) 996-7762 • Fax (312) 996-6455
Urbana • 258 Henry Administration Building • 506 South Wright Street • Urbana, IL 61801 • Phone (217) 333-0563
Springfield • Public Affairs Center, Room 580, MS-563 • One University Plaza • Springfield, IL 62794 • Phone (217) 206-6634

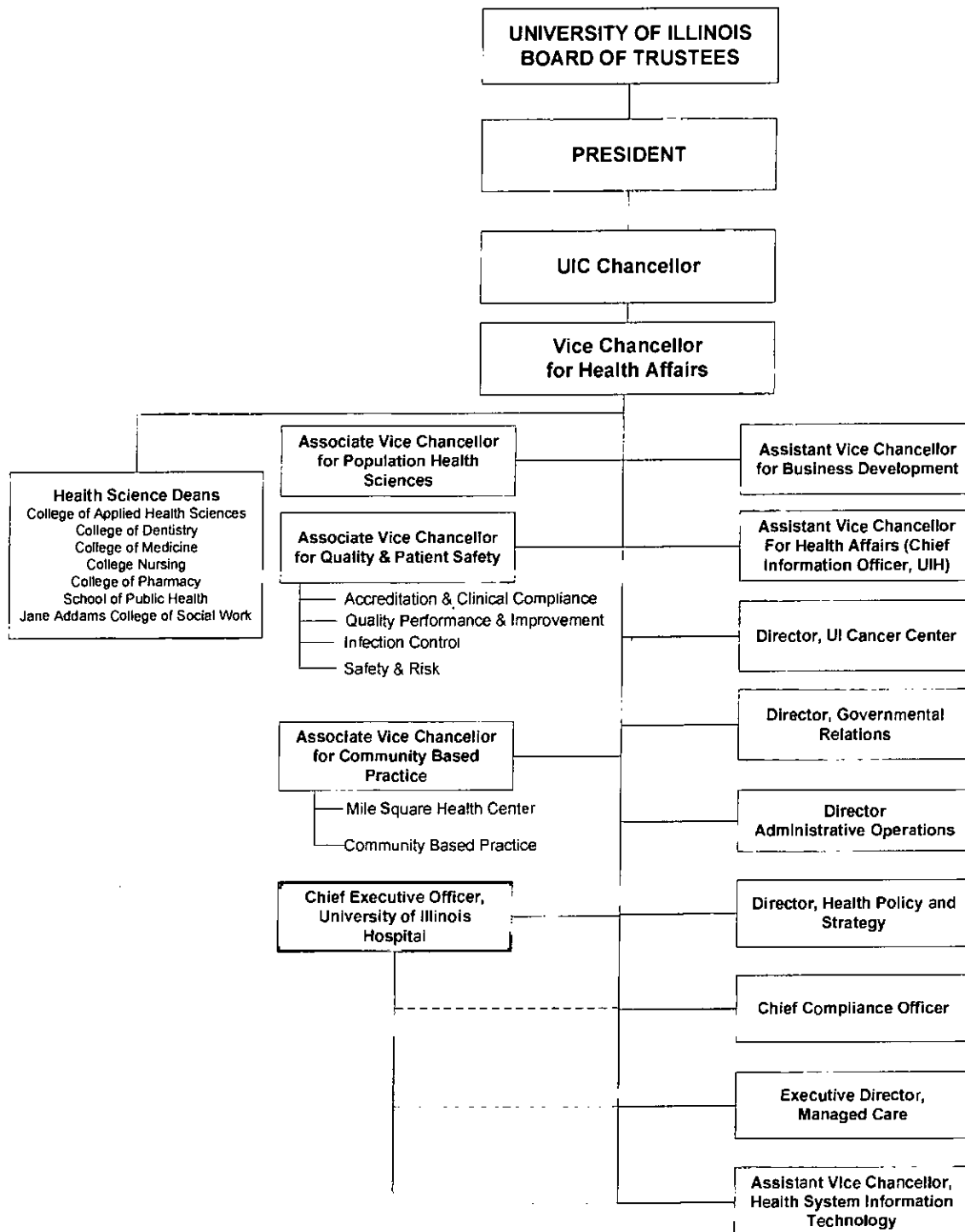
SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Organizational Relationships**

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

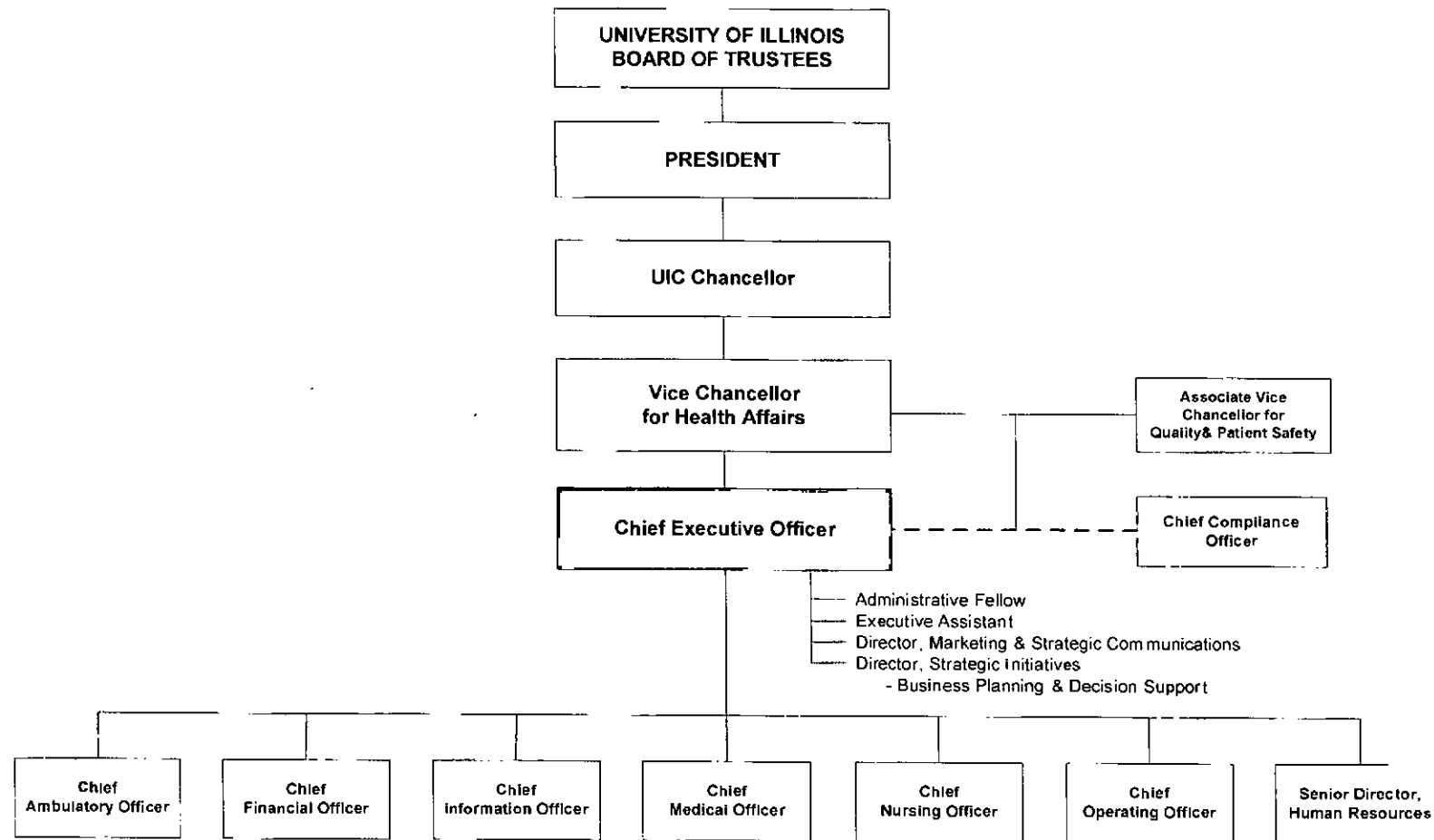
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment 4, Exhibits 1 and 2 are current organizational charts of the University of Illinois, Chicago campus.

UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS TABLE OF ORGANIZATION



UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS TABLE OF ORGANIZATION



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

NA – There is no construction as part of this application.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
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Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

NA – There is no new construction or modernization as part of this project.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Project Costs and Sources of Funds (Neonatal Intensive Care Services only)

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 Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
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Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
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Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
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Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

NA – Proposed discontinuation does not relate to the neonatal intensive care category of service.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="checked" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u> N/A </u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <u> NA </u>	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Type of Discontinuation

<input type="checkbox"/>	Discontinuation of an Existing Health Care Facility
<input checked="" type="checkbox"/>	Discontinuation of a category of service

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted. **This section must be completed**

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
 - a. UIMCC is proposing to discontinue its inpatient comprehensive physical rehabilitation service with 18 authorized beds.
2. Identify all of the other clinical services that are to be discontinued.
 - a. Although UIMCC proposes to discontinue the inpatient rehabilitation category of service, UIMCC will continue to provide physical and occupational therapy services. The gym and activities of daily living assessment will remain in operation to serve outpatients and inpatients in other categories of service.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
 - a. The anticipated date of discontinuation will be no later than 30 days after HFSRB issues the Certificate of Exemption.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
 - a. The 18 rehabilitation beds will be converted to private adult medical/surgical beds to better align with demand. The number of authorized medical/surgical beds will remain at 240. However, the number of private patient rooms will increase from 41 percent to 52 percent. Private patient rooms are now the standard of care for medical/surgical rooms.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
 - a. UIMCC will retain all medical records as required by applicable standards and will make them available to patients upon request.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

NA
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be

UIMCC 80D COE

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7/27/17

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2/21/2018 2:05 PM

Attachment 10

Discontinuation

published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.

NA

8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted. **Provide attestation letter and copy of the notice. Attachment 10, Exhibit 1**

**The required notice was placed as follows:
Copies have been attached**

- **Chicago Sun Times newspaper**
Ad run date: Jan 05, 2018
No responses have been received
- **Chicago tribune Newspaper**
Ad run dates: Jan 07-09, 2018
No responses have been received

Billing Information

Customer Name: Sara Saucedo Islas
Address: 1740 W Taylor St
City: Chicago
State: IL
Zip: 60612-7232
Phone Number: 3124139446
Account ID: CU00634546

Order Information

Order Number: 5380972
Order Date: 1/5/2018
Gross price: \$622.40

Chicago Tribune

Chicago Tribune – Legal Notices:

Publication: Chicago Tribune

Section: Legal Notices

AdSize: 1 Column

Lines: 19

Run Date(s): Sunday, January 07, 2018 | Monday, January 08, 2018 | Tuesday, January 09, 2018

Color: No

Preview:

NOTICE
The University of Illinois Hospital in Chicago, Illinois intends to discontinue its 18 bed rehabilitation unit and convert the beds into adult medical/surgical beds after approval to do so is issued by the Illinois Health Facilities and Services Review Board ("HFSRB"). University of Illinois Hospital intends to submit the required Certificate of Exemption on or around September 1, 2017 and a copy of it and information about the intended discontinuation and conversion of the rehabilitation unit can be found on the HFSRB website at <https://www.illinois.gov/sites/hsrb>. You may also contact University of Illinois Hospital Administration at 312-966-9900 or contact us online at <http://hsrb.uihealthcare.org>.

Chicago Tribune

Publication Date: 01/09/2018

Ad Number: 5391970-1

Insertion Number:

Size: 1 x 1.52

Color Type: **B&W**

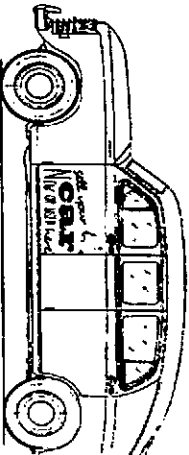
Client Name:

Advertiser: University of Illinois Hospital

Section/Page/Zone: Legal Notices/2008/ALL

Description: Legal Notice Illinois Hospital

This electronic tearsheet confirms the ad appeared in The Chicago Tribune on the date and page indicated. You may not create derivative works, or in any way exploit or repurpose any content.



WIS17 CHEMAGOTRIBUNE.COM/MOVIES/RS18 OR CALL 312 722-2227

SELL YOUR HOME

UNIVERSITY OF ILLINOIS HOSPITAL IN CHICAGO
DISCONTINUE 18 BED REHAB

ADORDERNUMBER: 0001049525-01

PO NUMBER: DISCONTINUE 18 BED REHAB

AMOUNT: 216.00

NO OF AFFIDAVITS: 1

The University of Illinois Hospital in Chicago, Illinois intends to discontinue its 18 bed rehabilitation unit and convert the beds into adult medical/surgical beds after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). University of Illinois Hospital intends to submit the required Certificate of Exemption on or around September 1, 2017 and a copy of it and information about the intended discontinuation and conversion of the rehabilitation unit can be found on the HFSRB website at <http://www.illinois.gov/sites/hfsrb>. You may also contact University of Illinois Hospital Administration at 312-968-3900 or contact us online at <http://hfsrb.uihealthcare.org>

1/5/18 #1049525

Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P72B Sec 1, EFF. July 1, 1874. Amended by Laws 1859, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PL.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 01/05/2018

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized,
has caused this Certificate to be signed

by



Mary Lou Davis

Account Manager - Public Legal Notices

This 5th Day of January 2018 A.D.

UNIVERSITY OF ILLINOIS HOSPITAL IN
CHICAGO
1740 W TAYLOR ST
STE 1400, M/C 893
CHICAGO, IL 60612

Payment Receipt

ISUN-TIMES READER

Wednesday, January 3, 2018

Transaction Type: Payment

Order Number: 0001049525

Payment Method: Credit Card

Bad Debt: -

Credit Card Number: *****7703

Credit Card Expire Date: 1/28/2020

Payment Amount: \$216.00

Reference Number: 041013

Charge to Company: Sun Times Media

Category: Classified

Credit to Transaction Number: P466240

Invoice Text:

Invoice Notes:

Customer Type: Business Transient

Customer Category:

Customer Status:

Customer Group: Classified

Customer Trade: UNVERIFIED

Account Number: 100286152

Phone Number: 3129963900

Company / Individual: Company

Customer Name: UNIVERSITY OF ILLINOIS HOSPITAL IN CHICAGO

Customer Address: 1740 W TAYLOR ST
STE 1400, M/C 693

CHICAGO IL 60612 USA

Check Number:

Routing Number:

UIMCC 80D COE

89732453.2

7/27/17

2/21/2018 2:05 PM

Page 26

Discontinuation

Attachment 10

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

The utilization of the comprehensive physical rehabilitation category of service at UIMCC declined from 72.4 percent in 2013 to only 53.7 percent in 2016. This utilization is substantially below the State Guideline for Comprehensive Rehabilitation Services of 90 percent.

Utilization of Comprehensive Physical Rehabilitation Beds

Calendar Year	Admissions	Average Length of Stay	Days Incl. Observation	Average Daily Census	Authorized Beds	Percent Occupancy
CY2016	294	12.0	3,536	9.7	18	53.7
CY2015	316	12.1	3,816	10.5	18	58.1
CY2014	353	12.0	4,235	11.6	18	64.5
CY2013	354	13.4	4,756	13.0	18	72.4

Source: UIMCC Records

During the same period, adult medical/surgical has shown a growth trend.

Utilization of Comprehensive Adult Medical/Surgical Beds

Calendar Year	Admissions	Average Length of Stay	Days Incl. Observation	Average Daily Census	Authorized Beds	Percent Occupancy
2016	10,408	5.6	64,369	175.9	240	73.3
2015	9,988	5.9	61,301	167.9	240	70.0
2014	9,760	5.9	57,317	157.0	240	65.4
2013	9,350	6.1	57,188	156.7	240	65.3

Source: UIMCC Records

Utilization of the medical surgical beds at UIMCC has been hampered because of the low percentage of single-occupancy medical/surgical beds.

The impact is an actual reduction in the available adult medical/surgical beds which results in the limited access to need acute inpatient services. In 2017, nearly 14% of the requested for patient transfers from community hospitals were not accepted due to the availability of a bed in the necessary time period.

Impact on Access

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.

UIMCC proposes to discontinue only one category of service—Comprehensive Physical Rehabilitation.

As shown on Attachment 10, Exhibit 2, there are 28 hospitals within 45 minutes travel time of UIMCC that currently have adult comprehensive physical rehabilitation beds. (Shriners Hospital for Children is also in this radius with 6 beds dedicated to pediatric rehabilitation.) The rehabilitation units in the adult facilities range in size from 6 beds to 242 beds; only two hospitals, Advocate Christ and Marianjoy, had occupancy that was above the 85 percent target per State Guidelines. The overall occupancy of the region's rehabilitation beds is 61 percent or considerably lower than the State Guideline of 85% occupancy. If these beds were occupied at an average of 85 percent, they could accommodate 271 additional adult rehabilitation patients or 253 more than the unit at UIMCC could support at target occupancy.

Therefore, there is adequate capacity in existing rehabilitation units in other facilities within 45 minutes travel time to support patients that have historically used the Medical Center.

To further ensure that there will be no adverse effect upon access to care in UIMCC's market, the Medical Center has established a Collaboration Agreement with Schwab Rehabilitation Hospital and Care Network. This agreement is included as Attachment 10, Exhibit 3. According to this agreement, Schwab will accept patients who meet admission criteria for rehabilitation care and have appropriate discharge disposition, regardless of payor class. Other considerations to enhance transfer of patients from UIMCC and Schwab are also detailed in the agreement.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

Attachment 10, Exhibit 4 contains a copy of each letter sent to comprehensive rehabilitation facilities within 45 minutes travel time of UIMCC. This list of facilities was obtained from HFSRB. In addition, each letter is accompanied by documentation from USPS. Other than that, each of the letters was sent by certified mail and the date that each was received and accepted. As of the filing date of the COE application, documentation shows that each of the letters was received by the intended recipient.

Complete the sender – UPS, USPS, FedEx/rather than others

Market description moved to Attachment 12



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

Hospital Administration (MC 693)
1740 West Taylor Street, Suite 1400
Chicago, Illinois 60612
Phone 312.996.3900
Fax 312.996.4709

August 28, 2017

Larry A. Davis, Chief Executive Officer
Adventist LaGrange Memorial Hospital
5101 Gilbert Ave
LaGrange, IL 60525

Dear Larry A. Davis:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing
Chief Operating Officer



August 28, 2017

Kenneth W. Lukhard, President
Advocate Christ Hospital and Medical Center
4440 West 95th Street
Oak Lawn, IL 60453

Dear Kenneth Lukhard:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing
Chief Operating Officer



August 28, 2017

Jim Skogsbergh, President and Chief Executive Officer
Advocate Illinois Masonic Medical Center
836 West Wellington Ave
Chicago, IL 60657

Dear Jim Skogsbergh:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HF5RB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing
Chief Operating Officer



August 28, 2017

Richard Floyd, President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

Dear Richard Floyd:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing
Chief Operating Officer



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
~~~~~ Changing medicine. For good. ~~~~~

Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, Illinois 60612  
Phone 312 996 3900  
Fax 312 996 4709

August 28, 2017

John Werrbach, President and Chief Executive Officer  
Alexian Brothers Medical Center  
800 Blesterfield Road  
Elk Grove Villa, IL 60007

Dear John Werrbach:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Mark R. Neaman, President and Chief Executive Officer  
Evanston Hospital  
2650 Ridge Ave  
Evanston, IL 60201

Dear Mark R. Neaman:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Allan M. Spooner, President and Chief Executive Officer  
Franciscan St. James Hospital & Health Center  
20201 South Crawford  
Olympian Fields, IL 60461

Dear Allan M. Spooner:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
— Changing medicine. For good. —

Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, Illinois 60612  
Phone 312 996 3900  
Fax 312 996 4709

August 28, 2017

Allan M. Spooner, President and Chief Executive Officer  
Franciscan St. James Hospital & Health Center  
4 E 14<sup>th</sup> St  
Chicago Heights, IL 60411

Dear Allan M. Spooner:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Lori Pacura, CEO  
Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629

Dear Lori Pacura:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Kurt Johnson, Chief Executive Officer  
Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, IL 60426

Dear Kurt Johnson:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HF5RB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Anthony J. Tedeschi, CEO  
Louis A. Weiss Memorial Hospital  
4646 N. Marine Drive  
Chicago, IL 60640

Dear Anthony J. Tedeschi:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HF5RB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

John Morgan, President  
Loyola Health System at Gottlieb  
701 West North Ave  
Melrose Park, IL 60130

Dear John Morgan:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer





August 28, 2017

Larry Goldberg, Chief Executive Officer  
Loyola University Medical Center/ Foster G. McGaw  
2160 South 1<sup>st</sup> Ave  
Maywood, IL 60153

Dear Larry Goldberg:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Scott Steiner, Chief Executive Officer  
MacNeal Hospital  
3249 South Oak Park Avenue  
Berwyn, IL 60402

Dear Scott Steiner:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Kathleen C. Yoski, President  
Marianjoy Rehabilitation Center  
26 West 171 Roosevelt Road  
Wheaton, IL 60187

Dear Kathleen C. Yoski:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Carol L. Garikes Schneider, CEO  
Mercy Hospital & Medical Center  
2525 S. Michigan Avenue  
Chicago, IL 60616

Dear Carol L. Garikes Schneider:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Stephen Scogna, Chief Executive Officer  
Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005

Dear Stephen Scogna:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Robert Dahl, CEO  
Presence Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, IL 60631

Dear Robert Dahl:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Larry J. Goodman, CEO  
Rush University Medical Center  
1653 W Congress Parkway  
Chicago, IL 60612

Dear Larry J. Goodman:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Bruce M. Elegant, President  
Rush Oak Park Hospital  
520 S. Maple Street  
Oak Park, IL 60304

Dear Bruce M. Elegant:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer





August 28, 2017

Martin Judd, Executive Director  
Presence Saint Joseph Hospital Chicago  
2900 N Lake Shore Drive  
Chicago, IL 60657

Dear Martin Judd:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
— Changing medicine. For good. —

Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, Illinois 60612  
Phone 312 906.3900  
Fax 312 996 4709

August 28, 2017

Martin Judd, Executive Director  
Presence Saint Mary of Nazareth Hospital  
2233 W Division Street  
Chicago, IL 60622

Dear Martin Judd:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

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Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

John McCabe, Executive Vice President  
Shriners Hospital for Children-Chicago  
2211 North Oak park  
Chicago, IL 60707

Dear John McCabe:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



**UNIVERSITY OF ILLINOIS**  
**Hospital & Health Sciences System**  
— Changing medicine. For good. —

Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, Illinois 60612  
Phone 312.996.3900  
Fax 312.996.4709

August 28, 2017

Anthony Guaccio, CEO  
Swedish Covenant Hospital  
5145 N California Avenue  
Chicago, IL 60625

Dear Anthony Guaccio:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
— Changing medicine. For good. —

Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, Illinois 60612  
Phone 312.996.3900  
Fax 312.996.4709

August 28, 2017

Michael J. Ditoro, Chief Executive Officer  
VHS Westlake Hospital  
1225 Lake Street  
Melrose Park, IL 60160

Dear Michael J. Ditoro:

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer



August 28, 2017

Peggy Kirk, Chief Operating Officer  
Shirley Ryan Ability Lab  
355 E. Erie S.,  
Chicago, IL 60611

Dear Peggy Kirk,

It has come to our attention that a previous letter on this matter may have contained an erroneous date and we wish to make sure that you have the opportunity to respond concerning the impact of this request.

The University of Illinois Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds. Note the total number of authorized adult medical and surgical beds will remain at 240.

In 2015, the inpatient rehabilitation unit admitted 316 patients representing 3,816 patient day and an average daily census of 10.5. In 2016, there were 294 admission, 3,536 patient days with an average daily census of 9.7. So far in 2017 the percent occupancy rate is well below 50%. The anticipated date of discontinuation is 15 days from HFSRB approval which is anticipated to be on or around November 14, 2017.

The purpose of this letter is to request, should you elect to do so, an impact statement indicating whether your facility will have the capacity to accommodate a portion or all of these cases and if there may be any restrictions or limitations precluding the provision of rehabilitation services to the patients we now serve.

Please respond within 15 days of receiving this letter. If you do not respond within 15 days, we will assume the proposed discontinuation and conversion has no impact on your facility.

Sincerely,

David H. Loffing  
Chief Operating Officer

## Impact Letters / Receipts

Attachment 10, Exhibit 4 includes a copy of each of the 27 letters sent to acute physical rehabilitation providers within 45 minutes travel time of UIMCC and includes documentation that the letters were received.

As of the date of filing this Certificate of Exemption, 4 letters have been received. Any letters received after filing will be forwarded to HFSRB.



BE STRONGER | CARE HARDER | LOVE DEEPER



**Discontinuation**

**By Certified Mail  
Delivery Receipt Requested**

July 18, 2017

Dr. Avijit Ghosh  
University of Illinois Hospital & Health Science System  
1740 West Taylor Avenue  
Chicago, IL 60612

RE: Proposed Discontinuation of Inpatient Rehabilitation at Holy Cross Hospital

Dear Dr. Ghosh,

Holy Cross Hospital intends to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Review Board ("IHFSRB"), addressing the discontinuation of the hospital's inpatient rehabilitation unit so they may be centralized at Schwab Rehabilitation Hospital. Holy Cross Hospital will continue to provide outpatient and medical unit rehabilitation therapy services.

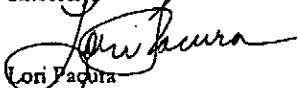
Through this letter and consistent with the provisions of Section 1110.130, you are requested, should you elect to do so, to provide an impact statement, consistent with the identified requested information contained in the above referenced section; including: 1) whether your hospital has or will have available capacity to accommodate a portion or all of Holy Cross Hospital's experienced caseload, and 2) whether any restrictions or limitations preclude providing service to residents of Holy Cross Hospital's service area.

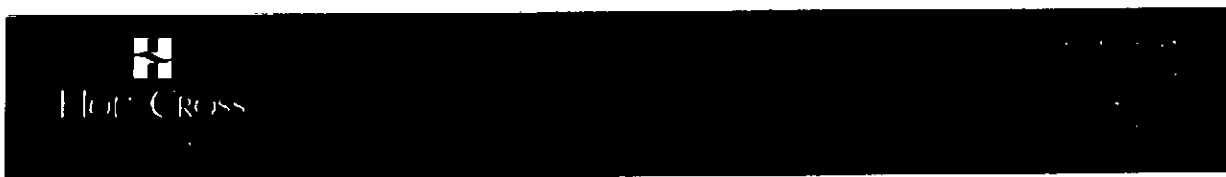
The anticipated date for discontinuation is by November 1, 2017.

During the 24 month period ending December 31, 2016, a total of 677 patients were admitted to Holy Cross Hospital's inpatient rehabilitation unit.

A copy of any response to this request received within 15 days of your receipt of this letter will be forwarded to the IHFSRB.

Sincerely,

  
Lori Pagura  
President, Holy Cross Hospital







## Advocate South Suburban Hospital

17800 South Kedzie Avenue || Hazel Crest, IL 60429 || T 708.799.8000 || [advocatehealth.com](http://advocatehealth.com)

August 9, 2017

Certified Mail

Administrator  
University of Illinois Hospital  
1740 West Taylor Avenue  
Chicago, IL 60612-0000



### Request for Impact Statement

Dear Administrator:

This letter is to inform you that Advocate South Suburban Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its pediatric category of service with its 10 pediatric beds. The anticipated date of closure is September 30, 2017.

In 2015 Advocate South Suburban Hospital admitted 99 pediatric patients and had 423 days of inpatient and observation care. In 2016 there were 27 pediatric patients admitted and 108 days of inpatient and observation care. There have been no admissions in 2017.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all of the experienced caseload. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate South Suburban Hospital's market area.

Please respond within 15 days of receiving this letter. Failure to respond within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your consideration of this request.

Sincerely,

Richard Heim  
President

Northwest Community  
Healthcare

800 West Central Road  
Arlington Heights, IL 60005

847.618.1000  
www.nch.org



**Via Electronic Mail Delivery**

August 9, 2017

Mr. David H. Loffing  
Chief Operating Officer  
University of Illinois Hospital & Health Sciences System  
Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, IL 60612

Dear Mr. Loffing:

I am in receipt of your letter dated July 20, 2017 requesting support of the conversion of your licensed rehabilitation unit. Northwest Community Healthcare (NCH) supports your conversion and re-allocation to meet your current medical surgical demand.

NCH is also interested in coordinating with the University of Illinois to accommodate your patients that require inpatient rehabilitation in our 17-bed unit located at 800 West Central Road in Arlington Heights, IL.

We are happy to meet with your care coordination team to explore opportunities for your patients in our facility.

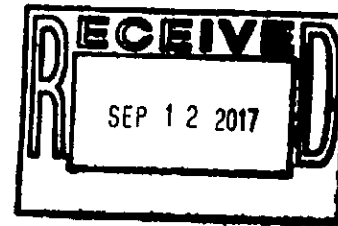
Sincerely yours,

A handwritten signature in black ink that reads "Bradford A. Buxton".

Bradford A. Buxton  
Vice President, Strategy and Business Development

BAB:sd

Copy: Stephen Scogna, President & CEO  
Northwest Community Healthcare



September 11, 2017

David H. Loffing  
Chief Operating Officer  
University of Illinois  
Hospital & Health Sciences System  
Hospital Administration (MC 693)  
1740 West Taylor Street, Suite 1400  
Chicago, IL 60612

Dear Mr. Loffing:

I am in receipt of your August 28, 2017 letter notifying the Shirley Ryan AbilityLab ("SRAIab") of a requested Certificate of Exemption from the Illinois Health Facilities and Services Review board to discontinue its 18 bed rehabilitation unit with conversion to medical and surgical beds.

SRAIab supports your request for the Certificate of Exemption and has the capacity to accommodate the number of cases, both admissions and patient days, noted in your letter. We are not aware of any restrictions or limitations precluding the provision of rehabilitation services to the patients you currently serve.

Sincerely,

A handwritten signature in dark ink, appearing to read "Peggy Kirk".

Peggy Kirk  
Chief Operating Officer, Sr. Vice President

Advancing Human Ability.

| Hospital Name                                 | Authorized<br>Rehabilitation<br>Beds | Rehabilitation<br>Peak Census | Rehabilitation<br>Admissions | Rehabilitation<br>Inpatient Days | Rehabilitation<br>Avg LOS | Rehabilitation<br>Avg Daily<br>Census | Rehabilitation<br>CON Occupancy<br>Rate % | Miles away<br>from<br>UIMCC |
|-----------------------------------------------|--------------------------------------|-------------------------------|------------------------------|----------------------------------|---------------------------|---------------------------------------|-------------------------------------------|-----------------------------|
| Adventist La Grange Memorial Hospital         | 16                                   | 16                            | 544                          | 4548                             | 8.4                       | 12.5                                  | 77.9%                                     | 14.6                        |
| Advocate Christ Medical Center                | 37                                   | 37                            | 894                          | 12304                            | 13.8                      | 33.7                                  | 91.1%                                     | 13.5                        |
| Advocate Illinois Masonic Medical Center      | 22                                   | 20                            | 385                          | 5186                             | 13.5                      | 14.2                                  | 64.6%                                     | 5.7                         |
| Advocate Lutheran General Hospital            | 45                                   | 44                            | 980                          | 13046                            | 13.3                      | 35.7                                  | 79.4%                                     | 20.9                        |
| Alexian Brothers Medical Center               | 72                                   | 66                            | 1632                         | 21792                            | 13.4                      | 59.7                                  | 82.9%                                     | 25.6                        |
| Evanston Hospital                             | 22                                   | 19                            | 414                          | 5526                             | 13.3                      | 15.1                                  | 68.8%                                     | 16.1                        |
| Franciscan St. James Health - Chicago Heights | 30                                   | 21                            | 289                          | 3550                             | 12.3                      | 9.7                                   | 32.4%                                     | 33.1                        |
| Franciscan St. James Health - Olympia Fields* | 0                                    | 0                             | 0                            | 0                                | 0.0                       | 0.0                                   | 0.0%                                      | 31.3                        |
| Gottlieb Memorial Hospital*                   | 0                                    | 0                             | 0                            | 0                                | 0.0                       | 0.0                                   | 0.0%                                      | 12.0                        |
| Holy Cross Hospital                           | 34                                   | 20                            | 356                          | 4332                             | 12.2                      | 11.9                                  | 34.9%                                     | 7.9                         |
| Ingalls Memorial Hospital                     | 43                                   | 24                            | 546                          | 6671                             | 12.2                      | 18.3                                  | 42.5%                                     | 23.3                        |
| Louis A. Weiss Memorial Hospital              | 26                                   | 15                            | 264                          | 3172                             | 12.0                      | 8.7                                   | 33.4%                                     | 10.5                        |
| Loyola University Medical Center              | 32                                   | 26                            | 669                          | 6980                             | 10.4                      | 19.1                                  | 59.8%                                     | 9.8                         |
| MacNeal Hospital                              | 12                                   | 10                            | 46                           | 757                              | 16.5                      | 2.1                                   | 17.3%                                     | 7.2                         |
| Marianjoy Rehabilitation Hospital & Clinics   | 100                                  | 100                           | 2471                         | 33580                            | 13.6                      | 92.0                                  | 92.0%                                     | 28.4                        |
| Mercy Hospital & Medical Center               | 24                                   | 17                            | 422                          | 4541                             | 10.8                      | 12.4                                  | 51.8%                                     | 4.9                         |
| Northwest Community Hospital                  | 17                                   | 13                            | 53                           | 722                              | 13.6                      | 2.0                                   | 11.6%                                     | 25.2                        |
| Presence Resurrection Medical Center          | 65                                   | 45                            | 1175                         | 14812                            | 12.6                      | 40.6                                  | 62.4%                                     | 14.3                        |
| Presence Saint Joseph Hospital Chicago        | 23                                   | 11                            | 188                          | 2004                             | 10.7                      | 5.5                                   | 23.9%                                     | 8.2                         |
| Presence Saint Mary Of Nazareth Hospital      | 15                                   | 15                            | 272                          | 3068                             | 11.3                      | 8.4                                   | 56.0%                                     | 3.0                         |
| Rehabilitation Institute of Chicago           | 242                                  | 176                           | 2514                         | 60729                            | 24.2                      | 166.4                                 | 68.8%                                     | 4.7                         |
| Rush Oak Park Hospital                        | 36                                   | 10                            | 92                           | 1039                             | 11.3                      | 2.8                                   | 7.9%                                      | 7.8                         |
| Rush University Medical Center                | 59                                   | 42                            | 1047                         | 12595                            | 12.0                      | 34.5                                  | 58.5%                                     | 0.8                         |
| Schwab Rehabilitation Center                  | 81                                   | 75                            | 1241                         | 17474                            | 14.1                      | 47.9                                  | 59.1%                                     | 1.5                         |
| Shriners Hospitals for Children - Chicago     | 6                                    | 6                             | 61                           | 1273                             | 20.9                      | 3.5                                   | 58.1%                                     | 10.3                        |
| Swedish Covenant Hospital                     | 25                                   | 20                            | 348                          | 4969                             | 14.3                      | 13.6                                  | 54.5%                                     | 11.0                        |
| University of Illinois Hospital at Chicago    | 18                                   | 14                            | 316                          | 3816                             | 12.1                      | 10.5                                  | 58.1%                                     | N/A                         |
| VHS Westlake Hospital                         | 28                                   | 18                            | 271                          | 3897                             | 14.4                      | 10.7                                  | 38.1%                                     | 11.0                        |

Source: AHQ Data File 2015

\*NOTE: Hospital received COE to establish Inpatient Rehabilitation in 2016

UIMCC 80D COE

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This information is being moved to Attachment 12 Remove legend on map (this is a note only – not to be in application)

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Attachment 10

Discontinuation

Exhibit 2

### **Principles of Collaboration for Inpatient Rehabilitation Services**

The University of Illinois Hospital and the Schwab Rehabilitation Hospital and Care Network (a member of the Sinai Health System) will form a collaborative arrangement to facilitate the provision of acute and sub-acute rehabilitation services.

As part of this collaborative effort, Schwab Rehabilitation Hospital and Care Network ("Schwab") will continue to accept transfer of patients from University of Illinois Hospital ("UIH") who require admission to a rehabilitation hospital. Schwab will accept patients who meet admission criteria for rehabilitative care and have appropriate discharge dispositions, regardless of payor class.

Schwab will assign Physicians to perform medical rehabilitation consultations—who will be privileged to practice at UIH—to facilitate timely transfer of patients to the appropriate level of post-acute level of care. Schwab will accept patient transfers to inpatient acute rehab all days of the week and will accept all patients who can tolerate three (3) hours of therapy, require the presence of a rehabilitation physician three (3) to five (5) days per week and have documented necessity for such Physician care. The Physicians will also work collaboratively with the clinicians of UIH to enhance the educational experience of medical students and residents, expand the physical medicine outpatient clinic presence, and to collaborate with specialists who may benefit from their knowledge.

UIH and Schwab will work collaboratively to achieve high quality programmatic and clinical outcomes. To successfully meet the guidelines established by new CMS payment models, Schwab and UIH will collaboratively share and review data (for UIH patients) on clinical outcomes, cost of care and efficacy of interventions at least on a quarterly basis, subject to approval by legal counsel. Examples of such information include, but are not limited to:


- Length of stay
- FIM change per day
- Utilization of services
- # of patients transitioned to home
- Percentage of transfers who are readmitted to UIH
- Cost of care

UIH and Schwab will work together to explore additional ways to bolster care coordination and patient outcomes and develop communication channels for input on quality and performance improvement initiatives. Schwab and UIH agree to participate in these collaborative efforts to provide high quality, cost-effective care to patients.

Neither Party nor any of their respective employees or agents shall be required to refer any patient to the other Party or to any affiliate of the other Party; and this Agreement shall not be construed to require any such referrals. Nothing in this Agreement shall be construed as an offer, solicitation, promise or payment by one Party to any other Party, or any affiliate of the other Party, of any cash or other remuneration, whether directly or indirectly, overtly or covertly, specifically for patient referrals or for recommending or arranging the sale, purchase, lease, or order of any item or service.

  
Mary Goffinger  
Vice President, Schwab Rehabilitation Hospital

Date 4/25/17

  
Avijit Ghosh  
CEO, University of Illinois Hospital and Clinics

Date 5/1/2017

### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

**Background – NA**

READ THE REVIEW CRITERION and provide the following required information:

#### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**



### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Purpose of the Project, and Alternatives (Not applicable to Change of Ownership)

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

## PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

University of Illinois Medical Center at Chicago (UIMCC) is proposing to discontinue comprehensive physical rehabilitation services and to convert the 18 beds to adult medical/surgical occupancy. The total number of rehabilitation beds will decrease from 18 to 0, and the number of adult medical/surgical beds will remain constant at the currently authorized number of 240.

This discontinuation and conversion will improve health care and the well-being of the market area population in two ways.

First, the current 53.6 percent occupancy of rehabilitation patients at UIMCC is substantially below the State Guideline for rehabilitation services, or 90 percent occupancy. This low occupancy detracts from UIMCC's ability to provide complementary rehabilitation services and the diverse staff of rehabilitation physicians, nurses and other specialists that can be provided in a larger setting. By developing a Principles of Collaboration for Inpatient Rehabilitation Services Agreement with nearby Schwab Rehabilitation Hospital and Care Network, patients that previously used the UIMCC facility will have the benefit of a larger rehabilitation program with more advanced treatment options. Schwab has 81 authorized comprehensive rehabilitation beds, which is more than 4 times the number of beds at UIMCC.

Second, today, only 41 percent of UIMCC's medical/surgical beds are single occupancy. The conversion of 18 double-occupancy medical/surgical rooms to single-occupancy rooms and the reuse of 18 discontinued single-occupancy rooms to 18 single-occupancy rooms (without increasing the total number of medical/surgical rooms ) will increase the Medical Center's complement of medical/surgical rooms to 52 percent single-occupancy rooms. Research on the benefits of single-occupancy rooms over two-bed or multioccupancy rooms has been ongoing for more than 40 years. The research has found that single patient rooms improve patient safety and clinical outcomes

Today single patient rooms are the standard of care in hospitals. With the increase in the percentage of single occupancy, UIMCC will improve the health care and well-being of the

market area population being served.

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

#### Primary Service Area (PSA)

The primary service area (PSA) of the University of Illinois Hospital and Health Sciences system is derived by identifying the fewest number of zip code area that yield 75% of the Medical Center's patient population (defined by unique medical record numbers). (See Attachment 12, Exhibit 1.

Attachment 12, Exhibit 2 is a map of the Medical Center's primary service area which covers a substantial area encompassing the City of Chicago and surrounding counties. We suggest that just the map – no FQHC, or other medical centers be shown.

UIMCC is part of Health Planning Area 6. However, its service area includes a substantial area encompassing the City of Chicago and surrounding counties. See Attachment 12, Exhibit 2.

# UIMCC Patient Origin, CY 2016

| Zip Code                             | Patients | % of Total |
|--------------------------------------|----------|------------|
| 60608                                | 8,757    | 6.5%       |
| 60623                                | 6,132    | 4.5%       |
| 60609                                | 4,996    | 3.7%       |
| 60612                                | 4,766    | 3.5%       |
| 60629                                | 4,641    | 3.4%       |
| 60632                                | 4,584    | 3.4%       |
| 60624                                | 3,736    | 2.8%       |
| 60644                                | 3,561    | 2.6%       |
| 60617                                | 3,221    | 2.4%       |
| 60651                                | 3,161    | 2.3%       |
| 60607                                | 2,838    | 2.1%       |
| 60620                                | 2,722    | 2.0%       |
| 60619                                | 2,578    | 1.9%       |
| 60628                                | 2,552    | 1.9%       |
| 60616                                | 2,532    | 1.9%       |
| 60804                                | 2,441    | 1.8%       |
| 60639                                | 2,350    | 1.7%       |
| 60649                                | 2,262    | 1.7%       |
| 60647                                | 1,968    | 1.5%       |
| 60636                                | 1,894    | 1.4%       |
| 60637                                | 1,785    | 1.3%       |
| 60638                                | 1,555    | 1.2%       |
| 60621                                | 1,550    | 1.1%       |
| 60622                                | 1,468    | 1.1%       |
| 60615                                | 1,465    | 1.1%       |
| 60653                                | 1,416    | 1.0%       |
| 60402                                | 1,413    | 1.0%       |
| 60618                                | 1,259    | 0.9%       |
| 60643                                | 1,258    | 0.9%       |
| 60652                                | 1,184    | 0.9%       |
| 60640                                | 1,051    | 0.8%       |
| 60641                                | 995      | 0.7%       |
| 60634                                | 922      | 0.7%       |
| 60625                                | 849      | 0.6%       |
| 60605                                | 836      | 0.6%       |
| 60409                                | 815      | 0.6%       |
| 60411                                | 745      | 0.6%       |
| 60610                                | 729      | 0.5%       |
| 60626                                | 715      | 0.5%       |
| 60827                                | 694      | 0.5%       |
| 60302                                | 679      | 0.5%       |
| 60614                                | 666      | 0.5%       |
| 60657                                | 644      | 0.5%       |
| 60426                                | 550      | 0.4%       |
| 60707                                | 549      | 0.4%       |
| 60660                                | 540      | 0.4%       |
| 60630                                | 537      | 0.4%       |
| 60453                                | 518      | 0.4%       |
| 60613                                | 518      | 0.4%       |
| 60419                                | 514      | 0.4%       |
| 60153                                | 477      | 0.4%       |
| 60645                                | 476      | 0.4%       |
| Total UIMCC Patients in PSA          | 101,064  | 74.9%      |
| All Other UIMCC Patients Outside PSA | 33,884   | 25.1%      |
| Total UIMCC Patients                 | 134,948  | 100.0%     |

UIMCC 80D COE

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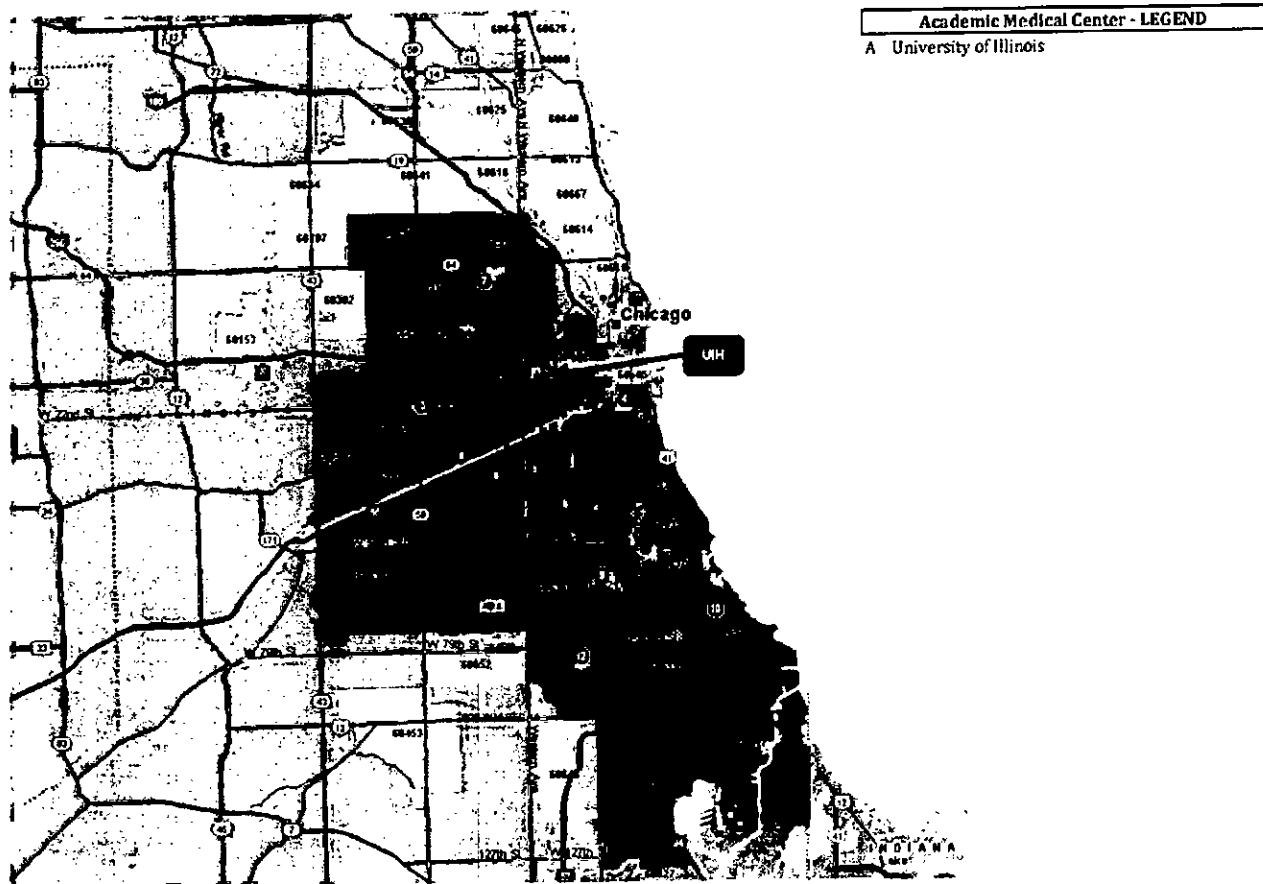
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Attachment 12

Purpose of Project

Exhibit 2

Attachment 12, Exhibit 2 is a map of the Medical Center's primary service area which covers a substantial area encompassing the City of Chicago and surrounding counties. We suggest that just the map – no FQHC, or other medical centers be shown.



\*Legend: High Concentration = Red, Medium Concentration = Orange, and Low Concentration = Yellow

Data Source: Compass

3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

There are two issues that need to be addressed by the project: They are

1. UIMCC's current comprehensive physical rehabilitation service is underutilized.
  2. UIMCC's medical/surgical service has an inadequate number of single occupancy rooms.
4. Cite the sources of the documentation.
    - a. UIMCC's administrative, clinical and financial records.
    - b. *Hospital Profiles, 2015*
    - c. Literature reporting research on the benefits of single occupancy patient rooms
  5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The discontinuation of the rehabilitation service will improve the population's health status and well being in two ways.

- a. UIMCC's current declining utilization of the existing rehabilitation unit detracts from the Medical Center's ability to provide complementary rehabilitation services and the diverse staff of rehabilitation physicians, nurses and rehabilitation specialists that are available in larger settings. The Principles of Collaboration for Inpatient Rehabilitation between UIMCC and Schwab will provide UIMCC patients requiring rehabilitation access to a larger rehabilitation program with more comprehensive and advanced treatment options.
- b. Of UIMCC's current 240 medical/surgical bed complement, only 41 percent are currently single-occupancy rooms. The state-of-the-art guideline is 100 percent single-occupancy rooms. By converting 16 double-occupancy medical/surgical rooms to single-occupancy rooms and reusing the 18 single occupancy rehabilitation rooms for single occupancy medical/surgical rooms the proportion of single occupancy medical/surgical rooms will increase to 52 percent.

Research has found that single patient rooms improve patient safety and outcome in a variety of ways, including the following:

- i. Improved infection control
- ii. Improved patient confidentiality and privacy
- iii. Improved social support
- iv. Improved patient/clinician communication
- v. Reduced medical errors
- vi. Reduced patient falls, and
- vii. Reduced noise.

The proposed discontinuation of UIMCC's comprehensive physical rehabilitation service and the proposed increase in single-occupancy medical/surgical rooms will improve the health care and the well-being of the market population to be served.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

Goal: The overarching goal of discontinuing the comprehensive physical rehabilitation service and of increasing the proportion of single occupancy medical/surgical beds is to improve health care for the population currently served by UIMCC.

Objective 1: Provide access to a comprehensive cadre of comprehensive physical rehabilitation services for UIMCC's patients by collaborating with Schwab Rehabilitation Hospital and Care Network. This objective will be accomplished as soon as the COE is approved.

Objective 2: Improve access medical/surgical care by increasing the number of single occupancy medical/surgical rooms without increasing the total number of medical/surgical beds to better align community needs with available facilities. This objective will be accomplished as soon as the COE is approved.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

There is no modernization in this project; no equipment is being replaced.

### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

NA

#### ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
  - 3) The applicant shall provide empirical evidence; including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



## SECTION IV. SERVICE SPECIFIC REVIEW CRITERIA (Neonatal Intensive Care Services Only)

### Criterion 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds

This Section is applicable to all projects proposing the establishment, or expansion of Neonatal Intensive Care Service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements, as well as charts for the service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

#### A. Criterion 1130.531 - Neonatal Intensive Care Services

1. Applicants proposing to establish, expand and/or modernize the Neonatal Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

| Category of Service                              | # Existing Beds | # Proposed Beds |
|--------------------------------------------------|-----------------|-----------------|
| <input type="checkbox"/> Neonatal Intensive Care |                 |                 |

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

| APPLICABLE REVIEW CRITERIA                                                                                                                                           | Establish | Expand |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 1130.531(a) - A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed; | X         | X      |
| 1130.531(b) - Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date;         | X         | X      |
| 1130.531(c) - Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.           | X         | X      |

**APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

NA – The neonatal service at UIMCC is not part of this project.

## **SECTION VIII.      1120.140 - ECONOMIC FEASIBILITY - NA**

**This section is applicable to all projects subject to Part 1120.**

### **A.    Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1)      That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2)      That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A)      A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B)      Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

### **B.    Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1)      That the selected form of debt financing for the project will be at the lowest net cost available;
- 2)      That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3)      That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

### **C.    Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1.    Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

## SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**APPEND DOCUMENTATION AS ATTACHMENT 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The Safety Net Information per PA-0031 is complete.

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.

UIMCC is unaware of any material impact on essential safety net services in the community.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known by the applicant.

UIMCC is unaware of any impact the project would have on the ability of another provider of health care system to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a give community.

UIMCC is unaware of any impact the discontinuation of comprehensive physical rehabilitation services at the Medical Center might impact the remaining safety net providers in it market area/community.

**Safety Net Impact Statement shall also include all of the following.**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

By the signatures on this application, University of Illinois Medical Center at Chicago certifies that the charity care information provided in this application is accurate and prepared in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source: and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

By the signatures on this application, University of Illinois Medical Center at Chicago certifies that the amount of care provided to Medicaid patients is in a manner consistent with the information reported each year to the Illinois Department of Public Health as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research and any other service.

Note: This item does not require a response, but it provides UIMCC with the opportunity to tell its story as a safety net provider—to educate the Board on the unique role that the Medical Center plays in providing safety net services.

Note to David – Although a description of UIMCC’s unique role as a safety net hospital is not required, this information would be valuable for the HFSRB and the Review Staff.

**A table in the following format must be provided as part of Attachment 20.**

| Safety Net Information per PA 96-0031 |      |      |      |
|---------------------------------------|------|------|------|
| CHARITY CARE                          |      |      |      |
| Charity (# of patients)               | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Charity (cost in dollars)             | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| MEDICAID                              |      |      |      |
| Medicaid (# of patients)              | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Medicaid (revenue)                    | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |

| Safety Net Information per PA 96-0031 |                      |                      |                      |
|---------------------------------------|----------------------|----------------------|----------------------|
| CHARITY CARE                          |                      |                      |                      |
| Charity (# of patients)               | Year<br>Fiscal 2014  | Year<br>Fiscal 2015  | Year<br>Fiscal 2016  |
| Inpatient                             | 285                  | 259                  | 312                  |
| Outpatient                            | 8619                 | 6903                 | 7568                 |
| <b>Total</b>                          | <b>8904</b>          | <b>7162</b>          | <b>7880</b>          |
| Charity (cost In dollars)             |                      |                      |                      |
| Inpatient                             | \$ 8,529,349         | \$ 2,621,004         | \$ 3,936,025         |
| Outpatient                            | \$ 6,636,562         | \$ 3,084,046         | 3,827,888            |
| <b>Total</b>                          | <b>\$15,165,911</b>  | <b>\$ 5,705,050</b>  | <b>\$ 7,763,913</b>  |
| MEDICAID                              |                      |                      |                      |
| Medicaid (# of patients)              | Year<br>Fiscal 2014  | Year<br>Fiscal 2015  | Year<br>Fiscal 2016  |
| Inpatient                             | 8,063                | 9,077                | 8,205                |
| Outpatient                            | 184,851              | 198,859              | 195,081              |
| <b>Total</b>                          | <b>192,914</b>       | <b>207,936</b>       | <b>203,286</b>       |
| Medicaid (revenue)                    |                      |                      |                      |
| Inpatient                             | \$200,583,849        | \$197,231,955        | \$199,322,592        |
| Outpatient                            | \$ 53,961,798        | \$ 51,404,877        | \$ 77,410,580        |
| <b>Total</b>                          | <b>\$254,545,647</b> | <b>\$248,636,832</b> | <b>\$276,733,172</b> |

## SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

| CHARITY CARE                     |  |  |  |
|----------------------------------|--|--|--|
|                                  |  |  |  |
| Net Patient Revenue              |  |  |  |
| Amount of Charity Care (charges) |  |  |  |
| Cost of Charity Care             |  |  |  |

APPEND DOCUMENTATION AS **ATTACHMENT 21**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

| CHARITY CARE                     |                  |                  |                  |
|----------------------------------|------------------|------------------|------------------|
|                                  | FY 2014          | FY 2015          | FY 2016          |
| <b>Net Patient Revenue</b>       | <b>\$547,814</b> | <b>\$610,454</b> | <b>\$620,406</b> |
| Amount of Charity Care (charges) | \$46,010         | \$18,636         | \$24,490         |
| Cost of Charity Care             | \$20,1.1         | \$8,468          | \$9,788          |





Hospital Administration

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E-015-18

March 12, 2018

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield IL 62761

Dear Ms. Avery,

The University of Illinois Hospital is seeking Health Facilities and Services Review Board approval for the discontinuation of our 18 bed rehabilitation unit and conversion to private adult medical & surgical beds. Please note the number of authorized medical and surgical beds will remain at 240.

The occupancy of the inpatient rehabilitation units has dropped to 50% in the most recent year. At the same time, the demand for private medical and surgical beds continues to rise as evidence by increasing ambulance diversion hours and lost transfers from community hospitals with patients in need of a higher level of care.

Approval of the plan will enable the University of Illinois Hospital to continue our efforts of improving the access to needed care in our communities. The proposed reduction of rehabilitation beds should not negatively impact the community. First of all, we remain committed to ensure the appropriate transition and continuity of care of our patients. Secondly, there is an excess of acute inpatient rehabilitation beds within our primary service area. In fact, the proposed action represents an improvement in the overall utilization of health delivery assets in the community.

Sincerely,

David H. Loffing  
Chief Operating Officer

Enclosure: 2 copies of the application, one with original signatures  
Filing fee check

CC: Mike Constantino, Supervisor, Project Review Section  
David Loffing  
Edwin W. Parkhurst, Jr.  
Douglas B. Swill