

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Loyola University Medical Center (Clinical Lab Modernization)		
Street Address: 2160 South First Avenue		
City and Zip Code: Maywood, Illinois 60153		
County: Cook	Health Service Area: 007	Health Planning Area: A-07

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

Exact Legal Name: Loyola University Medical Center	
Street Address: 2160 South First Avenue	
City and Zip Code: Maywood, Illinois 60153	
Name of Registered Agent: CT Corporation	
Registered Agent Street Address: 208 South LaSalle Street	
Registered Agent City and Zip Code: Chicago, Illinois 60604	
Name of Chief Executive Officer: Shawn P. Vincent	
CEO Street Address: 2160 South First Avenue	
CEO City and Zip Code: Maywood, Illinois 60153	
CEO Telephone Number: (708) 216-3215	

Type of Ownership of Applicant/Co-Applicant

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

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 during the review period]

Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

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Exact Legal Name: Loyola University Health System d/b/a Loyola Medicine		
Street Address: 2160 South First Avenue		
City and Zip Code: Maywood, Illinois 60153		
Name of Registered Agent: CT Corporation		
Registered Agent Street Address: 208 South LaSalle Street		
Registered Agent City and Zip Code: Chicago, Illinois 60604		
Name of Chief Executive Officer: Shawn P. Vincent		
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CEO Telephone Number: (708) 216-3215		

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City and Zip Code: Maywood, Illinois 60153		
County: Cook	Health Service Area: 007	Health Planning Area: A-07

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

Exact Legal Name: Trinity Health Corporation		
Street Address: 20555 Victor Parkway		
City and Zip Code: Livonia, Michigan 48152		
Name of Registered Agent: CT Corporation		
Registered Agent Street Address: 208 South LaSalle Street		
Registered Agent City and Zip Code: Chicago, Illinois 60604		
Name of Chief Executive Officer: Michael A. Slubowski		
CEO Street Address: 20555 Victor Parkway		
CEO City and Zip Code: Livonia, Michigan 48152		
CEO Telephone Number: (734) 343-1000		

Type of Ownership of Applicant/Co-Applicant

<input checked="checked" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<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. 		
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 during the review period]

Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

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

Name: Jill M. Rappis, Esq.
Title: Regional Senior Vice President & General Counsel
Company Name: Loyola University Health System d/b/a Loyola Medicine
Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: (708) 216-8073
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216-8059

Post 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: Jill M. Rappis, Esq.
Title: Regional Senior Vice President & General Counsel
Company Name: Loyola University Health System d/b/a Loyola Medicine
Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: (708) 216-8073
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216-8059

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Loyola University Medical Center
Address of Site Owner: 2160 South First Avenue, Maywood, Illinois 60153
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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: Loyola University Medical Center		
Address: 2160 South First Avenue, Maywood, Illinois 60153		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<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.		

Organizational Relationships

Provide (for each co-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 #2005-5 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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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:

- ☐ Substantive
- ☒ Non-substantive

2. Narrative Description

Provide in the space below, 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.

Loyola University Medical Center ("LUMC"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with LUMC and Loyola Medicine, the "Applicants"), hereby seek a Certificate of Need ("CON") from the Illinois Health Facilities & Services Review Board (the "Board"), to renovate and modernize the Clinical Lab at LUMC in Maywood, Illinois (the "Project").

LUMC is a leading Catholic academic medical center located at 2160 South First Avenue in Maywood, Illinois, with a multidisciplinary focus on delivering outstanding patient care, leading-edge research and rigorous medical, nursing and graduate education.

Loyola Medicine (which is the sole member of LUMC) operates LUMC, Gottlieb Memorial Hospital in Melrose Park, Illinois ("Gottlieb"), and Gottlieb Community Health Services d/b/a MacNeal Hospital, a general acute care hospital located in Berwyn, Illinois ("MacNeal").

Trinity (which is the sole member of Loyola Medicine) is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states.

The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The modernized Clinical Lab will occupy 29,880 square feet of space and will be located on the fourth and fifth floors of the EMS Building (in space that is currently vacant) on the LUMC campus. The modernized Clinical Lab will also serve as the regional clinical lab for Loyola Medicine and will consolidate some of the Gottlieb and MacNeal lab services into a central location at LUMC. Following the completion of this Project, the Gottlieb and MacNeal clinical labs will only provide rapid response lab studies (ED lab studies, OR lab studies and Stat lab studies). The Project will standardize lab services across Loyola Medicine, increase efficiency, reduce costs, and increase flexibility to quickly scale up for peak periods of demand.

Construction of the modernized Clinical Lab should be completed by March 31, 2021. Assuming the Illinois Department of Public Health and the other relevant regulatory bodies take approximately 90 days to complete their licensure reviews and surveys, the Project should be completed by June 30, 2021.

Project Costs/Project Classification

The total cost of the Project will be \$17,500,000.

Because this Project does **not** involve inpatient services or designated "categories of services," this Project is considered Non-Substantive.

Project Costs and Sources of Funds

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$100,000		\$100,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$10,478,000		\$10,478,000
Contingencies	\$1,000,000		\$1,000,000
Architectural/Engineering Fees	\$300,000		\$300,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$5,622,000		\$5,622,000
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	\$17,500,000	\$0	\$17,500,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$16,500,000	\$0	\$16,500,000
Pledges			
Gifts and Bequests	\$1,000,000	\$0	\$1,000,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$17,500,000	\$0	\$17,500,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs (N/A-Discontinuation of Services)

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 ☐ Yes ☒ No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ 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 \$ ____.

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): June 30, 2021

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

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

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

State Agency Submittals

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.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Clinical Lab	\$17,500,000	26,748 DGSF	28,880 DGSF		28,880 DGSF		
Total Reviewable	\$17,500,000	26,748 DGSF	28,880 DGSF		28,880 DGSF		
Non-Reviewable							
Total Non-Reviewable							
TOTAL	\$17,500,000	26,748 DGSF	28,880 DGSF		28,880 DGSF		

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Loyola University Medical Center			CITY: 2160 South First Avenue, Maywood, IL		
REPORTING PERIOD DATES: From: 01/01/2018 to: 12/31/2018					
Category of Service	Authorized Beds As of 12/31/2018	2018 Admissions	2018 Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	312	14,789	87,023	0	312
Obstetrics	30	1,232	5,019	0	30
Pediatrics	34	745	2,837	0	34
Intensive Care	121	4,837	32,963	0	121
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	50	343	6,629	0	50
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other (identify)	0	0	0	0	0
TOTALS:	547	21,946	134,471	0	547

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 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 for Permit is filed on the behalf of Loyola University Medical Center* 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.

SIGNATURE

Shawn P. Vincent

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

SIGNATURE

Tad A. Gomez

PRINTED NAME

President

PRINTED TITLE

Notarization:

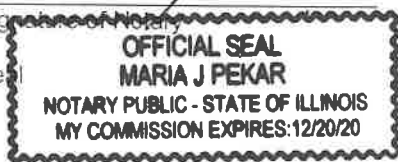
Subscribed and sworn to before me
this 16th day of December, 2019

Notarization:

Subscribed and sworn to before me
this 11th day of December, 2019

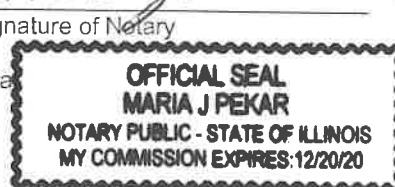
Signature of Notary

Seal



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Loyola University Health System* 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.

SIGNATURE

SIGNATURE

Shawn P. Vincent

Daniel P. Isacksen

PRINTED NAME

PRINTED NAME

President & Chief Executive Officer

Executive Vice President & Regional CFO

PRINTED TITLE

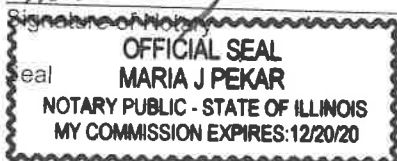
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of December, 2019

Notarization:

Subscribed and sworn to before me
this 17th day of December, 2019



*Insert EXACT legal name of the applicant

CERTIFICATION

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- 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 for Permit is filed on the behalf of Trinity Health Corporation* 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.

SIGNATURE

PRINTED NAME

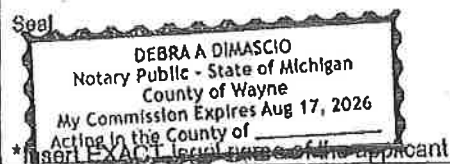
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 20th day of December, 2019.

Signature of Notary

Seal



SIGNATURE

PRINTED NAME

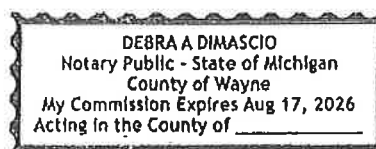
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 20th day of December, 2019.

Signature of Notary

Seal



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.

1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. 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.**
5. 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.

Criterion 1110.110(b) & (d)**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 Staff 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.

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. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT 30</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

<u>16,500,000</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>\$1,000,000</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	<ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>17,500,000</u>	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.140 - ECONOMIC FEASIBILITY

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).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									
<p>D. Projected Operating Costs</p> <p>The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.</p> <p>E. Total Effect of the Project on Capital Costs</p> <p>The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.</p>									
APPEND DOCUMENTATION AS <u>ATTACHMENT 36</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.									

SECTION IX. SAFETY NET IMPACT STATEMENT (NOT APPLICABLE)

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.

A table in the following format must be provided as part of Attachment 37.

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

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

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 39.

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

APPEND DOCUMENTATION AS **ATTACHMENT 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I
Attachment 1
Applicant Identification

The Certificates of Good Standing for the Applicants are attached at ATTACHMENT 1.

File Number

5815-594-2



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

LOYOLA UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 1995, 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.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 6TH
day of DECEMBER A.D. 2019 .

Jesse White

Authentication #: 1934001763 verifiable until 12/06/2020.

Authenticate at: <http://www.cyberdriveillinois.com>

0027

RETARY OF STATE

Attachment

File Number

5348-850-1



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

LOYOLA UNIVERSITY HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1984, 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.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of DECEMBER A.D. 2019 .

Jesse White

Authentication #: 1934001783 verifiable until 12/06/2020.
Authenticate at: <http://www.cyberdriveillinois.com>

0028

ETARY OF STATE

Attachment

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT A CERTIFICATE EVIDENCING THE CORPORATE EXISTENCE OF "TRINITY HEALTH CORPORATION", A CORPORATION DULY ORGANIZED UNDER THE LAWS OF THE STATE OF INDIANA, WAS RECEIVED AND FILED IN THIS OFFICE AS A FOREIGN CORPORATION ON THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHE TRINITY, INC.", FILED A CERTIFICATE OF FOREIGN CHANGE OF NAME, CHANGING ITS CORPORATE TITLE TO "TRINITY HEALTH CORPORATION", ON EIGHTEENTH DAY OF DECEMBER, A.D. 2014, AT 12:03 O'CLOCK P.M..

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS QUALIFIED TO DO BUSINESS UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN WITHDRAWN OR REVOKED, SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5578099 8360
SR# 20198411900

You may verify this certificate online at corp.delaware.gov/authver.shtml

0029

Authentication: 204127971
Date: 12-03-19

Attachment

1

Delaware

The First State

Page 2



Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at corp.delaware.gov/authver.html

0030

Authentication: 204127971
Date: 12-03-19

Attachment
1

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on December 05, 2019.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 05, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

197811-279 / 20191208518

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 04, 2020.

Section I
Attachment 2
Site Ownership

LUMC owns and operates Loyola University Medical Center. An Affidavit from Tad Gomez, the President of LUMC, in support of this Criterion is attached at ATTACHMENT 2.



LOYOLA
UNIVERSITY
HEALTH SYSTEM

December 4, 2019

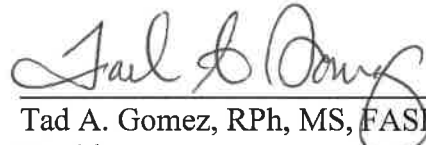
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Corporate/Site Ownership of Loyola University Medical Center

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Loyola University Medical Center, an Illinois not-for-profit corporation, owns and operates Loyola University Medical Center, an academic medical center located at 2160 South First Avenue, Maywood, Illinois.

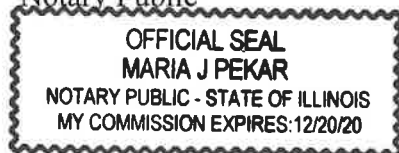
Sincerely,


Tad A. Gomez, RPh, MS, FASHP
President
Loyola University Medical Center

SUBSCRIBED AND SWORN
to before me this 11th day
of December, 2019.



Notary Public



Attachment

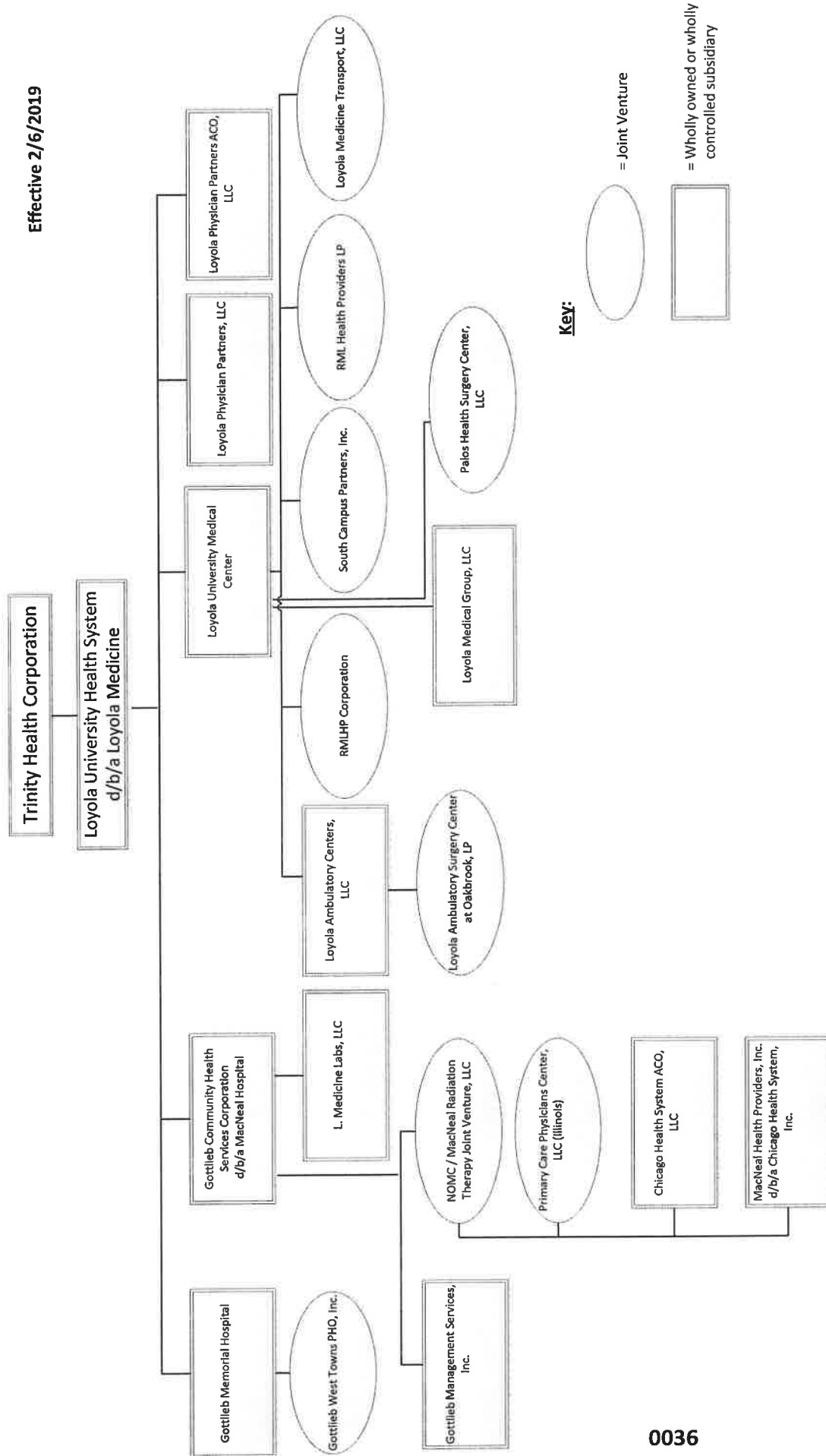
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Section I
Attachment 3
Operating Entity/Licensee

LUMC owns and operates Loyola University Medical Center. The Certificate of Good Standing for LUMC is attached at ATTACHMENT 1.

Section I
Attachment 4
Organizational Relationships

The organizational chart for the Applicants is attached at ATTACHMENT 4.



Section I
Attachment 5
Flood Plain Requirements

As set forth in ATTACHMENT 5, the LUMC Campus is located in flood plain Zone X, which is designated as an area of low flood risk not requiring flood insurance. See Flood Insurance Rate Map No. 17031CD4775, Panel 477 of 832 (revised August 19, 2008). An Affidavit from Tad Gomez, the President of LUMC, attesting to the fact that the Applicants will comply with Executive Order #5 (2006), to the extent Executive Order #5 (2006) is applicable, is also attached at ATTACHMENT 5.



LOYOLA
UNIVERSITY
HEALTH SYSTEM

December 4, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification Re: Compliance with Illinois Executive Order #5

Dear Mr. Constantino:

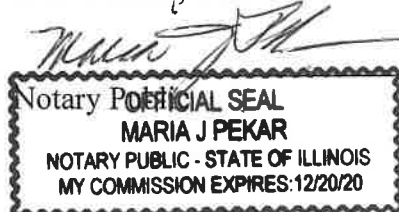
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Loyola University Medical Center owns and operates Loyola University Medical Center ("LUMC"), an academic medical center located at 2160 South First Avenue, Maywood, Illinois.
2. The LUMC Campus, including the Emergency Medical Services Building, is located in flood plain Zone X, which is designated as an area of low flood risk not requiring flood insurance. See Flood Insurance Rate Map No. 17031CD4775, Panel 477 of 832 (revised August 19, 2008), a copy of which is attached hereto.
3. LUMC has reviewed and will comply with the development requirements of Illinois Executive Order #5 (2006), to the extent Illinois Executive Order #5 (2006) is applicable.

Sincerely,

Tad A. Gomez, RPh, MS, FASHP
President
Loyola University Medical Center

SUBSCRIBED AND SWORN
to before me this 11th day
of December, 2019.



Attachment
5



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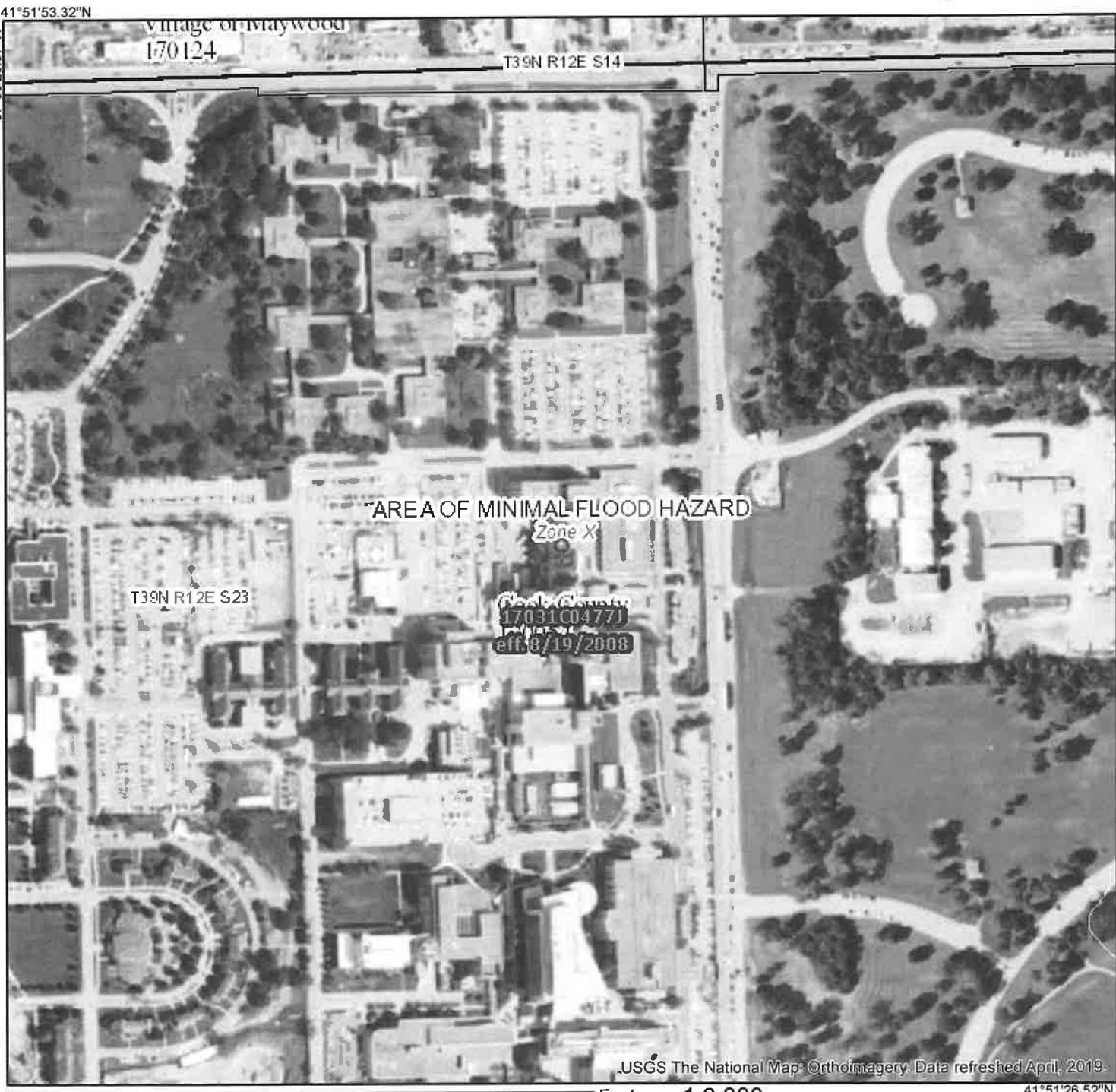
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USGS The National Map Orthimagery Data refreshed April, 2019

41°51'26.52"N

87°49'46.42"W

Section I
Attachment 6
Historic Resources Preservation Act Requirements

The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The modernized Clinical Lab will occupy 29,880 square feet of space and will be located on the fourth and fifth floors of the existing Emergency Medical Services Building (in space that is currently vacant) on the LUMC campus (the "EMS Building"). The EMS Building is located on parcel identification number 15-23-100-006-0000.

Attached at ATTACHMENT 6 is a copy of the clearance letter sent to the Illinois Historical Preservation Agency regarding compliance with the requirements of the Illinois Historic Resources Preservation Act.



ATTORNEYS AT LAW
321 North Clark Street, Suite 2800
Chicago, IL 60654-5313
312.832.4500 TEL
312.832.4700 FAX
www.foley.com

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
026141-0148

December 6, 2019

VIA FACSIMILE (217) 524-7525, EMAIL (BOB.APPLEMAN@ILLINOIS.GOV) AND FEDERAL EXPRESS

Mr. Robert F. Appleman
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Office
1 Old State Capital Plaza
Springfield, Illinois 62701

Re: Loyola University Medical Center (Clinical Lab Modernization)

Dear Mr. Appleman:

I am writing on behalf of Loyola University Medical Center ("LUMC"), an academic medical center located at 2160 South First Avenue, Maywood, Illinois. We are in the process of preparing a Certificate of Need Application for LUMC, pursuant to which LUMC will seek permission from the Illinois Health Facilities and Services Review Board to modernize the Clinical Lab at LUMC. The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The modernized Clinical Lab will occupy 29,880 square feet of space and will be located on the fourth and fifth floors of the existing Emergency Medical Services Building (in space that is currently vacant) on the LUMC campus (the "EMS Building"). The EMS Building is located on parcel identification number 15-23-100-006-0000.

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act (the "Act"), we are seeking a formal determination from the Illinois Historic Preservation Agency as to whether the Act applies to the modernization of the Clinical Lab at LUMC.

I understand that there are no fees associated with this request. If you have any questions or need any additional information to complete your evaluation of the proposed project, you may contact me at (312) 832-4375. My fax number is (312) 832-4700 and my email address is egreen@foley.com.

Sincerely,

Edward J. Green

BOSTON
BRUSSELS
CENTURY CITY
CHICAGO
DETROIT

JACKSONVILLE
LOS ANGELES
MADISON
MIAMI
MILWAUKEE

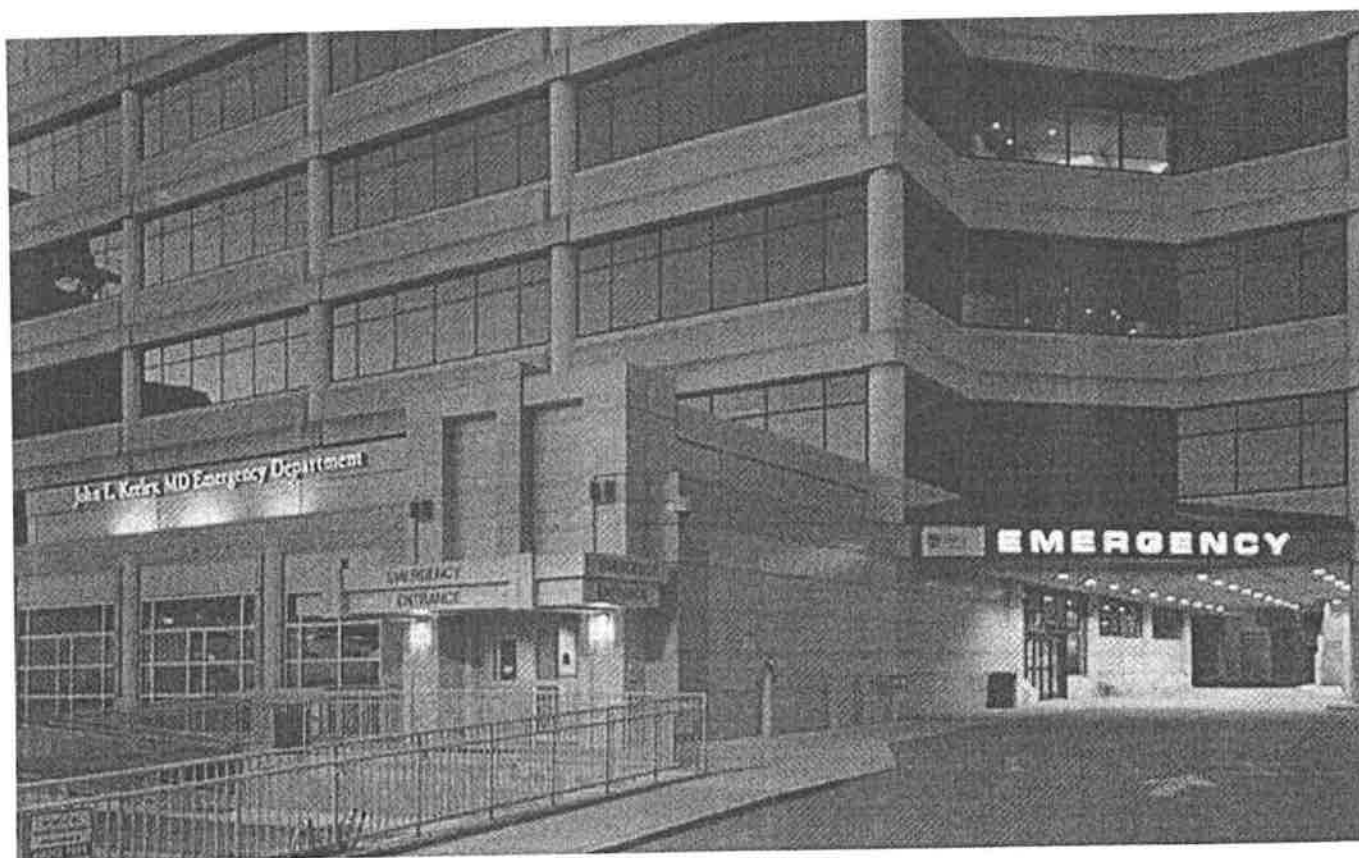
NEW YORK
ORLANDO
SACRAMENTO
SAN DIEGO
SAN DIEGO/DEI MAR

SAN FRANCISCO
SHANGHAI
SILICON VALLEY
TALLAHASSEE
TAMPA

TOKYO
WASHINGTON, D.C.

0041

Attachment





CookViewer
Cook County Map Application

10 digit PIN Address Intersection

Q 15-23-100-006

[Home](#) [GIS Data](#) [Help](#)

measure

select parcels

print map

layers



PIN is your deed or tax bill or other documents from the purchase of your home. Matches from this site are not guar

0043

Attachment

6



CookViewer
Cook County Map Application

☒ 10 digit PIN ☐ Address ☐ Intersection

15-23-100-006

[Home](#) [GIS Data](#) [Help](#)

measure

select parcels

print map

layers



0044

sales from the purchase of your house. Matched from this sales

Attachment

6

Property Characteristics for PIN:

15-23-100-006-0000**PROPERTY ADDRESS**

2160 S FIRST AVE
MAYWOOD
60153
Township: PROVISO

MAILING ADDRESS**PROPERTY CHARACTERISTICS****CURRENT INFORMATION****Tax Year 2018 Assessed Value:**

Most Recent Assessment Information: 0
(2019 Assessor First Pass)

Estimated Property Value:

Lot Size (SqFt): 0

Building (SqFt):

Property Class: 0

Tax Rate : 0.000

Tax Code : 31001

**TAX BILLED AMOUNTS
& TAX HISTORY**

2019: \$0.00* Exempt PIN
2018: \$0.00 Exempt PIN
2017: \$0.00 Exempt PIN
2016: \$0.00 Exempt PIN
2015: \$0.00 Exempt PIN

*=(1st Install Only)

EXEMPTIONS

2019: Not Available
2018: 0 Exemptions Received
2017: 0 Exemptions Received
2016: 0 Exemptions Received
2015: 0 Exemptions Received

APPEALS

2019: Not Available
2018: Appeal Information
2017: Appeal Information
2016: Appeal Information
2015: Appeal Information

REFUNDS AVAILABLE

No Refund Available

TAX SALE (DELINQUENCIES)

2019: Tax Sale Has Not Occurred
2018: Tax Sale Has Not Occurred
2017: No Tax Sale
2016: No Tax Sale
2015: No Tax Sale

DOCUMENTS, DEEDS & LIENS

1501222070 - AGREEMENT - 01/12/2015
1420217032 - RELEASE - 07/21/2014
1420217031 - RELEASE - 07/21/2014
1420217030 - RELEASE - 07/21/2014
1409019137 - PARTIAL RELEASE - 03/31/2014

All years referenced herein denote the applicable tax year (i.e., the year for which taxes were assessed). Parcels may from time to time be consolidated or subdivided. If information regarding a particular PIN appears to be missing for one or more tax years, it is possible that the PIN has changed due to a consolidation or subdivision. Users may contact the Cook County Clerk's Office for information regarding PIN lineage. Users should also note that the information displayed on this site does not include special assessments (which are billed and collected by municipalities) or omitted taxes (which are assessed on an ad hoc basis by the Cook County Assessor's Office). Please direct inquiries regarding the status of special assessments to your municipality. Questions regarding omitted taxes should be directed to the Assessor's Office.

Note: This printout cannot be used as a tax bill.

Section I
Attachment 7
Project Costs & Sources of Funds

The equipment listing for the Project is attached at ATTACHMENT 7.

As noted in ATTACHMENT 7, the Applicants are also purchasing certain lab equipment for the clinical labs located at Gottlieb Memorial Hospital, MacNeal Hospital, and four Loyola Medicine satellite oncology sites in order to standardize lab equipment across the various Loyola Medicine sites.

Lab	Description	Quantity	Price per Unit	Total	Comments
Core	Line Controller	1	\$202,490	\$202,490	
Core	Coagulation Analyzer (IL ACL TOP750LAS)	2	\$127,000	\$254,000	
Core	Hematology Analyzer -Sysmex XN9100-301-BPR + Left-Load	1	\$260,000	\$260,000	
Core	Fluorescent Microscope	1	\$25,664	\$25,664	
Core	Cellavision	1	\$150,000	\$150,000	
Core	OptiLight	1	\$115,800	\$115,800	
Core	Refrigerators (2-8C)	2	\$7,620	\$15,240	
Core	Freezers (-80C)	2	\$9,481	\$18,962	
Microbiology	Centrifuges	3	\$10,295	\$30,885	
Microbiology	Centrifuge - Set ups	1	\$8,800	\$8,800	
Microbiology	BD Bactec FX bloods instruments	8	\$33,000	\$264,000	
Microbiology	BD MGIT system	1	\$125,000	\$125,000	
Microbiology	Microscan walkaway	1	\$114,350	\$114,350	
Microbiology	Cepheid Infinity	1	\$477,000	\$477,000	
Microbiology	Walk-In Refrigerator 92-8C)	1	\$55,000	\$55,000	
Microbiology	BioFire Torch	1	\$231,000	\$231,000	
Microbiology	Bruker MALDI-tof - research	1	\$85,000	\$85,000	
Microbiology	Microscope - AFB	1	\$22,779	\$22,779	
Microbiology	BSC - Set-Ups 6'	3	\$10,500	\$31,500	
Microbiology	BSC - Mycology 4'	1	\$9,000	\$9,000	
Microbiology	BSC - Virology 4'	1	\$9,000	\$9,000	
Microbiology	BSC - PCR 4'	1	\$9,000	\$9,000	
Microbiology	Freezer (-20C)	1	\$9,481	\$9,481	
Blood Bank	Cell Washer/Centrifuge	1	\$9,014	\$9,014	
Blood Bank	Platelet agitator	3	\$2,734	\$8,203	
Blood Bank	Platelet storage	1	\$10,237	\$10,237	
Blood Bank	Ice Machine	1	\$3,752	\$3,752	
Flow/HLA	Refrigerator (2-8C)	1	\$6,499	\$6,499	
Flow/HLA	BSC - Flow 4'	2	\$9,000	\$18,000	
Flow/HLA	Multi-headed microscope (6-head)	1	\$48,245	\$48,245	
Flow/HLA	Extractor	1	\$11,170	\$11,170	
Flow/HLA	Centrifuge	2	\$11,152	\$22,304	
Flow/HLA	Incubator, Air, 37c	1	\$4,898	\$4,898	
Flow/HLA	Incubator, Air, 22c	1	\$6,758	\$6,758	
Flow/HLA	Refrigerator	1	\$7,620	\$7,620	
Flow/HLA	Waterbath	2	\$3,867	\$7,734	
Flow/HLA	BSC - 6'	2	\$9,000	\$18,000	
Flow/HLA	DNA Amplification Cycler	2	\$6,320	\$12,640	
Flow/HLA	Centrifuge	2	\$28,348	\$56,696	
Flow/HLA	Refrigerator	1	\$7,620	\$7,620	
Flow/HLA	Luminex	2	\$144,000	\$288,000	
Flow/HLA	Freezer (-80C)	2	\$11,473	\$22,946	
Flow/HLA	Qubit	2	\$ 6,604	\$13,208	
Flow/HLA	Robotic Liquid Handler	2	\$ 112,000	\$224,000	
Flow/HLA	RoboSep	1	\$ 59,600	\$59,600	
Flow/HLA	Server	2	\$ 15,000	\$30,000	
Flow/HLA	ThermoCycler	2	\$ 14,828	\$29,656	
Flow/HLA	MiSeq Sequencer	2	\$ 110,000	\$220,000	
Office Equipment	Bookcase, File Cabinets, Desks	1	\$177,507	\$177,507	
Signage/Wayfinding	Lab signage; room identification	1	\$15,976	\$15,976	
Security	Security cameras; Access control	1	\$88,754	\$88,754	
Information Technology	IT Servers; Lab Middleware	1	\$850,000	\$850,000	
Satellite Oncology	Sysmex XN-1000-PR	4	\$ 51,744	\$206,976	Standardization of equipment across region
GMH Lab	Beckman Chem-IA	1	\$ 135,822	\$135,822	Standardization of equipment across region
GMH Lab	Sysmex XN-2000-200-BPR + RU-20	1	\$ 138,918	\$138,918	Standardization of equipment across region
GMH Lab	Ortho Vision	1	\$ 91,250	\$91,250	Standardization of equipment across region
MacNeal Lab	Beckman Chem-IA	1	\$ 135,822	\$135,822	Standardization of equipment across region
MacNeal Lab	Sysmex XN-3100-RU-Wagon	1	\$ 110,225	\$110,225	Standardization of equipment across region

Total

\$5,622,000

Section III
Attachment 11
Background of the Applicants

LUMC

1. Loyola University Medical Center ("LUMC") is a fully licensed, Medicare-certified, Joint Commission accredited, Illinois not-for-profit general hospital. Copies of the current licenses and Joint Commission accreditation for LUMC are attached at ATTACHMENT 11.
2. LUMC is located at 2160 South First Avenue, Maywood, Illinois.

Loyola Medicine

1. Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), an Illinois not-for-profit corporation, is the sole corporate member of LUMC.
2. Loyola Medicine is also the sole corporate member of the following licensed healthcare facilities in Illinois: (a) LUMC Outpatient Dialysis Center, a provider based, station end stage renal disease facility located in Maywood, Illinois; (b) LUMC Ambulatory Surgery Center, a provider based, ambulatory surgery center located in Maywood, Illinois; (c) Gottlieb Memorial Hospital, a general acute care hospital located in Melrose Park, Illinois; and (d) Gottlieb Community Health Services d/b/a MacNeal Hospital, a general acute care hospital located in Berwyn, Illinois).
3. There have been no adverse actions taken against any facility owned or operated by Loyola Medicine during the three (3) years prior to the filing of this Application. A letter certifying the above information was previously provided to the Review Board as part of the Gottlieb Memorial Hospital Certificate of Exemption (Open Heart Surgery Category of Service Discontinuation) filing on July 2, 2019 (Project No. E-029-19), a copy of which is attached at ATTACHMENT 11.
4. An authorization letter granting access to the Review Board and IDPH to verify information about Loyola Medicine was previously provided to the Review Board as part of the Gottlieb Memorial Hospital Certificate of Exemption (Open Heart Surgery Category of Service Discontinuation) filing on July 2, 2019 (Project No. E-029-19), a copy of which is attached at ATTACHMENT 11.

Trinity


1. Trinity Health Corporation ("Trinity") is an Indiana non-profit corporation. Trinity is the sole corporate member of Loyola Medicine. Trinity is also the sole corporate member of Mercy Health System, which operates Mercy Hospital and Medical Center in Chicago ("Mercy Hospital").
2. Trinity is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity includes 94 hospitals, as well as 109 continuing care locations that include PACE programs, senior living facilities, and home care and hospice services. Its continuing care programs provide nearly 2.5 million visits annually. Based in Livonia, Mich., and with annual operating revenues of \$18.3 billion and assets of \$26.2 billion, the organization returns \$1.1

billion to its communities annually in the form of charity care and other community benefit programs. Trinity employs about 133,000 colleagues, including 7,800 employed physicians and clinicians. Committed to those who are poor and underserved in its communities, Trinity is known for its focus on the country's aging population.

3. There have been no adverse actions taken against any facility owned or operated in Illinois by Trinity during the three (3) years prior to the filing of this Application, except as follows: On or about January 16, 2019, Mercy Hospital received a Statement of Deficiencies, Form CMS-2567 (the "Statement of Deficiencies"), from the Centers for Medicare & Medicaid Services ("CMS"), which was generated as a result of a Substantial Allegation Survey conducted by the Illinois Department of Public Health ("IDPH") between January 7, 2019 and January 10, 2019. The Statement of Deficiencies concerned an incident that happened on or about December 26, 2018. On or about January 21, 2019, Mercy Hospital submitted its Plan of Correction (the "Plan of Correction") to CMS and IDPH in response to the Statement of Deficiencies. CMS and IDPH accepted and approved Mercy Hospital's Plan of Correction and Mercy Hospital subsequently passed its follow-up survey and was found to be in full compliance with the Conditions of Participation for general acute care hospitals set forth at 42 C.F.R. Part 482. A letter certifying the above information was previously provided to the Review Board as part of the Gottlieb Memorial Hospital Certificate of Exemption (Open Heart Surgery Category of Service Discontinuation) filing on July 2, 2019 (Project No. E-029-19), a copy of which is attached at ATTACHMENT 11.

4. An authorization letter granting access to the Review Board and IDPH to verify information about Trinity was previously provided to the Review Board as part of the Gottlieb Memorial Hospital Certificate of Exemption (Open Heart Surgery Category of Service Discontinuation) filing on July 2, 2019 (Project No. E-029-19), a copy of which is attached at ATTACHMENT 11.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

 Illinois Department of PUBLIC HEALTH		HF 118231	
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<p>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.</p>			
Ngozi O. Ezike, M.D. Director		Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE 6/29/2020	CATEGORY General Hospital	LIC. NUMBER 0005801	Exp. Date 6/29/2020 Lic Number 0005801
Effective: 06/30/2019		Date Printed 5/13/2019	
Foster G. McGaw Hospital Loyola University Medical Center 2160 S 1st St Maywood, IL 60153			
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18			

Foster G. McGaw Hospital Loyola Univ
2160 S 1st St
Maywood, IL 60153

FEE RECEIPT NO.



October 31, 2019

Shawn Vincent
RHM President-CEO
Loyola University Medical Center
2160 South First Avenue
Maywood , IL 60153

Joint Commission ID #: 7288
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 10/31/2019

Dear Mr. Vincent:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

• **Comprehensive Accreditation Manual for Home Care**

This accreditation cycle is effective beginning August 22, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



October 31, 2019

Shawn Vincent
RHM President-CEO
Loyola University Medical Center
2160 South First Avenue
Maywood , IL 60153

Joint Commission ID #: 7288
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 10/31/2019

Dear Mr. Vincent:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

• **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning August 24, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



LOYOLA
UNIVERSITY
HEALTH SYSTEM

June 27, 2019

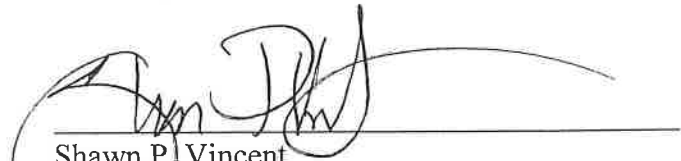
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions Certification


Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois facility owned or operated by Loyola University Health System d/b/a/ Loyola Medicine during the three (3) years prior to the filing of this application.

Sincerely,


Shawn P. Vincent
President and CEO
Loyola University Health System d/b/a Loyola
Medicine

SUBSCRIBED AND SWORN
to before me this 28th day
of June, 2019.


Notary Public





LOYOLA
UNIVERSITY
HEALTH SYSTEM

June 27, 2019

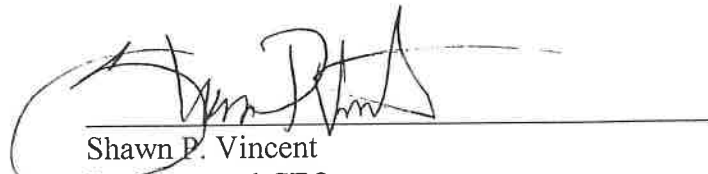
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Authorization to Access Information

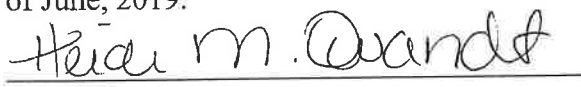
Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Loyola University Health System d/b/a/ Loyola Medicine with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,


Shawn P. Vincent
President and CEO
Loyola University Health System d/b/a Loyola
Medicine

SUBSCRIBED AND SWORN
to before me this 28th day
of June, 2019.


Notary Public





June 27, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions Certification

Dear Mr. Constantino:

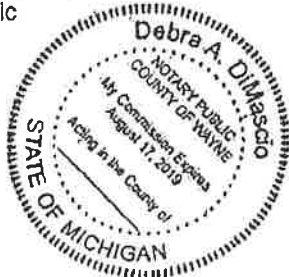
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois facility owned or operated by Trinity Health Corporation during the three (3) years prior to the filing of this application, except as set forth on Exhibit A.

Sincerely,

Michael A. Slubowski
President and Chief Operating Officer
Trinity Health Corporation

SUBSCRIBED AND SWORN
to before me this 27th day
of June, 2019.

Notary Public



Trinity Health
No Adverse Action Certification

Exhibit A

On or about January 16, 2019, Mercy Hospital & Medical Center in Chicago (the "Hospital") received a Statement of Deficiencies, Form CMS-2567 (the "Statement of Deficiencies"), from the Centers for Medicare & Medicaid Services ("CMS"), which was generated as a result of a Substantial Allegation Survey conducted by the Illinois Department of Public Health ("IDPH") between January 7, 2019 and January 10, 2019. The Statement of Deficiencies concerned an incident that happened on or about December 26, 2018. On or about January 21, 2019, the Hospital submitted its Plan of Correction (the "Plan of Correction") to CMS and IDPH in response to the Statement of Deficiencies. CMS and IDPH accepted and approved the Hospital's Plan of Correction and the Hospital subsequently passed its follow-up survey and was found to be in full compliance with the Conditions of Participation for general acute care hospitals set forth at 42 C.F.R. Part 482.



June 27, 2019

Mr. Michael Constantino
 Project Review Supervisor
 Illinois Health Facilities & Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, IL 62761

Re: Authorization to Access Information

Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Trinity Health Corporation with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

Michael A. Slubowski
 President and Chief Operating Officer
 Trinity Health Corporation

SUBSCRIBED AND SWORN
 to before me this 27th day
 of June, 2019.

Notary Public



Section III
Attachment 12
Criterion 1110.110(b) and (d)
Purpose of Project

Purpose Statement

The Applicants desire to modernize the Clinical Lab at LUMC in Maywood, Illinois.

Define the Planning Area or Market Area

1. There are no designated health planning areas for clinical labs.
2. The modernized Clinical Lab will serve as the regional clinical lab for Loyola Medicine and will consolidate some of the Gottlieb and MacNeal lab services into a central location at LUMC. Following the completion of this Project, the Gottlieb and MacNeal clinical labs will only provide rapid response lab studies (ED lab studies, OR lab studies and Stat lab studies).

Identify the Existing Problems or Issues that need to be Addressed

1. The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The existing Clinical Lab space at LUMC is not large enough to serve as the regional clinical lab for Loyola Medicine.

Detail how the Project will Address or Improve the Previously Referenced Issues as well as the Population's Health Status and Well-Being

1. The modernized Clinical Lab will be large enough to serve as the regional clinical lab for Loyola Medicine and will consolidate some of the Gottlieb and MacNeal lab services into a central location at LUMC. Following the completion of this Project, the Gottlieb and MacNeal clinical labs will only provide rapid response lab studies (ED lab studies, OR lab studies and Stat lab studies). The Project will standardize lab services across Loyola Medicine, increase efficiency, reduce costs, and increase flexibility to quickly scale up for peak periods of demand.

Provide Goals with Quantified and Measurable Objectives with Specific Timeframes that Relate to Achieving the Stated Goals

1. It is projected that 4,115,750 lab studies will be performed in the modernized Clinical Lab in 2021 and that 4,156,908 lab studies will be performed in the modernized Clinical Lab in 2022 (i.e., a 1% annual increase on a post Project completion basis).

Section III
Attachment 13
Criterion 1110.110(d), Alternatives to Proposed Project

The Applicants only considered two alternatives before electing to file this Application. As discussed below, the three alternatives reviewed with respect to this Project included: (1) the "do nothing" alternative; and (2) modernize the Clinical Lab.

Alternative No. 1: Do Nothing/Maintain the Status Quo

The LUMC Clinical Lab has been experiencing increasing demand for its services and the existing Clinical Lab space at LUMC is not large enough to effectively serve as the regional clinical lab for Loyola Medicine.

Alternative No. 2: Modernize the LUMC Clinical Lab

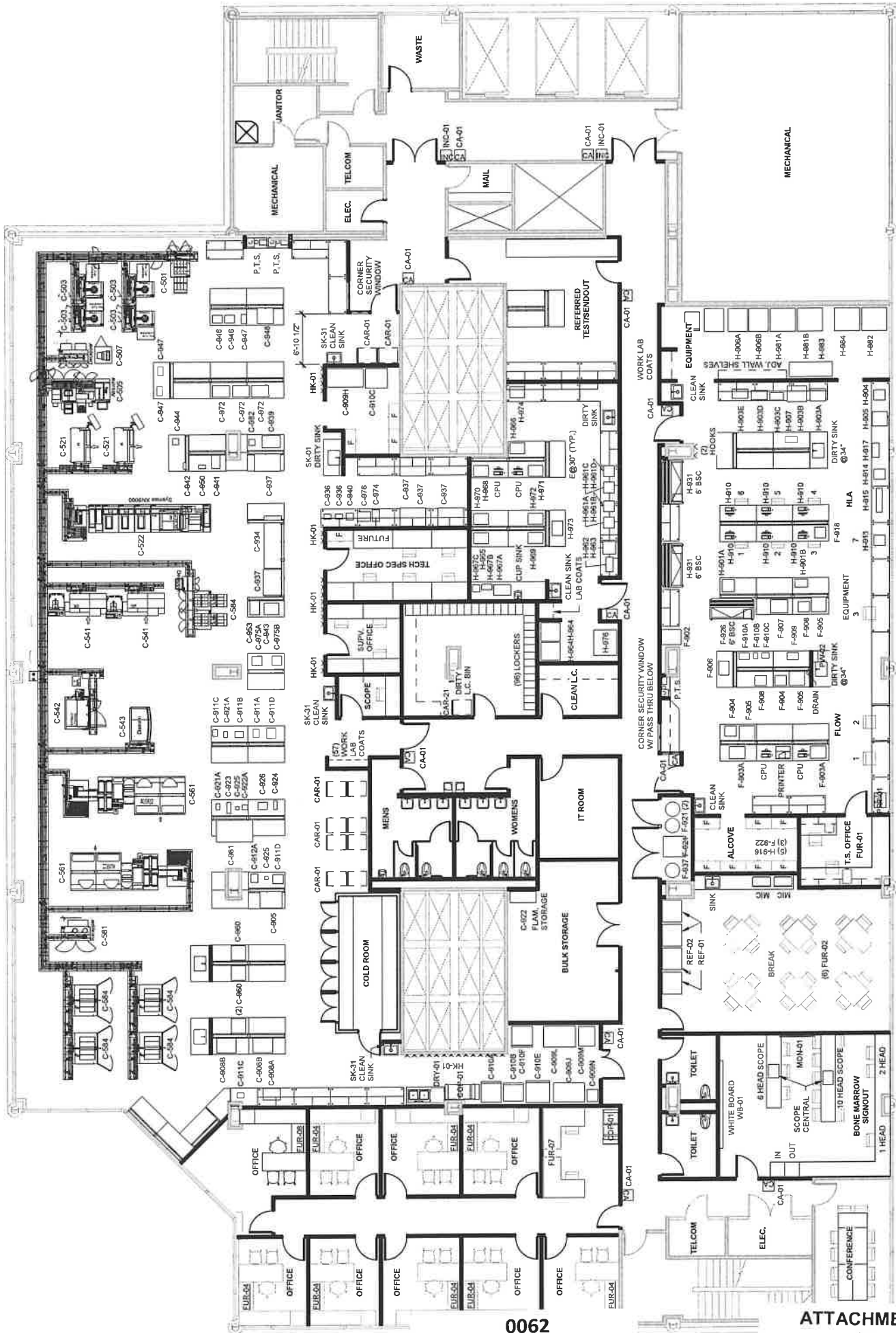
The Project will standardize lab services across Loyola Medicine, increase efficiency, reduce costs, and increase flexibility to quickly scale up for peak periods of demand.

Section IV**Attachment 14****Criterion 1110.120(a), Size of Project**

The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The modernized Clinical Lab will occupy 29,880 square feet of space and will be located on the fourth and fifth floors of the EMS Building (in space that is currently vacant) on the LUMC campus. The floor plans for the modernized Clinical Lab are attached at ATTACHMENT 14.

There are no sizing standards for clinical labs.





0062

ATTACHMENT

Section IV
Attachment 15
Criterion 1110.120(b), Project Services Utilization

There are no utilization standards for clinical labs.

The following table summarizes the past utilization for the existing LUMC Clinical Lab and the projected utilization for the modernized LUMC Clinical Lab.

Past and Projected Utilization LUMC Clinical Lab	
Year	Lab Volume
2016 (actual)	3,961,046
2017 (actual)	3,988,975
2018 (actual)	3,849,702
2019 (annualized)	4,071,214
2020 (projected)	4,075,000
2021 (projected)	4,115,750
2022 (projected)	4,156,908

Section VI
Attachment 30
Clinical Service Areas Other Than Categories of Service
Criterion 1110.270

Criterion 1110.270(a), Introduction

The proposed Project does not involve any designated categories of service recognized by the Review Board. However, a clinical lab is considered a "Clinical Service Area" and is subject to review by the Review Board because the Project exceeds the Review Board's capital expenditure threshold for hospitals.

Criterion 1110.270(c)(2), Service Modernization (Necessary Expansion)

The existing Clinical Lab at LUMC occupies 26,748 square feet of space and is located in the basement of the main hospital building on the LUMC campus. The modernized Clinical Lab will occupy 29,880 square feet of space and will be located on the fourth and fifth floors of the EMS Building (in space that is currently vacant) on the LUMC campus.

The LUMC Clinical Lab has been experiencing increasing demand for its services and the existing Clinical Lab space at LUMC is not large enough to effectively serve as the regional clinical lab for Loyola Medicine. The Project will standardize lab services across Loyola Medicine, increase efficiency, reduce costs, and increase flexibility to quickly scale up for peak periods of demand.

Section VI
Attachment 33
Availability of Funds
Criterion 1120.120

LUMC has satisfied this Criterion because LUMC will be funding the Project with cash (\$16,500,000) and an unrestricted gift (\$1,000,000 in cash) that has been allocated by the LUMC Board of Directors to the Project. See LUMC Board of Board of Directors' Certificate of Resolution, dated November 5, 2019, attached hereto as ATTACHMENT 33, approving the unrestricted gift (\$1,000,000 in cash).

It also bears noting that Trinity, the ultimate member of LUMC, was holding over \$474 million in cash and cash equivalents as of June 30, 2019, and enjoys an "Aa3" bond rating from Moody's Investors Service and an "AA-" from Fitch Rating. See ATTACHMENT 34.

Thus, LUMC will have sufficient cash available to fund this Project.

CERTIFICATE OF RESOLUTION

The undersigned hereby certifies that:

- (1) I am the Corporate Secretary of Loyola University Medical Center ("LUMC") an Illinois not for profit corporation, and the keeper of the LUMC corporate records and seals.
- (2) LUMC received notification that it was the recipient of a significant estate gift, a portion of which was unrestricted ("Estate Funds").
- (3) At a regularly scheduled meeting of the LUMC Board of Directors ("Board") on April 26, 2019, the Board passed a Resolution to designate One Million Dollars (\$1,000,000) in cash of the Estate Funds as "Board Designated" to be used exclusively for its lab regionalization project (the "Project").
- (4) The Resolution provides, in significant part, the following:

That in the event Trinity Health approves LUMC's Lab Funding Proposal, or any subsequent revisions thereto approved by Trinity Health and LUMC ("Project Approval"), ONE MILLION and 00/100 (\$1,000,000) DOLLARS of the Remaining Estate Distributed shall be Board Designated for purposes described herein ("Board Designated Lab Funds").
- (5) LUMC's Lab Funding Proposal was, in fact, approved and the Board Designated Lab Funds are available for use for the Project.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Secretary of said corporations this 5th day of November, 2019.


Secretary

Section VII
Attachment 34
Financial Viability
Criterion 1120.130

LUMC has satisfied this Criterion because LUMC will be funding the Project with cash (\$16,500,000) and an unrestricted gift (\$1,000,000 in cash) that has been allocated by the LUMC Board of Directors to the Project. See LUMC Board of Board of Directors' Certificate of Resolution, dated November 5, 2019, attached hereto as ATTACHMENT 33, approving the unrestricted gift (\$1,000,000 in cash).

It also bears noting that Trinity, the ultimate member of LUMC, was holding over \$474 million in cash and cash equivalents as of June 30, 2019, and enjoys an "Aa3" bond rating from Moody's Investors Service and an "AA-" from Fitch Rating. See ATTACHMENT 34.

Thus, LUMC is entitled to a financial viability waiver.

Trinity Health

Consolidated Financial Statements as of and for the
years ended June 30, 2019 and 2018,
Supplemental Consolidating Schedules as of and for
the year ended June 30, 2019
and Independent Auditors' Reports

TRINITY HEALTH**TABLE OF CONTENTS**

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
 Trinity Health Corporation
 Livonia, Michigan

We have audited the accompanying consolidated financial statements of Trinity Health Corporation and its subsidiaries (the "Corporation"), which comprise the consolidated balance sheets as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the consolidated financial statements of BayCare Health System, the Corporation's investment which is accounted for by the use of the equity method. The accompanying consolidated financial statements of the Corporation include its investment in the net assets of BayCare Health System of \$3.1 billion and \$2.8 billion as of June 30, 2019, and 2018, respectively, and its equity method income from BayCare Health System of \$295.7 million and \$296.4 million for the years ended June 30, 2019 and 2018, respectively. The combined financial statements of BayCare Health System for the years ended December 31, 2018 and 2017, were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for BayCare Health System, is based on the reports of the other auditors and the procedures that we considered necessary in the circumstances with respect to the inclusion of the Corporation's equity investment and equity method income in the accompanying consolidated financial statements taking into consideration the differences in fiscal years. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion

on the effectiveness of the Corporation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the reports of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Corporation as of June 30, 2019 and 2018, and the results of its operations and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deloitte & Touche LLP

September 18, 2019

TRINITY HEALTH**CONSOLIDATED BALANCE SHEETS****JUNE 30, 2019 AND 2018****(In thousands)**

ASSETS	2019	2018
CURRENT ASSETS:		
Cash and cash equivalents	\$ 474,314	\$ 971,726
Investments	4,833,039	3,846,190
Security lending collateral	264,435	275,228
Assets limited or restricted as to use - current portion	403,799	352,231
Patient accounts receivable, net of allowance for doubtful accounts of \$480.8 million at June 30, 2018	2,012,354	2,070,567
Estimated receivables from third-party payers	267,181	213,563
Other receivables	374,818	360,477
Inventories	297,804	292,945
Assets held for sale	-	67,793
Prepaid expenses and other current assets	179,124	172,819
Total current assets	9,106,868	8,623,539
ASSETS LIMITED OR RESTRICTED AS TO USE - Noncurrent portion:		
Held by trustees under bond indenture agreements	5,828	6,865
Self-insurance, benefit plans and other	867,132	865,949
By Board	3,474,947	3,881,021
By donors	460,836	498,871
Total assets limited or restricted as to use - noncurrent portion	4,808,743	5,252,706
PROPERTY AND EQUIPMENT - Net	8,359,974	8,025,580
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	3,876,028	3,493,495
GOODWILL	437,403	438,460
OTHER ASSETS	383,088	361,920
TOTAL ASSETS	\$ 26,972,104	\$ 26,195,700

LIABILITIES AND NET ASSETS	2019	2018
CURRENT LIABILITIES:		
Commercial paper	\$ 99,493	\$ 99,904
Short-term borrowings	686,670	711,020
Current portion of long-term debt	126,727	276,295
Accounts payable and accrued expenses	1,435,939	1,548,741
Salaries, wages and related liabilities	919,055	863,143
Payable under security lending agreements	264,435	275,228
Liabilities held for sale	-	32,440
Estimated payables to third-party payers	375,116	395,970
Current portion of self-insurance reserves	282,364	272,842
Total current liabilities	4,189,799	4,475,583
LONG-TERM DEBT - Net of current portion	6,222,908	5,982,141
SELF-INSURANCE RESERVES - Net of current portion	1,036,697	1,002,274
ACCRUED PENSION AND RETIREE HEALTH COSTS	933,238	688,259
OTHER LONG-TERM LIABILITIES	754,054	703,427
Total liabilities	13,136,696	12,851,684
NET ASSETS:		
Net assets without donor restrictions	13,047,732	12,581,754
Noncontrolling ownership interest in subsidiaries	234,987	176,156
Total net assets without donor restrictions	13,282,719	12,757,910
Net assets with donor restrictions	552,689	586,106
Total net assets	13,835,408	13,344,016
TOTAL LIABILITIES AND NET ASSETS	\$ 26,972,104	\$ 26,195,700

The accompanying notes are an integral part of the consolidated financial statements.

TRINITY HEALTH

**CONSOLIDATED STATEMENTS OF OPERATIONS AND
CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2019 AND 2018
(In thousands)**

	2019	2018
OPERATING REVENUE:		
Patient service revenue, net of contractual and other allowances		\$ 16,406,252
Provision for bad debts		(574,954)
Net patient service revenue	\$ 16,601,888	15,831,298
Premium and capitation revenue	1,060,900	1,067,582
Net assets released from restrictions	39,184	50,510
Other revenue	1,591,251	1,396,015
Total operating revenue	19,293,223	18,345,405
EXPENSES:		
Salaries and wages	8,331,228	7,949,446
Employee benefits	1,646,679	1,525,511
Contract labor	315,601	296,611
Total labor expenses	10,293,508	9,771,568
Supplies	3,228,199	2,983,635
Purchased services and medical claims	2,642,804	2,490,091
Depreciation and amortization	861,009	857,154
Occupancy	780,984	748,346
Interest	238,944	224,882
Other	921,954	868,437
Total expenses	18,967,402	17,944,113
OPERATING INCOME BEFORE OTHER ITEMS	325,821	401,292
Restructuring costs	(82,384)	-
Loss on transfer of Lourdes Health System	(57,405)	-
Asset impairment charges	(25,192)	(264,366)
OPERATING INCOME	160,840	136,926
NONOPERATING ITEMS:		
Investment earnings	421,163	488,715
Equity in earnings of unconsolidated affiliates	318,510	328,353
Change in market value and cash payments of interest rate swaps	(54,215)	25,671
Loss from early extinguishment of debt	(7,067)	(39,857)
Other, including income taxes	(4,926)	9,322
Total nonoperating items	673,465	812,204
EXCESS OF REVENUE OVER EXPENSES	834,305	949,130
EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTEREST	(48,334)	(47,619)
EXCESS OF REVENUE OVER EXPENSES, net of noncontrolling interest	\$ 785,971	\$ 901,511

	2019	2018
NET ASSETS WITHOUT DONOR RESTRICTIONS:		
Net assets without donor restrictions attributable to Trinity Health:		
Excess of revenue over expenses	\$ 785,971	\$ 901,511
Net assets released from restrictions for capital acquisitions	57,306	31,900
Net change in retirement plan related items - consolidated organizations	(418,622)	394,751
Net change in retirement plan related items - unconsolidated organizations	7,762	(14,501)
Other	33,561	(14,340)
Increase in net assets without donor restrictions attributable to Trinity Health	465,978	1,299,321
Net assets without donor restrictions attributable to noncontrolling interests:		
Excess of revenue over expenses attributable to noncontrolling interests	48,334	47,619
Sale of noncontrolling interest in subsidiaries	56,715	-
Noncontrolling interests related to acquisitions	-	9,454
Dividends	(46,218)	(44,142)
Other	-	(10,478)
Increase in net assets without donor restrictions attributable to noncontrolling interests	58,831	2,453
NET ASSETS WITH DONOR RESTRICTIONS:		
Contributions:		
Program and time restrictions	95,686	112,140
Endowment funds	3,877	7,350
Net investment gains:		
Program and time restrictions	3,667	12,367
Endowment funds	1,547	7,266
Net assets released from restrictions	(96,490)	(82,410)
Other	(41,704)	102
(Decrease) increase in net assets with donor restrictions	(33,417)	56,815
INCREASE IN NET ASSETS	491,392	1,358,589
NET ASSETS - BEGINNING OF YEAR	13,344,016	11,985,427
NET ASSETS - END OF YEAR	\$ 13,835,408	\$ 13,344,016

The accompanying notes are an integral part of the consolidated financial statements.

TRINITY HEALTH

CONSOLIDATED STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2019 AND 2018

(In thousands)

	2019	2018
OPERATING ACTIVITIES:		
Increase in net assets	\$ 491,392	\$ 1,358,589
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	861,009	857,154
Provision for bad debts	-	574,954
Asset impairment charges	25,192	264,366
Loss on transfer of Lourdes Health System	57,405	-
Gain on sale of subsidiaries	(16,018)	-
Sale of noncontrolling interest in subsidiaries	(56,715)	-
Inherent contributions related to acquisitions	-	(1,903)
Loss on extinguishment of debt	7,067	39,857
Change in net unrealized and realized gains on investments	(330,221)	(412,822)
Change in market values of interest rate swaps	40,729	(42,682)
Undistributed equity in earnings of unconsolidated affiliates	(343,290)	(384,534)
Deferred retirement items - consolidated organizations	418,622	(394,751)
Deferred retirement items - unconsolidated organizations	(7,762)	14,501
Increase in noncontrolling interests related to acquisitions	-	(9,454)
Restricted contributions and investment income received	(80,001)	(57,852)
Other adjustments	34,696	43,934
Changes in:		
Patient accounts receivable	(830)	(711,324)
Other assets	(42,015)	(65,283)
Accounts payable and accrued expenses	89,074	137,817
Estimated receivables from third-party payers	(34,418)	47,294
Estimated payables to third-party payers	(20,854)	26,181
Self-insurance reserves and other liabilities	9,699	5,095
Accrued pension and retiree health costs	(183,197)	(261,678)
Total adjustments	428,172	(331,130)
Net cash provided by operating activities	\$ 919,564	\$ 1,027,459

	2019	2018
INVESTING ACTIVITIES:		
Proceeds from sales of investments	\$ 4,130,923	\$ 3,877,168
Purchases of investments	(4,347,213)	(4,029,440)
Purchases of property and equipment	(1,276,346)	(1,124,533)
Proceeds from disposal of property and equipment	7,065	7,431
Net cash used for acquisitions	(188)	(261,023)
Proceeds from the sales of divestitures	21,944	5,009
Change in investments in unconsolidated affiliates	(45,276)	(10,460)
Net repayments from affiliates	6,665	6,665
(Increase) decrease in assets limited as to use and other	(16,941)	7,237
Net cash used in investing activities	(1,519,367)	(1,521,946)
FINANCING ACTIVITIES:		
Proceeds from issuance of debt	434,534	1,331,051
Repayments of debt	(339,604)	(865,374)
Net change in commercial paper	(411)	(1,769)
Dividends paid to noncontrolling interests	(46,218)	(44,142)
Proceeds from restricted contributions and restricted investment income	58,194	47,670
Increase in financing costs and other	(4,104)	(9,420)
Net cash provided by financing activities	102,391	458,016
NET DECREASE IN CASH AND CASH EQUIVALENTS	(497,412)	(36,471)
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	971,726	1,008,197
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 474,314	\$ 971,726
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Cash paid for interest (net of amounts capitalized)	\$ 251,755	\$ 230,784
New capital lease obligations for buildings and equipment	-	2,452
Accruals for purchases of property and equipment and other long-term assets	144,696	184,024
Unsettled investment trades and purchases	22,253	75,394
Unsettled investment trades and sales	10,316	22,220
Decrease in security lending collateral	(10,793)	(57,744)
Decrease in payable under security lending agreements	10,793	57,744

The accompanying notes are an integral part of the consolidated financial statements.

MOODY'S

INVESTORS SERVICE

7 World Trade Center
250 Greenwich Street
New York 10007
www.moodyys.com

January 4, 2019

Ms. Dina Richard
Chief Financial Officer
Trinity Health Credit Group
20555 Victor Parkway
Livonia, MI 48152

Dear Ms. Richard:

We wish to inform you that on December 13, 2018, Moody's Investors Service assigned a **Aa3** to Trinity Health Credit Group's proposed Michigan Finance Authority Hospital Revenue Bonds Series 2019MI-1, Michigan Finance Authority Hospital Revenue and Refunding Bonds Series 2019MI-2, Saint Mary Hospital Authority Revenue Bonds Series 2019PA-1, Saint Mary Hospital Authority Revenue and Refunding Bonds Series 2019PA-2, and Idaho Health Facilities Authority Hospital Revenue Bonds Series 2019ID. We are also assigning a **Aa3/VMIG 1** to Trinity Health Credit Group's Series 2013MI-1 and 2016MI-2. At the time, we are also affirming the **Aa3**, **Aa3/VMIG 1** and **P-1** ratings on debts outstanding, originally issued on behalf of Trinity Health Credit Group and Catholic Health East. The rating outlook is **stable**.

Credit ratings issued by Moody's Investors Service, Inc. and its affiliates ("Moody's") are Moody's current opinions of the relative future credit risk of entities, credit commitments, or debt or debt-like securities and are not statements of current or historical fact. Moody's credit ratings address credit risk only and do not address any other risk, including but not limited to: liquidity risk, market value risk, or price volatility.

This letter uses capitalized terms and rating symbols that are defined or referenced either in *Moody's Definitions and Symbols Guide* or *MIS Code of Professional Conduct* as of the date of this letter, both published on www.moodyys.com. The Credit Ratings will be publicly disseminated by Moody's through normal print and electronic media as well as in response to verbal requests to Moody's Rating Desk. Moody's related research and analyses will also be published on www.moodyys.com and may be further distributed as otherwise agreed in writing with us.

Moody's Credit Ratings or any corresponding outlook, if assigned, will be subject to revision, suspension or withdrawal, or may be placed on review, by Moody's at any time, without notice, in the sole discretion of Moody's. For the most current Credit Rating, please visit www.moodyys.com.

Moody's has not consented and will not consent to being named as an expert under applicable securities laws, such as section 7 of the Securities Act of 1933. The assignment of a rating does not

January 4, 2019

Ms. Dina Richard
 Chief Financial Officer
 Trinity Health Credit Group
 20555 Victor Parkway
 Livonia, MI 48152

create a fiduciary relationship between Moody's and you or between Moody's and other recipients of a Credit Rating. Moody's Credit Ratings are not and do not provide investment advice or recommendations to purchase, sell or hold particular securities. Moody's issues Credit Ratings with the expectation and understanding that each investor will make its own evaluation of each security that is under consideration for purchase, sale or holding.

Moody's adopts all necessary measures so that the information it uses in assigning a Credit Rating is of sufficient quality and from sources Moody's considers to be reliable including, when appropriate, independent third-party sources. However, Moody's is not an auditor and cannot in every instance independently validate or verify information received in the rating process. Moody's expects and is relying upon you possessing all legal rights and required consents to disclose the information to Moody's, and that such information is not subject to any restrictions that would prevent use by Moody's for its ratings process. In assigning the Credit Ratings, Moody's has relied upon the truth, accuracy, and completeness of the information supplied by you or on your behalf to Moody's. Moody's expects that you will, and is relying upon you to, on an ongoing basis, promptly provide Moody's with all information necessary in order for Moody's to accurately and timely monitor the Credit Ratings, including current financial and statistical information.

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Any non-public information discussed with or revealed to you must be kept confidential and only disclosed either (i) to your legal counsel acting in their capacity as such; (ii) to your other authorized agents acting in their capacity as such with a need to know that have entered into non-disclosure agreements with Moody's in the form provided by Moody's and (iii) as required by applicable law or regulation. You agree to cause your employees, affiliates, agents and advisors to keep non-public information confidential.

If there is a conflict between the terms of this rating letter and any related Moody's rating application, the terms of the executed rating application will govern and supercede this rating letter.

Should you have any questions regarding the above, please do not hesitate to contact the analyst assigned to this transaction, Daniel Steingart at 949-429-5355.

Sincerely,

Moody's Investors Service Inc

Moody's Investors Service Inc.

Fitch Ratings

33 Whitehall Street
New York, NY 10004

T 212 908 0500 / 800 75 FITCH
www.fitchratings.com

January 07, 2019

Ms. Dina Richard
Senior Vice President Treasury & Chief Information Officer
Trinity Health Credit Group
20555 Victor Parkway
Livonia, MI 48152

Dear Ms. Richard:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed in the attached Notice of Rating Action.

In issuing and maintaining its ratings, Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction.

The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third-party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors.

Users of Fitch's ratings should understand that neither an enhanced factual investigation nor any third-party verification can ensure that all of the information Fitch relies on in connection with a rating will be accurate and complete. Ultimately, the issuer and its advisers are responsible for the accuracy of the information they provide to Fitch and to the market in offering documents and other reports. In issuing its ratings Fitch must rely on the work of experts, including independent auditors with respect to financial statements and attorneys with respect to legal and tax matters. Further, ratings are inherently forward-looking and embody assumptions and predictions about future events that by their nature cannot be verified as facts. As a result, despite any verification of current facts, ratings can be affected by future events or conditions that were not anticipated at the time a rating was issued or affirmed.

Fitch seeks to continuously improve its ratings criteria and methodologies, and periodically updates the descriptions on its website of its criteria and methodologies for securities of a given type. The criteria and methodology used to determine a rating action are those in effect at the time the rating action is taken, which for public ratings is the date of the related rating action commentary. Each rating action commentary provides information about the criteria and methodology used to arrive at the stated rating, which may differ from the general criteria and methodology for the applicable security type posted on the website at a given time. For this reason, you should always consult the applicable rating action commentary for the most accurate information on the basis of any given public rating.

Ratings are based on established criteria and methodologies that Fitch is continuously evaluating and updating. Therefore, ratings are the collective work product of Fitch and no individual, or group of individuals, is solely responsible for a rating. All Fitch reports have shared authorship. Individuals identified in a Fitch report were involved in, but are not solely responsible for, the opinions stated therein. The individuals are named for contact purposes only.

Ratings are not a recommendation or suggestion, directly or indirectly, to you or any other person, to buy, sell, make or hold any investment, loan or security or to undertake any investment strategy with respect to any investment, loan or security or any issuer. Ratings do not comment on the adequacy of market price, the suitability of any investment, loan or security for a particular investor (including without limitation, any accounting and/or regulatory treatment), or the tax-exempt nature or taxability of payments made in respect of any investment, loan or security. Fitch is not your advisor, nor is Fitch providing to you or any other party any financial advice, or any legal, auditing, accounting, appraisal, valuation or actuarial services. A rating should not be viewed as a replacement for such advice or services.

The assignment of a rating by Fitch does not constitute consent by Fitch to the use of its name as an expert in connection with any registration statement or other filings under US, UK or any other relevant securities laws. Fitch does not consent to the inclusion of its ratings in any offering document in any instance in which US, UK or any other relevant securities laws requires such consent. Fitch does not consent to the inclusion of any written letter communicating its rating action in any offering document. You understand that Fitch has not consented to, and will not consent to, being named as an "expert" in connection with any registration statement or other filings under US, UK or any other relevant securities laws, including but not limited to Section 7 of the U.S. Securities Act of 1933. Fitch is not an "underwriter" or "seller" as those terms are defined under applicable securities laws or other regulatory guidance, rules or recommendations, including without limitation Sections 11 and 12(a)(2) of the U.S. Securities Act of 1933, nor has Fitch performed the roles or tasks associated with an "underwriter" or "seller" under this engagement.

Fitch will continue to monitor the credit quality of and maintain ratings on the Issuer/Securities. It is important that you promptly provide us with all information that may be material to the ratings so that our ratings continue to be appropriate. Ratings may be raised, lowered, withdrawn, or placed on Rating Watch due to changes in, additions to, accuracy of or the inadequacy of information or for any other reason Fitch deems sufficient.

Nothing in this letter is intended to or should be construed as creating a fiduciary relationship between Fitch and you or between us and any user of the ratings.

In this letter, "Fitch" means Fitch Ratings, Inc. and any successor in interest.

Public ratings will be valid and effective only upon publication of the ratings on Fitch's website.

We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Daniel Champeau
Managing Director
U.S. Public Finance

DCC/em

Enc: Notice of Rating Action
(Doc ID:211743 Rev 0)

Notice of Rating Action

<u>Bond Description</u>	<u>Rating Type</u>	<u>Rating Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Michigan Finance Authority (MI) (CHE Trinity Health Credit Group) hosp rev bonds ser 2013MI-2 (FRN)	Long Term Rating	New Rating	AA-	RO:Sta	07-Jan-2019	
Michigan Finance Authority (MI) (CHE Trinity Health Credit Group) hosp rev bonds ser 2013MI-2 (FRN)	Unenhanced Long Term Rating	New Rating	AA-	RO:Sta	07-Jan-2019	
Michigan Finance Authority (MI) (CHE Trinity Health Credit Group) hosp rev bonds ser 2016MI-2 (FRN)	Long Term Rating	New Rating	AA-	RO:Sta	07-Jan-2019	
Michigan Finance Authority (MI) (CHE Trinity Health Credit Group) hosp rev bonds ser 2016MI-2 (FRN)	Unenhanced Long Term Rating	New Rating	AA-	RO:Sta	07-Jan-2019	

Key: RO: Rating Outlook, RW: Rating Watch, Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

Section VIII
Attachment 36
Economic Feasibility
Criterion 1120.140

Criterion 1120.140(a), Reasonableness of Financing Arrangements

LUMC has satisfied this Criterion because LUMC will be funding the Project with cash (\$16,500,000) and an unrestricted gift (\$1,000,000 in cash) that has been allocated by the LUMC Board of Directors to the Project. See LUMC Board of Board of Directors' Certificate of Resolution, dated November 5, 2019, attached hereto as ATTACHMENT 33, approving the unrestricted gift (\$1,000,000 in cash).

Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The construction cost per gross square foot for the clinical portions of the Project is \$362.81. The construction and contingency cost per gross square foot for the clinical portions of the Project is \$397.44. The clinical portions of the Project encompass 28,880 gross square feet. The construction costs for the clinical portions of the Project total \$10,478,000. The construction and contingency costs for the clinical portions of the Project total \$11,478,000.

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE
(CLINICAL PORTIONS OF PROJECT PLUS PRORATA SHARE OF CIRCULATION)**

Department (list below)	A	B	C	D	E	F	G	H	Total
	Cost/Square Foot		Gross Sq. Ft. (Clinical Portions Only)		Gross Sq. Ft.		Const. \$ (Clinical Portions Only)	Mod. \$	Cost (Clinical Portions Only)
	NEW	MOD	NEW	CIRC	MOD	CIRC	(A x C)	(B x E)	(G + H)
Clinical Lab									
Construction Total	---	\$362.81			28,880	---	---	\$10,478,000	\$10,478,000
Contingencies	---	\$34.63			28,880	---	---	\$1,000,000	\$1,000,000
Construction & Contingencies Total	---	\$397.44			28,880	---	---	\$11,478,000	\$11,478,000

2. The Applicants will incur the following costs in completing this Project.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$100,000		\$100,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$10,478,000		\$10,478,000
Contingencies	\$1,000,000		\$1,000,000
Architectural/Engineering Fees	\$300,000		\$300,000
Consulting and Other Fees			
Movable or Other Purchased Equipment (not in construction contracts; including signage, technology, security, artwork, furniture, etc.)	\$5,622,000		\$5,622,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$17,500,000	\$0	\$17,500,000

The Project satisfies the Section 1120 project cost norms, as outlined in the following chart.

Project Item	Project Cost (Clinical Parts Only)	Section 1120 Norm	Project Cost Compared to Section 1120 Norm
Preplanning Costs	\$100,000	$1.8\% * (\text{Construction Costs} + \text{Contingencies} + \text{Equipment}) =$ $1.8\% * \$10,478,000 + \$1,000,000 + 5,622,000 =$ $1.8\% * \$17,100,000 = \$307,800$	Below Section 1120 Norm.
Modernization Contracts and Contingencies	\$11,478,000/28,880 GSF = \$397.44 per GSF	\$451.85 per gross square foot (new construction rate of \$645.50 per gross square foot discounted by 30% because project involves modernization)	Below Section 1120 Norm.
Contingencies	\$1,000,000	$10\% * (\text{Construction Costs}) = 10\% * \$10,478,000 =$ $\$1,047,800$	Below Section 1120 Norm.
Architectural and Engineering Fees	\$300,000	$8.86 * (\text{Construction Costs} + \text{Contingencies}) = 8.86 * (\$10,478,000 + \$1,000,000) =$ $\$1,016,951$	Below Section 1120 Norm.
Purchased Equipment	\$5,662,000	No Section 1120 Norm	Reasonable as compared to other approved projects.

Criterion 1120.140(d), Projected Operating Costs

There are no utilization standards for clinical labs.

The projected operating costs for the modernized LUMC Clinical Lab in 2022 (its first full year of operation) are as follows:

Total Operating Expenses (Salaries, Benefits, Supplies, Purchased Services, Etc.): \$52,487,212

Depreciation Expenses: \$1,750,000

Bad Debt Expenses: \$0 (not included in direct operating expenses)

Estimated Number of Lab Studies in 2022 (first full year of operation): 4,156,908

Proj. Operating Costs =
$$\frac{\text{Total Operating Expenses} - \text{Depreciation Expense} - \text{Bad Debt Expense}}{\text{Estimated Number of Lab Studies}}$$

Proj. Operating Costs Per Lab Study: \$12.21

The remaining parts of this Project are not subject to this Criterion.

Criterion 1120.140(e), Total Effect of the Project On Capital Costs

Total Projected Annual Capital Costs in 2022 (its first full year of operation) = \$0

Total Projected Annual Capital Costs Per Lab Study: \$0 Per Lab Study

Section IX
Attachment 37
Safety Net Impact Statement

Because this Project does not involve inpatient services or designated "categories of services," this Project is considered Non-Substantive. Accordingly, this Criterion is not applicable.

Section X
Attachment 38
Charity Care Information

Trinity Facilities Located in Illinois:

Loyola University Medical Center

	2015	2016	2017	2018
Total Net Patient Revenue	1,104,584,892	1,130,275,215	1,145,582,319	1,130,813,116
Amount of Charity Care (Charges)	49,544,508	21,031,815	30,561,525	12,916,804
Cost of Charity Care	13,638,188	5,825,581	8,457,963	6,789,656
Cost of Charity Care/Total Net Patient Ratio	1.23%	0.52%	0.74%	0.60%

Gottlieb Memorial Hospital

	2015	2016	2017	2018
Total Net Patient Revenue	114,448,200	118,281,186	126,094,287	114,399,811
Amount of Charity Care (Charges)	11,449,397	89,574	5,071,456	2,700,521
Cost of Charity Care	2,401,821	19,885	1,038,059	1,291,050
Cost of Charity Care/Total Net Patient Ratio	2.10%	0.02%	0.82%	1.1%

MacNeal Hospital

	2015	2016	2017	2018
Total Net Patient Revenue	N/A	N/A	N/A	257,712,607
Amount of Charity Care (Charges)				7,553,987
Cost of Charity Care				3,408,002
Cost of Charity Care/Total Net Patient Ratio				1.3%

Total Loyola Medicine

	2015	2016	2017	2018
Total Net Patient Revenue	1,219,033,092	1,248,556,401	1,271,676,606	1,502,925,534
Amount of Charity Care (Charges)	60,993,905	21,121,389	35,632,981	23,171,312
Cost of Charity Care	16,040,009	5,845,466	9,496,022	11,488,708
Cost of Charity Care/Total Net Patient Ratio	1.32%	0.47%	0.75%	0.76%

Mercy Hospital

	2015	2016	2017	2018
Total Net Patient Revenue	242,361,279	242,945,106	234,663,000	222,850,173
Amount of Charity Care (Charges)	8,252,600	12,446,719	12,499,199	12,236,713
Cost of Charity Care	2,771,486	4,430,706	4,408,423	4,348,972
Cost of Charity Care/Total Net Patient Ratio	1.05%	1.60%	1.88%	1.95%

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

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19	Comprehensive Physical Rehabilitation	N/A
20	Acute Mental Illness	N/A
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