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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

DEC 20 2018

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Advocate Good Shepherd Hospital – Discontinuance of Pediatric Service Category		
Street Address:	450 W. Highway 22		
City and Zip Code:	Barrington, IL 60010-1919		
County:	Lake	Health Service Area	8 Health Planning Area: A-09

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

Exact Legal Name:	Advocate Health and Hospitals Corporation – d/b/a Advocate Good Shepherd Hospital		
Street Address:	450 W. Highway 22		
City and Zip Code:	Barrington, IL 60010-1919		
Name of Registered Agent:	Michael Kerns		
Registered Agent Street Address:	3075 Highland Parkway, Suite 600		
Registered Agent City and Zip Code:	Downers Grove, IL 60515		
Name of President:	Karen Lambert		
President Street Address:	450 W. Highway 22		
President City and Zip Code:	Barrington, IL 60010		
President Telephone Number:	(847) 842-4004		

Type of Ownership of Applicants

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input 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.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Trent Gordon
Title:	Vice President, Business Development Integration
Company Name:	Advocate Good Shepherd Hospital
Address:	450 W. Highway 22, Barrington, IL 60010-1919
Telephone Number:	(847) 842-4259
E-mail Address:	trent.gordon@advocatehealth.com
Fax Number:	(847) 842-4152

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

Additional Contact [Person who is also authorized to discuss the application for permit]	
Name:	Sonja Reece, FACHE
Title:	Director, Health Facilities Planning
Company Name:	Advocate Aurora Health, Inc.
Address:	1304 Franklin Avenue, Normal, IL 61761
Telephone Number:	(309) 268-5482
E-mail Address:	sonja.reece@advocatehealth.com
Fax Number:	(309) 888-0961

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

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City and Zip Code:	Barrington, IL 60010-1919		
County:	Lake	Health Service Area	8
		Health Planning Area:	A-09

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

Exact Legal Name:	Advocate Health Care Network
Street Address:	3075 Highland Parkway, Suite 600
City and Zip Code:	Downers Grove, IL 60515
Name of Registered Agent:	Michael Kerns
Registered Agent Street Address:	3075 Highland Parkway
Registered Agent City and Zip Code:	Downers Grove, IL 60515
Name of Chief Executive Officer:	James H. Skogsbergh
Chief Executive Officer Street Address:	3075 Highland Parkway, Suite 600
Chief Executive Officer City and Zip Code:	Downers Grove, IL 60515
Chief Executive Officer Telephone Number:	(630) 572-9393

Type of Ownership of Applicants

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

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.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Trent Gordon
Title:	Vice President, Business Development Integration
Company Name:	Advocate Good Shepherd Hospital
Address:	450 W. Highway 22, Barrington, IL 60010-1919
Telephone Number:	(847) 842-4259
E-mail Address:	trent.gordon@advocatehealth.com
Fax Number:	(847) 842-4152

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

Additional Contact [Person who is also authorized to discuss the application for permit]	
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Title:	Director, Health Facilities Planning
Company Name:	Advocate Aurora Health, Inc.
Address:	1304 Franklin Avenue, Normal, IL 61761
Telephone Number:	(309) 268-5482
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Advocate Good Shepherd Hospital – Discontinuance of Pediatric Service Category		
Street Address:	450 W. Highway 22		
City and Zip Code:	Barrington, IL 60010-1919		
County:	Lake	Health Service Area	8 Health Planning Area: A-09

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

Exact Legal Name:	Advocate Aurora Health, Inc.
Street Address:	750 W. Virginia
City and Zip Code:	Milwaukee, WI 53204
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	Wilmington, DE 19801
Name of Chief Executive Officer:	James H. Skogsbergh
Chief Executive Officer Street Address:	3075 Highland Parkway, Suite 600
Chief Executive Officer City and Zip Code:	Downers Grove, IL 60515
Chief Executive Officer Telephone Number:	(630) 572-9393
Name of Chief Executive Officer:	Nick Turkal, MD
Chief Executive Officer Street Address:	750 W. Virginia
Chief Executive Officer City and Zip Code:	Milwaukee, WI 53204
Chief Executive Officer Telephone Number:	(414) 299-1763

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input 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 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:	Trent Gordon
Title:	Vice President, Business Development Integration
Company Name:	Advocate Good Shepherd Hospital
Address:	450 W. Highway 22, Barrington, IL 60010-1919
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Title:	Director, Health Facilities Planning
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Address:	1304 Franklin Avenue, Normal, IL 61761
Telephone Number:	(309) 268-5482
E-mail Address:	sonja.reece@advocatehealth.com
Fax Number:	(309) 888-0961

Post Exemption Contact

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

Name:	Trent Gordon
Title:	Vice President, Business Development Integration
Company Name:	Advocate Good Shepherd Hospital
Address:	450 W. Highway 22, Barrington, IL 60010-1919
Telephone Number:	(847) 842-4259
E-mail Address:	trent.gordon@advocatehealth.com
Fax Number:	(847) 842-4152

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Advocate Health and Hospitals Corporation – d/b/a Advocate Good Shepherd Hospital
Address of Site Owner:	3075 Highland Parkway, Downers Grove, IL 60515
Street Address or Legal Description of the Site:	450 W. Highway 22, Barrington, IL 60010-1919
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 of Site Owner:	Advocate Health and Hospitals Corporation – d/b/a Advocate Good Shepherd Hospital		
Address of Site Owner:	450 W. Highway 22, Barrington, IL 60010-1919		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		<input type="checkbox"/>
<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.

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.

Advocate Health and Hospitals Corporation, d/b/a/ Advocate Good Shepherd Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc., the applicants, are proposing to discontinue pediatrics category of service at Advocate Good Shepherd Hospital. The discontinuance will take effect April 26, 2019, pending State Board approval. The hospital is located at 450 W. Highway 22, Barrington, IL 60010-1919.

There are 8 pediatric beds proposed to be taken out of the hospital inventory. There were 110 pediatric admissions in 2016 and 68 in 2017 demonstrating declining utilization.

The hospital has a total of 176 authorized CON beds. The hospital is requesting to convert those 8 beds to medical surgical category under the "twenty bed rule". Therefore, the total authorized beds will remain 176.

Letters were sent asking for an impact statement from hospitals in the geographic service area regarding the proposed closure of pediatric beds. No expectation of any adverse impact was reported.

Pursuant to Section 1110.40 of the Illinois Administrative Code, this project is classified as substantive because it is discontinuing a category of service.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): _____

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 **N/A**

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

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 manger 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 for Permit is filed on the behalf of Advocate Health Care Network in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

JA Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

President and CEO
PRINTED TITLE

William Santulli
SIGNATURE

William Santulli
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of December 2018

Cristin G. Foster

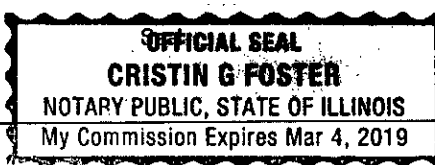
Signature of Notary



Notarization:
Subscribed and sworn to before me
this 12 day of December 2018

Cristin G. Foster

Signature of Notary



OSHP has discontinuation page 9

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Karen A Lambert

SIGNATURE

Karen A. Lambert
PRINTED NAME

President
Advocate Good Shepherd Hospital
PRINTED TITLE

SIGNATURE

William Santulli
PRINTED NAME

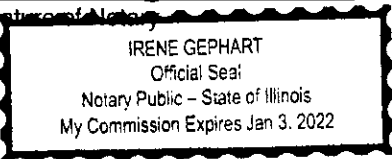
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of December

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

Signature of Notary

Seal



Signature of Notary

Seal

*Insert EXACT legal name of the applicant

USHP Res Discontinuation page 10

CERTIFICATION

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SIGNATURE

Karen A. Lambert
PRINTED NAME

President
Advocate Good Shepherd Hospital
PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

William Santulli

SIGNATURE

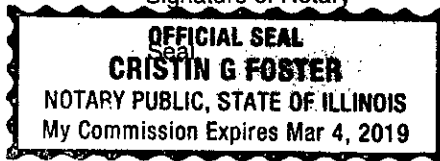
William Santulli
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of December 2018

Cristin G Foster

Signature of Notary



GSHP Beds Discontinuation pag 11

CERTIFICATION

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- o in the case of a limited liability company, any two of its managers or members (or the sole manger 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 for Permit is filed on the behalf of Advocate Aurora Health, Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

JA Skogsbergh
SIGNATURE
James H. Skogsbergh
PRINTED NAME
President and CEO
PRINTED TITLE

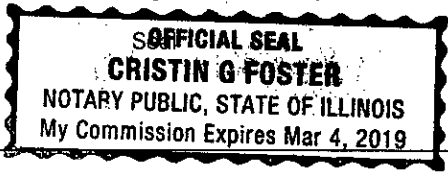
William Santulli
SIGNATURE
William Santulli
PRINTED NAME
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of December 2018

Notarization:
Subscribed and sworn to before me
this 12 day of December 2018

Cristin G Foster
Signature of Notary

Cristin G Foster
Signature of Notary



ESHP Pds Discontinued page 12

SECTION II. DISCONTINUATION

Type of Discontinuation

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

Criterion 1130.525 and 1110.290 - 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. 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.

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

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.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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.

A table in the following format must be provided as part of Attachment 9.

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

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

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 10.

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	19-29
2	Site Ownership	30-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36-39
5	Discontinuation General Information Requirements	40-41
6	Reasons for Discontinuation	42
7	Impact on Access	43-45
8	Background of the Applicant	46-50
9	Safety Net Impact Statement	51-52
10	Charity Care Information	53-54

Type of Ownership of Applicants

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

- 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.

See Attachment #1, Exhibits 1, 2, and 3.

File Number

1707-692-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1814100660 verifiable until 05/21/2019
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of MAY A.D. 2018 .

Jesse White

SECRETARY OF STATE

File Number

1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1812701538 verifiable until 05/07/2019
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MAY A.D. 2018 .

Jesse White

SECRETARY OF STATE

State Of Delaware

Entity Details

7/31/2018 6:24:28PM

File Number: 6645600	Incorporation Date / Formation Date: 12/4/2017
Entity Name: ADVOCATE AURORA HEALTH, INC.	
Entity Kind: Corporation	Entity Type: Exempt
Residency: Domestic	State: DELAWARE
Status: Good Standing	Status Date: 12/4/2017

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY	
Address: CORPORATION TRUST CENTER 1209 ORANGE ST	
City: WILMINGTON	Country:
State: DE	Postal Code: 19801
Phone: 302-658-7581	



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 3, 2018

7155-851-7

**CT CORPORATION SYSTEM
118 W EDWARDS #200
SPRINGFIELD IL 62704**

RE ADVOCATE AURORA HEALTH, INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE AUTHORITY OF THE ABOVE NAMED CORPORATION TO CONDUCT AFFAIRS IN THIS STATE.

PAYMENT OF THE FILING FEE IS HEREBY ACKNOWLEDGED.

CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY GENERAL. UPON RECEIPT OF THE ENCLOSED AUTHORITY, YOU MUST CONTACT THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL, 100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601, TELEPHONE (312) 814-2595.

SINCERELY,

**JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961**

FILED

APR 03 2018

JESSE WHITE
SECRETARY OF STATE

FORM NFP 113.15 (rev. Dec. 2003)
APPLICATION FOR AUTHORITY
TO CONDUCT AFFAIRS IN
ILLINOIS (Foreign Corporations)
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1834
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order or an
Illinois attorney's or CPA's check payable
to Secretary of State.

File # 7155-8517 Filing Fee: \$50 Approved: BC

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. a. Corporate Name: Advocate Aurora Health, Inc.
b. Assumed Corporate Name (Complete only if the new corporate name is not available in this state.):

By electing this assumed name, the Corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form NFP 104.15 is attached.

2. a. State or Country of Incorporation: Delaware
b. Date of Incorporation: December 4, 2017
c. Period of Duration: Permanent
3. a. Address of Principal Office, wherever located: 3075 Highland Pkwy.,
Downers Grove, IL 60515-1206
b. Address of Principal Office in Illinois: 3075 Highland Pkwy.,
Downers Grove, IL 60515-1206

4. Name and Address of Registered Agent and Registered Office in Illinois:
Registered Agent: Earl J. Barnes II
First Name Middle Name Last Name
- Registered Office: 3075 Highland Pkwy Suite 600
Number Street Suite # (P.O. Box alone is unacceptable)
Downers Grove 60515 DuPage County
City ZIP Code County

5. States and Countries in which Corporation is admitted or qualified to conduct affairs: Wisconsin (application pending)

6. Names and respective addresses of Corporation's officers and directors:

	Street Address	City	State	ZIP
President	<u>See attached</u>			
Secretary				
Director				
Director				
Director				

If there are additional officers or more than three directors, please attach list.

Printed by authority of the State of Illinois. January 2015 - 1 - C 180.15

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

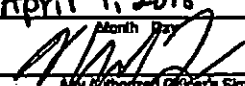
7. Purpose(s) for which the Corporation is organized and proposes to pursue in the conduct of affairs in this State:

For more space, attach additional sheets of this size.

See attached.

8. This application must be accompanied by an originally certified copy of the Articles of Incorporation and any amendments or mergers, duly authenticated within the last 90 days by the proper officer of the state or country wherein the corporation is incorporated.

9. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated April 1, 2018, 2018 Advocate Aurora Health, Inc.
Month Day Year Exact Name of Corporation

Any Authorized Officer's Signature
Michael Leppin, Secretary
Name and Title (type or print)



A Corporation that is to function as a club, as defined in Section 1-3.24 of the Liquor Control Act of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

7155-8517

**ATTACHMENT TO APPLICATION FOR AUTHORITY
TO CONDUCT BUSINESS IN ILLINOIS (FORM NFP 113.15)
FOR
ADVOCATE AURORA HEALTH, INC.**

Section 6: NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS

Officers:

<u>Office/Name</u>	<u>Address</u>
Co-CEO - James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Co-CEO - Nick W. Turkal, M.D.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Treasurer - Dominic Nakis	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Secretary - Michael Lappin	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair - Joanna Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair Elect - Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4835-2888-4064.2

7155 8517

Directors:

<u>Name</u>	<u>Address</u>
Michelle Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John F. Timmer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Lynn Y. Crump-Caine	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
K. Richard Jakle	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Mark M. Harris	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
David B. Anderson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John W. Daniels, Jr.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne B. Bauer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Charles Harvey	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Rick Weiss	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Thomas Bolger	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Nick W. Turkal	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

7155-8517

Section 7: PURPOSE(S) FOR WHICH THE CORPORATION IS ORGANIZED AND PROPOSES TO PURSUE IN THE CONDUCT OF AFFAIRS IN THIS STATE:

The Corporation is organized and shall be operated exclusively for charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law) (hereinafter the "Code"); and limited as further provided in its Certificate of Incorporation. Specifically, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of its supported organizations, as listed below (the "Supported Organizations"). The Corporation is organized and operated as a Type III functionally integrated supporting organization as defined in section 509(a)(3) of the Code and Treas. Reg. Section 1.509(a)-4(i). The Corporation is organized for the purpose of serving as the parent organization of the Supported Organizations and shall exercise direction over the policies, programs and activities of the Supported Organizations. The Corporation shall engage in activities relating to the purposes described above, and invest in, receive, hold, use, and dispose of all property, real or personal, as may be necessary or desirable to carry into effect such purposes. The Corporation is formed as a result of the affiliation of Advocate Health Care Network, an Illinois nonprofit corporation ("Advocate") and Aurora Health Care, Inc., a Wisconsin nonstock corporation ("Aurora"), in accordance with the terms and conditions of that certain Affiliation Agreement between Advocate and Aurora dated December 4, 2017 (the "Affiliation Agreement").

The Corporation's Supported Organizations, which are described in Section 509(a)(1) or Section 509(a)(2) of the Code, are as follows:

- Advocate Health and Hospitals Corporation
- EHS Home Health Care Services, Inc.
- Advocate Charitable Foundation
- Advocate North Side Health Network
- Meridian Hospice
- Advocate Condell Medical Center
- Advocate Sherman Hospital
- Sherman West Court
- Visiting Nurse Association of Wisconsin, Inc.
- Aurora UW Academic Medical Group
- Aurora Health Care Central, Inc.
- Aurora Psychiatric Hospital, Inc.
- Aurora Medical Center of Washington County, Inc.
- Aurora Health Care North, Inc.
- West Allis Memorial Hospital, Inc.
- Aurora Family Service, Inc.
- Aurora Medical Center of Oshkosh, Inc.
- Aurora Medical Group, Inc.
- Kradwell School, Inc.
- Aurora Advanced Healthcare, Inc.

7155-8517

- Aurora Health Care Metro, Inc.
- Aurora Health Care Southern Lakes, Inc.
- AMG Illinois, Ltd.
- Aurora Medical Center Grafton

4835-2688-4084.2

4

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation – d/b/a Advocate Good Shepherd Hospital
3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Street Address or Legal Description of the Site: 450 W. Highway 22, Barrington, IL 60010-1919 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.

Attachment #2, Exhibit 1.

November 26, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

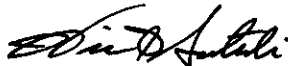
RE: Advocate Good Shepherd Hospital
Discontinuation of Pediatric Category of Service

Dear Ms. Avery:

This attestation letter is submitted to indicate that Advocate Health and Hospitals Corporation owns the Advocate Good Shepherd Hospital site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the Permit application – August 2018 edition.

Respectfully,

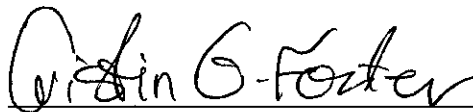
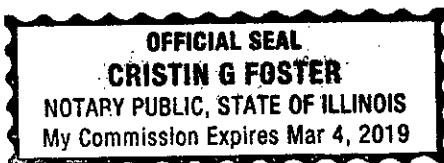


William Santulli
Chief Operating Officer
Advocate Aurora Health

Notarization:

Subscribed and sworn to before me
This 12 day of December, 2018.

(Seal of Notary)



Signature of Notary

Operating Identity/Licensee

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

Exact Legal Name: Advocate Health and Hospitals Corporation – d/b/a Advocate Good Shepherd Hospital	
Address: 3450 W. Highway 22, Barrington, IL 60010-1919	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> ○ 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.	

Certificates of Good Standing for Advocate Health and Hospital Corporation d/b/a Advocate Good Shepherd Hospital, Advocate Health Care Network and Advocate Aurora Health, Inc. are appended as Attachment #3, Exhibits 1, 2, and 3.

File Number

1707-692-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1814100660 verifiable until 05/21/2019
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of MAY A.D. 2018 .

Jesse White

SECRETARY OF STATE

File Number

1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1812701538 verifiable until 05/07/2019
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MAY A.D. 2018 .

Jesse White

SECRETARY OF STATE

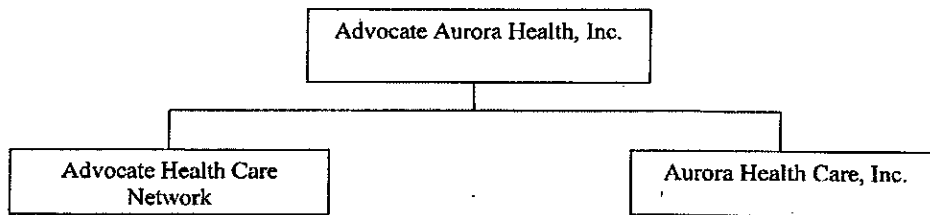
Organizational Relationships

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, 2, and 3 show the legacy organizations Advocate Health Care Network and Aurora Health Care, Inc. that came together as Advocate Aurora Health, Inc.

POST-CLOSING ORGANIZATIONAL CHART



All of the Advocate Health Care Network ("Advocate") entities will remain under the Advocate corporate structure and all of the Aurora Health Care, Inc. ("Aurora") entities will remain under the Aurora corporate structure, shown on the previously included organizational charts for each of Advocate and Aurora.

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. 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.

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

1. The Pediatric category of service with 8 beds are to be discontinued.
2. There are no other clinical services discontinued.
3. The Pediatric category of service is anticipated to be discontinued April 26, 2019.
4. The physical plant and equipment will be used for other patient services..
5. The medical records will remain with the hospital along with all the other services' records.
6. This discontinuance is not for the entire facility.
7. See Attachment #5, Exhibit 1 for the attestation about the required notice that was published in the local newspaper, the *Daily Herald*.

Advocate Good Shepherd Hospital, 450 West Highway #22, Barrington, IL 60010, intends to discontinue the authorized bed category of service for its eight (8) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the requested Certificate of Exemption application to the HFSRB to be considered by March 8, 2019. A copy of the application will be posted on the HFSRB website at <http://www.illinois.gov/health/protectyourcommunity>. For additional information, contact Bob Perata, (708) 684-4547. Published in Daily Herald Nov 24, 27, 30, 2018 (4513829)

CERTIFICATE OF PUBLICATION
Paddock Publications, Inc.

Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the DAILY HERALD. That said DAILY HERALD is a secular newspaper and has been circulated daily in the Village(s) of Algonquin, Antioch, Arlington Heights, Aurora, North Aurora, Bannockburn, Barrington, Barrington Hills, Lake Barrington, North Barrington, South Barrington, Bartlett, Batavia, Buffalo Grove, Burlington, Campton Hills, Carpentersville, Cary, Crystal Lake, Deerfield, Deer Park, Des Plaines, Elburn, East Dundee, Elgin, South Elgin, Elk Grove Village, Fox Lake, Fox River Grove, Franklin Park, Geneva, Gilberts, Glenview, Grayslake, Green Oaks, Gurnee, Hainesville, Hampshire, Hanover Park, Hawthorn Woods, Highland Park, Highwood, Hoffman Estates, Huntley, Inverness, Island Lake, Kildeer, Lake Bluff, Lake Forest, Lake in the Hills, Lake Villa, Lake Zurich, Libertyville, Lincolnshire, Lindenhurst, Long Grove, Melrose Park, Montgomery, Morton Grove, Mt. Prospect, Mundelein, Niles, Northbrook, Northfield, Northlake, Palatine, Park Ridge, Prospect Heights, River Grove, Riverwoods, Rolling Meadows, Rosemont, Round Lake, Round Lake Beach, Round Lake Heights, Round Lake Park, Schaumburg, Schiller Park, Sleepy Hollow, St. Charles, Streamwood, Sugar Grove, Third Lake, Tower Lakes, Vernon Hills, Volo, Wadsworth, Wauconda, Waukegan, West Dundee, Wheeling, Wildwood, Wilmette

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

I further certify that the DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 11/28/18 11/29/18 11/30/18 in said DAILY HERALD.

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

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY Paula Baltz
Authorized Agent

Control # 4513829

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.

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

The Applicant's main reason is the low occupancy of the pediatric service. The volume of inpatients admissions and CON occupancy rate for the past four years are as follows:

Year	Admissions	CON Occupancy Rate %
2017	68	5.0
2016	110	8.2
2015	122	7.2
2014	193	14.8

Source: Hospital Profile

Pediatric hospital admissions across the nation have been declining for several years. In Illinois alone, there has been an almost 29% drop since 2013. Fortunately, it's in part, because healthcare has become proficient at treating conditions in the outpatient setting that once required hospitalization. Also, children who require inpatient admission are usually more acutely ill and require pediatric critical and subspecialty care. With less children requiring a hospital admission, Advocate proposes to close the pediatric service at this hospital.

IMPACT ON ACCESS 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area. 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.
APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

It is not expected that the discontinuance will have an adverse effect on access to care in this hospital's market area. There are 3 other hospitals nearby that offer pediatrics inpatient care and they have been made aware of this pending closure. They are as follows:

NAME	STREET	CITY
St. Alexius Medical Center	1555 Barrington Road	Hoffman Estates
Northwest Community Hospital	800 West Central Road	Arlington Heights
Advocate Condell Medical Center	801 South Milwaukee Avenue	Libertyville

See Attachment # 7, Exhibits 1 and 2 for a copy of the notification letter and evidence that the letters were received.

It should be noted that Advocate Christ Medical Center and Advocate Lutheran General Hospital have extensive pediatric specialty services where patients from across the country routinely come for care.

Sample of closing letter to hospitals.



Advocate Good Shepherd Hospital

450 West Highway 22 || Barrington, IL 60010 || T 847.381.0123 || advocatehealth.com

November 26, 2018

Certified Mail

(Name
Address
Address)

Request for Impact Statement

Dear Administrator;

This letter is to inform you that Advocate Good Shepherd 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 8 pediatric beds. The date of discontinuance is April 26, 2019.

In 2016 Advocate Good Shepherd Hospital had 110 pediatric patients admitted. In 2017 the hospital admitted 68 pediatric patients.

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

Thank you for your consideration of this request.

Sincerely,

Karen Lambert
President

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

7034 2670 0002 3422 3555

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For Delivery Information, Visit www.usps.com

OFFICIAL USE

Package	\$ 4.75	0021
Certified Fee	\$0.00	05
Return Receipt Fee (Government Property)	\$0.00	Postmark
Restricted Delivery Fee (Government Property)	\$0.00	11/26/2018
Total Postage & Fees	\$4.75	

Post to:
Advocate Condell Medical Center
801 S. Milwaukee Ave.
Libertyville, IL 60089

7034 2670 0002 3422 3549

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For Delivery Information, Visit www.usps.com

OFFICIAL USE

Package	\$ 4.75	0021
Certified Fee	\$0.00	05
Return Receipt Fee (Government Property)	\$0.00	Postmark
Restricted Delivery Fee (Government Property)	\$0.00	11/26/2018
Total Postage & Fees	\$4.75	

Post to:
St. Alexius Medical Center
1555 Barrington Road
Northbrook, IL 60062

7034 2670 0002 3422 3533

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For Delivery Information, Visit www.usps.com

OFFICIAL USE

Package	\$ 4.75	0021
Certified Fee	\$0.00	05
Return Receipt Fee (Government Property)	\$0.00	Postmark
Restricted Delivery Fee (Government Property)	\$0.00	11/26/2018
Total Postage & Fees	\$4.75	

Post to:
Northwest Community Hospital
200 West Central Road
DeKalb, IL 60015

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Administrator
Advocate Condell Medical Center
801 South Milwaukee Avenue
Libertyville, IL 60089

2. Article Number (Transfer from service label)
7034 2670 0002 3422 3555

PS Form 3811, July 2016 PSN 7530-02-000-6000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Date of Delivery

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

A. Service Eggs Priority Mail Express
B. Adult Signature Registered Mail
C. Adult Signature Restricted Delivery Registered Mail Restricted Delivery
D. Certified Mail Return Receipt for Merchandise
E. Certified Mail Restricted Delivery Signature Confirmation
F. Collect on Delivery Registered Mail Restricted Delivery
G. Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
H. Insured Mail Registered Mail Restricted Delivery
I. Insured Mail Restricted Delivery Registered Mail Restricted Delivery

Consent to Return Receipt

SECTION III. BACKGROUND

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 or exemption, 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.

1. Health Care Facilities Owned and Operated by Advocate Health and Hospitals Corporation.

Attachment 8, Exhibit 1 is the listing of all the facilities owned by Advocate Health Care Network. Exhibit 2 is the current state hospital license for Advocate Health and Hospitals, d/b/a Advocate Good Shepherd Hospital. There are no other Illinois hospitals owned by Advocate Aurora Health, Inc. The most recent DNV accreditation certificate for the Hospital is included as Attachment 8, Exhibit 3.

2. Certified Listing of Any Adverse Action Against Any Facility Owned or Operated by the Applicant

By the signatures on the Certification pages, the applicants attest there have been no adverse actions against any facility owned and/or operated by Advocate Health Care Network, Advocate Health and Hospitals Corporation, and Advocate Aurora Health, Inc. as demonstrated by compliance with the CMS Conditions of Participation with Medicare and Medicaid, during the three years prior to the filing of this application.

3. Authorization Permitting HFPB and DPH to Access Necessary Documentation

Advocate Health and Hospitals Corporation, Advocate Health Care Network, and Advocate Aurora Health, Inc. hereby authorize the Health Facilities and Services Review Board and the Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

4. for Filing Multiple Certificates of Exemption in One Year attestation 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.

Not applicable. This is one of three certificates of exemption filed by Advocate Health Care Network in 2018.

Facility	Location	License No.	DNV Accreditation No.
Advocate Good Shepherd Hospital	450 W. Highway, #22 Barrington, IL	0003475	186883-2015-AQ-USA-RVa

Additional hospitals owned and operated as a part of Advocate Health Care Network.


Facility	Location	License No.	DNV Accreditation No.
Advocate BroMenn Medical Center	1304 Franklin Ave. Normal, IL	0005645	189504-2018-AHC-USA-NIAHO
Advocate Christ Medical Center	4440 W. 95 th St. Oak Lawn, IL	0000315	197946-2016-AHC-USA-NIAHO
Advocate Condell Medical Center	801 S. Milwaukee Ave. Libertyville, IL	0005579	211487-2016-AHC-USA-NIAHO
Advocate Eureka Hospital	101 S. Major Eureka, IL	0005652	195598-2016-AQ-USA-RvA
Advocate Good Samaritan Hospital	3815 Highland Ave. Downers Grove, IL	0003384	176404-2018-AHC-USA-NIAHO
Advocate Illinois Masonic Medical Center	836 W. Wellington Chicago, IL	0005165	192082-2015-AHC-USA-NIAHO
Advocate Lutheran General Hospital	1775 Dempster Park Ridge, IL	004796	178979-2018-AHC-USA-NIAHO
Advocate South Suburban Hospital	17800 S. Kedzie Ave Hazel Crest, IL	0004697	195597- 2016- AQ-USA-RvA
Advocate Sherman Hospital	1425 N. Randall Rd Elgin, IL	0005884	246588-2017-AHC-USA-NIAHO
Advocate Trinity Hospital	2320 E. 93 rd St. Chicago, IL	0004176	193041-2015-ACH-USA-NIAHO

Additionally, AHHC has an ownership interest of fifty percent (50%) or more in the following licensed healthcare facilities:

Facility	Location	License No.	Joint Commission Accreditation No./ Accreditation Association for Ambulatory Health Care, Inc.
BroMenn Comfort & Care Suites	2502-B East Empire Bloomington, IL	4000025	AAAH
Dreyer Ambulatory Surgery Center	1221 N. Highland Ave Aurora, IL	7001779	AAAH
RML Specialty Hospital Chicago	3435 W. Van Buren St. Chicago, IL	0005678	JCAHO
RML Specialty Hospital Hinsdale	5601 S. County Line Rd Hinsdale, IL	0004804	JCAHO

*Licensed under the Nursing Home Act.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

		Illinois Department of PUBLIC HEALTH		HF114586
LICENSE, PERMIT, CERTIFICATION, REGISTRATION				
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>				
Nirav D. Shah, M.D.,J.D. Director			<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>ID NUMBER</small>		
12/31/2018		0003475		
General Hospital				
Effective: 01/01/2018				
Advocate Health and Hospitals Corporation dba Good Shepherd Hospital 450 West Highway 22 Barrington, IL 60010				
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • PD, #48240 SM 5/16</small>				

Exp. Date 12/31/2018
Lic Number 0003475

Date Printed 11/21/2017

Advocate Health and Hospitals Corpor
dba Good Shepherd Hospital
450 West Highway 22
Barrington, IL 60010

FEE RECEIPT NO.

DNV·GL

MANAGEMENT SYSTEM CERTIFICATE

Certificate No:
186883-2015-AQ-USA-RvA

Initial certification date:
21, September, 2015

Valid:
21, September, 2015 - 22, March, 2018

This is to certify that the management system of

Advocate Good Shepherd Hospital

450 West Highway 22, Barrington, IL, 60010, USA
and the sites as mentioned in the appendix accompanying this certificate

has been found to conform to the Quality Management System standard:
ISO 9001:2008

This certificate is valid for the following scope:

**Provider of Healthcare Services including Acute Medical,
Surgical, Critical Care, Rehabilitative, Obstetrical, Emergency
Care, Laboratory and Radiology Services.**

Place and date:
Katy, TX, 21, September, 2015



The RvA is a signatory to the IAF MLA

For the issuing office:
DNV GL – Business Assurance
1400 Ravello Drive, Katy, TX, 77449-5164,
USA

Ismael Belmarez
Management Representative

Lack of fulfilment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV GL Business Assurance B.V., ZWOLSEWEG 1, 2994 LB, BARENDRECHT, NETHERLANDS. TEL: +31102922689. assurance.dnvgl.com

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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.

A table in the following format must be provided as part of Attachment 9.

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

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See Attachment #9, Exhibit 1.

No other providers reported any expected material impact on essential safety net services.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2015	2016	2017
Inpatient	96	117	71
Outpatient	2,012	1,917	724
Total	2,108	2,034	795
Charity (cost In dollars)			
Inpatient	\$1,040,000	\$ 741,000	\$ 872,000
Outpatient	\$1,118,000	\$1,106,000	\$1,307,000
Total	\$2,158,000	\$1,847,000	\$2,179,000
MEDICAID			
Medicaid (# of patients)	2015	2016	2017
Inpatient	559	603	482
Outpatient	18,509	19,284	15,377
Total	19,068	19,887	15,859
Medicaid (revenue)			
Inpatient	\$4,533,781	\$3,960,644	\$3,109,070
Outpatient	\$2,604,554	\$3,398,858	\$3,221,363
Total	\$7,138,335	\$7,359,502	\$6,330,433

Source: Hospital Profiles

Other community services provided by Advocate Good Shepherd Hospital in 2017 that are relevant to safety net services include the following:

	Advocate Good Shepherd Hosp
Language Assistant Services	\$ 64,865
Donations	\$ 221,710
Volunteer Services	\$ 627,430
Education	\$ 1,505,884
Government -sponsored program services	\$ 84,941
Subsidized health services	\$ 153,171

Source: Hospital Data

SECTION V. CHARITY CARE INFORMATION

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 10.

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

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

See attachment #10, Exhibit #1

Advocate Good Shepherd Hospital CHARITY CARE			
	2015	2016	2017
Net Patient Revenue	\$299,302,354	\$301,146,960	\$306,807,235
Amount of Charity Care (charges)	\$ 8,366,489	\$ 7,109,845	\$ 7,997,546
Cost of Charity Care	\$ 2,158,000	\$ 1,847,000	\$ 2,179,000

Source: Hospital Profile