

**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:	AMITA Health St. Alexius Medical Center--Modernization Project		
Street Address:	1555 Barrington Road		
City and Zip Code:	Hoffman Estates, IL 60169		
County:	Cook	Health Service Area:	VII Health Planning Area: A-07

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

Exact Legal Name:	St. Alexius Medical Center
Street Address:	1555 Barrington Road
City and Zip Code:	Hoffman Estates, IL 60169
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Polly Davenport, RN., D.Sc., FACHE
CEO Street Address:	1555 Barrington Road
CEO City and Zip Code:	Hoffman Estates, IL 60169
CEO Telephone Number:	847/843-2000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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City and Zip Code:	Hoffman Estates, IL 60169		
County:	Cook	Health Service Area:	VII Health Planning Area: A-07

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

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Road
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Joseph R. Impicciche
CEO Street Address:	4600 Edmunson Road
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

Type of Ownership of Applicants

- | | |
|--|--|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other | |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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:	Julie Roknich
Title:	Vice President, Senior Associate General Counsel
Company Name:	AMITA Health
Address:	2601 Navistar Drive Lisle, IL 60532
Telephone Number:	224/273-2320
E-mail Address:	Julie.Roknich@amitahealth.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. Alexius Medical Center
Address of Site Owner:	1555 Barrington Road Hoffman Estates, IL 60069
Street Address or Legal Description of the Site:	1555 Barrington Road Hoffman Estates, IL 60069
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	St. Alexius Medical Center		
Address:	1555 Barrington Road Hoffman Estates, IL 60069		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
Other			
<ul style="list-style-type: none"> 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 applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

Substantive

☒ Non-substantive

2. Narrative Description

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

Through the proposed project, AMITA Health St. Alexius Medical ("SAMC") will replace its existing emergency department ("ED") through a combination of new construction and renovation. SAMC's ED was constructed in 1989, with a minor expansion taking place in 2003/2004.

It should be noted, and unique to this project, SAMC's ED also serves as the ED for AMITA Health Alexian Brothers Behavioral Health Hospital, a 141-bed specialty hospital, located on the SAMC campus.

The existing ED consists of 34 stations (one of which is designated as a trauma station), and occupies 20,760 square feet. Upon the proposed project's completion, the ED will consist of 36 ED stations, and occupy 28,630 square feet. A 6-station ED observation area will also be provided, primarily for patients awaiting discharge or awaiting a determination relating to a potential admission. The proposed project will address two significant facility-related challenges faced by the existing ED. First, the general lack of sufficient treatment and support space will be corrected. Second, through the redesign of the ED, general adult ED patients, pediatric ED patients, and behavioral health ED patients will be treated in separate areas of the ED, therein increasing privacy, and providing treatment settings designed specifically to address the needs of each of the three patient groups.

The project is classified as "Non-Substantive" because it addresses no inpatient services or any HFSRB-designated "category of service".

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	\$ 250,000	\$ 50,000	\$ 300,000
Site Survey and Soil Investigation	\$ 4,000	\$ 6,000	\$ 10,000
Site Preparation	\$ 35,000	\$ 65,000	\$ 100,000
Off Site Work			
New Construction Contracts	\$ 879,750	\$ 1,405,600	\$ 2,285,350
Modernization Contracts	\$ 8,322,200	\$ 1,996,000	\$ 10,318,200
Contingencies	\$ 635,400	\$ 239,200	\$ 874,600
Architectural/Engineering Fees	\$ 800,400	\$ 389,700	\$ 1,190,100
Consulting and Other Fees	\$ 665,700	\$ 919,300	\$ 1,585,000
Movable and Other Equipment (not in construction contracts)	\$ 4,030,000	\$ 175,000	\$ 4,205,000
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space			
Fair Market Value of Leased Equipment			
Other Costs to be Capitalized	\$ 2,004,700	\$ 353,771	\$ 2,358,471
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$ 17,627,150	\$ 5,599,571	\$ 23,226,721
Sources of Funds:			
Cash and Securities	\$ 17,627,150	\$ 5,599,571	\$ 23,226,721
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 17,627,150	\$ 5,599,571	\$ 23,226,721

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>N/A</u>.</p>

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): September 1, 2025

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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 the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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: AMITA Health St. Alexius Medical Center			CITY: Hoffman Estates		
REPORTING PERIOD DATES: From: January 1, 2019 to: December 31, 2019					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	212	8,104	47,199	None	212
Obstetrics	38	3,660	10,433	None	38
Pediatrics	17	1,205	3,184	None	17
Intensive Care	35	3,256	10,042	None	35
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care	16	406	4,588	None	16
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	318	16,631	75,446	None	318

CERTIFICATION

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

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

This Application is filed on the behalf of St. Alexius 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 on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Shelly Davenport
SIGNATURE
POLLY DAUENPORT
PRINTED NAME
President St. Alexius
PRINTED TITLE

Forrest J. Whickard III
SIGNATURE
Forrest J. Whickard III
PRINTED NAME
Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of APRIL, 2021

[Signature]
Signature of Notary

Seal
OFFICIAL SEAL
RICHARD J KOROS
NOTARY PUBLIC, STATE OF ILLINOIS
MCHENRY COUNTY
MY COMMISSION EXPIRES 03/06/2023

Notarization:
Subscribed and sworn to before me
this 13th day of APRIL, 2021

[Signature]
Signature of Notary

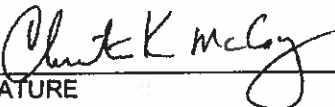
Seal
OFFICIAL SEAL
RICHARD J KOROS
NOTARY PUBLIC, STATE OF ILLINOIS
MCHENRY COUNTY
MY COMMISSION EXPIRES 03/06/2023

CERTIFICATION

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


SIGNATURE


Christine K. McCoy
PRINTED NAME

Secretary, Ascension Health
PRINTED TITLE

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

Signature of Notary

Seal


SIGNATURE

Matthew Jagger
PRINTED NAME

Treasurer of Ascension Health
PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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	MEET 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:**not applicable, no shell space included in project**

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"/> Emergency Department	34	36
<input type="checkbox"/> General Radiology	7	7
<input type="checkbox"/> ED Observation	0	6

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)

proof of bond rating provided as ATTACHMENT 33

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]:

<p>_____</p>	<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;
<p>_____</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>_____</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;</p>
<p>_____</p>	<p>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:</p> <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.
	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 the project's 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.

proof of bond rating provided as ATTACHMENT 33

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 VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements**proof of bond rating provided as ATTACHMENT 33**

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 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**proof of bond rating provided as ATTACHMENT 33**

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

D. Projected Operating Costs

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.

E. Total Effect of the Project on Capital Costs

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.

APPEND DOCUMENTATION AS ATTACHMENT 36 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

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

not applicable, non-substantive project

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.

not applicable, non-substantive project

Safety Net Information per PA 98-0031			
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			
	2017	2018	2019
Net Patient Revenue	\$351,831,865	\$420,463,771	\$347,804,749
Amount of Charity Care (charges)	\$19,858,766	\$24,611,707	\$51,600,831
Cost of Charity Care	\$5,273,517	\$4,790,203	\$10,017,604

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

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: PLEASE SEE PAGE 1 OF APPLICATION
2. Project Location: PLEASE SEE PAGE 1 OF APPLICATION
3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:

Yes ___ No X

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? NO

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

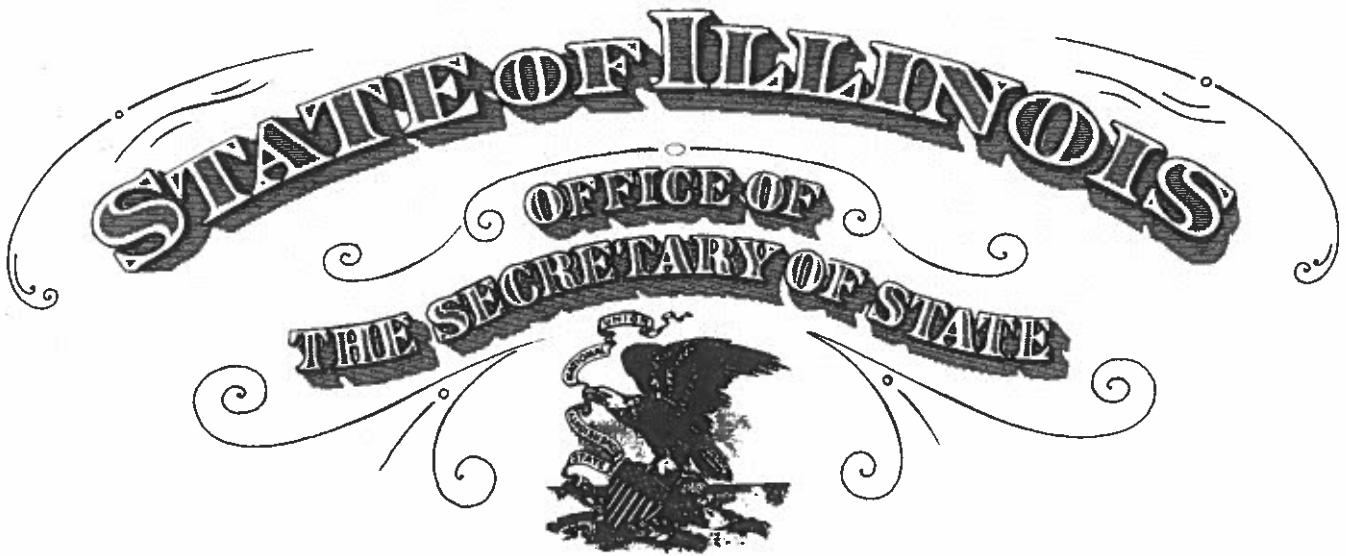
If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

FLOOD PLAIN HAZARD AREA AND 500-YEAR FLOOD PLAIN DETERMINATION

With the signatures provided on the Certification pages of this Certificate of Need application, the applicants confirm that AMITA Health St. Alexius Medical Center is not located in a flood plain hazard area, nor is it located in a 500-year flood plain.

File Number

6009-640-6



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

ST. ALEXIUS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1998, 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 9TH
day of APRIL A.D. 2021 .***

Jesse White

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2109901762 verifiable until 04/09/2022

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

File Number

6783-860-2



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

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 26TH
day of AUGUST A.D. 2020 .***

Jesse White
28

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, the applicants attest that the AMITA Health St. Alexius Medical Center site is owned by St. Alexius Medical Center.

ATTACHMENT 2

File Number

6009-640-6



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

ST. ALEXIUS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1998, 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.



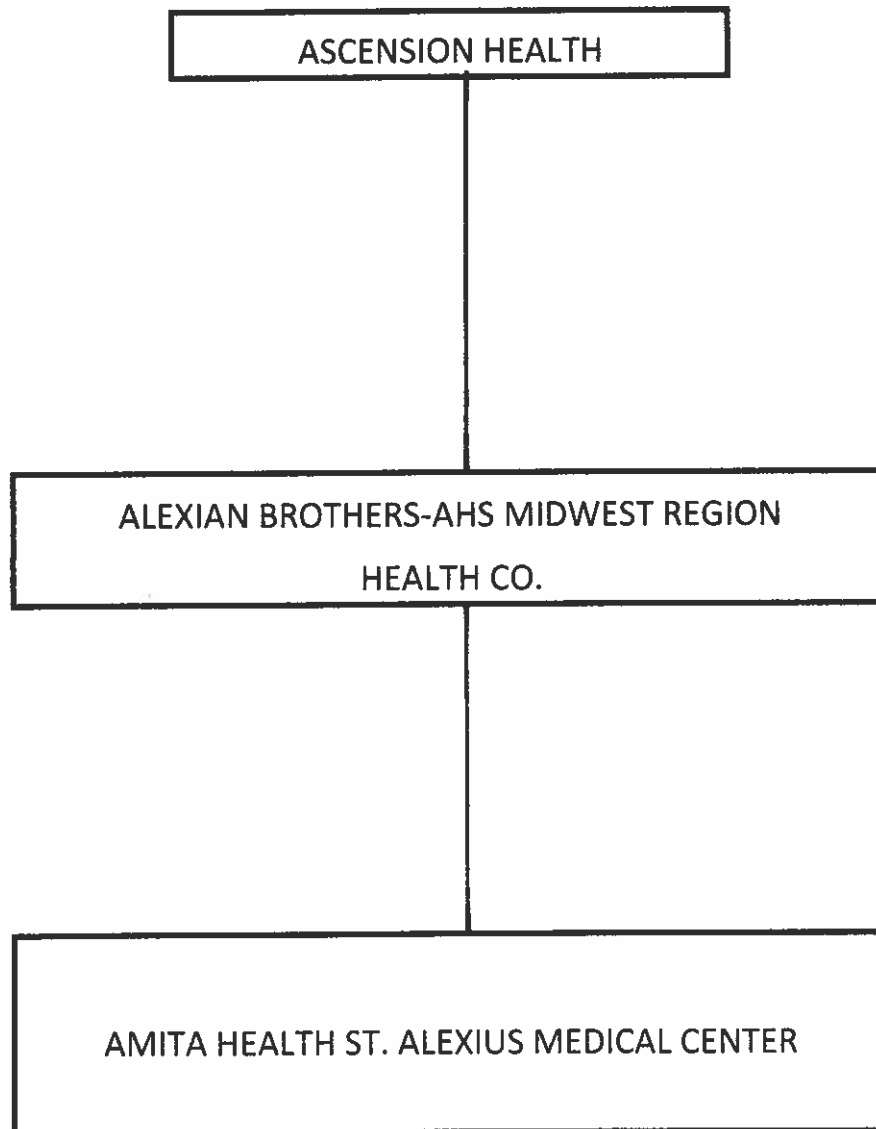
In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of APRIL A.D. 2021 .

Jesse White

SECRETARY OF STATE ATTACHMENT 3

Authentication #: 2109901762 verifiable until 04/09/2022
Authenticate at: <http://www.cyberdriveillinois.com>

ORGANIZATIONAL CHART



FLOOD PLAIN REQUIREMENTS

With the signatures provided on the Certification pages of this Certificate of Need application, the applicants confirm that the project addressed thorough this Certificate of Need application, that being construction on the east side of and renovation to selected areas within AMITA Health St. Alexius Medical Center, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.

National Flood Hazard Layer FIRMette



88°8'48"W 42°3'22"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

<p>SPECIAL FLOOD HAZARD AREAS</p> <ul style="list-style-type: none"> Without Base Flood Elevation (BFE) Zone A, V, A99 With BFE or Depth Zone AE, AO, AH, HE, AP Regulatory Floodway 	<p>OTHER AREAS OF FLOOD HAZARD</p> <ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee, See Notes. Zone X Area with Flood Risk due to Levee Zone D 	<p>OTHER AREAS</p> <ul style="list-style-type: none"> NO SCREEN Area of Minimal Flood Hazard Zone X Effective LOMIRs Area of Undetermined Flood Hazard Zone I 	<p>GENERAL STRUCTURES</p> <ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall 	<p>OTHER FEATURES</p> <ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature 	<p>MAP PANELS</p> <ul style="list-style-type: none"> Digital Data Available No Digital Data Available Unmapped
--	---	--	--	--	--



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

#21-013

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 1/28/2021 at 3:32 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for

Feet 1.0 mile

88°8'10"W 42°2'55"N



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor

Colleen Callahan, Director

FAX (217) 524-7525

Cook County

Hoffman Estates

CON - New Addition for Emergency Department Expansion and Interior Rehabilitation, AMITA Health St.

Alexius Medical Center

1555 N. Barrington Road

SHPO Log #011012121

February 2, 2021

Jacob Axel

Axel & Associates, Inc.

675 North Court, Suite 210

Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert F. Appleman".

Robert F. Appleman

Deputy State Historic

Preservation Officer

ATTACHMENT 6

PROJECT COSTS AND SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs		
Evaluation of Alternatives	\$ 220,000	
Misc./Other	<u>\$ 80,000</u>	
		\$ 300,000
Site Survey & Soil Investigation		
Loading Analysis	<u>\$ 10,000</u>	
		\$ 10,000
Site Preparation		
Driveways and Walkways	\$ 20,000	
Parking	\$ 20,000	
Exterior Signage	\$ 40,000	
Misc./Other	<u>\$ 20,000</u>	
		\$ 100,000
New Construction Contracts		
Per ATTACHMENT 36C		\$ 2,285,350
Modernization Contracts		
Per ATTACHMENT 36C		\$ 10,318,200
Contingencies		
New Construction		\$ 131,400
Modernization		\$ 743,200
Architectural and Engineering		
Design	\$ 1,040,300	
Document Preparation	\$ 34,800	
Interface With Agencies	\$ 35,000	
Project Monitoring	\$ 30,000	
Misc./Other	<u>\$ 50,000</u>	
		\$ 1,190,100
Consulting and Other Fees		
Zoning and Local Approvals	\$ 175,000	
CON-Related	\$ 100,000	
Project Management	\$ 650,000	
Interior Design	\$ 150,000	
Insurance	\$ 90,000	
IT-Related Consulting	\$ 125,000	

ATTACHMENT 7

Commissioning	\$ 50,000	
Equipment Planning	\$ 45,000	
Misc./Other	\$ 200,000	
		\$ 1,585,000
Movable Equipment		
Emergency Department	\$ 2,520,000	
ED Observation	\$ 630,000	
Imaging	\$ 880,000	
Ambulance and EMS	\$ 25,000	
Admin. and Staff Areas	\$ 50,000	
Misc./Other	\$ 100,000	
		\$ 4,205,000
Other Costs to be Capitalized		
Phasing @7%	\$ 943,471	
IT System Enhancement	\$ 1,050,000	
Security System	\$ 125,000	
Temporary Relocation	\$ 40,000	
Misc./Other	\$ 200,000	
		<u>\$ 2,358,471</u>
TOTAL USES OF FUNDS		\$ 23,226,721
SOURCES OF FUNDS		
Cash from Ascension Health	\$ 23,226,721	
TOTAL SOURCES OF FUNDS		\$ 23,226,721

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Square Feet That is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Emergency Dept.	\$ 15,511,892	20,760	28,630	2,070	26,560		
Observation	\$ 705,086	-	2,100		2,100		
General Radiology	\$ 1,410,172	1,040	1,040		1,040		
	\$ 17,627,150	21,800	31,770	2,070	29,700		
Non-Reviewable							
Ambulance Portal	\$ 1,525,888	4,930	3,490	3,490			2,070
Public Areas	\$ 1,806,828	3,150	3,560	410	3,150		
Administrative	\$ 615,953	1,350	1,350		1,350		
Staff Areas	\$ 1,007,923	2,090	2,090		2,090		
EMS	\$ 223,983	280	390	240	150		
Security	\$ 111,991	240	240		240		
Utilities	\$ 156,788	480	480		480		
DGSF>>BGSF	\$ 179,186		360	360			
	\$ 5,599,571	12,520	11,960	4,500	7,460		
TOTAL PROJECT	\$ 23,226,721	34,320	43,730	6,570	37,160		

BACKGROUND

Attached are a photocopy of AMITA Health St. Alexius Medical Center's IDPH license and confirmation of the hospital's accreditation.

Applicant Ascension Health owns, operates and/or controls the following Illinois licensed health care facilities:

AMITA Health Adventist Medical Center Bolingbrook
Bolingbrook, IL IDPH #5496

AMITA Health Adventist Medical Center GlenOaks
Glendale Heights, IL IDPH #3814

AMITA Health Adventist Medical Center Hinsdale
Hinsdale, IL IDPH #0976

AMITA Health Adventist Medical Center La Grange
La Grange, IL IDPH #5967

AMITA Health Alexian Brothers Medical Center Elk Grove Village
Elk Grove Village, IL IDPH #2238

AMITA Health St. Alexius Medical Center Hoffman Estates
Hoffman Estates, IL IDPH #5009

AMITA Health Alexian Brothers Behavioral Health Hospital
Hoffman Estates, IL

AMITA Health Holy Family Medical Center Des Plaines
Des Plaines, IL

AMITA Health Resurrection Medical Center Chicago
Chicago, IL IDPH #6031

ATTACHMENT 11

AMITA Health Saint Francis Hospital Evanston
Evanston, IL IDPH #5991

AMITA Health Saint Joseph Hospital Chicago
Chicago, IL IDPH #5983

AMITA Health Mercy Medical Center Aurora
Aurora, IL IDPH #4903

AMITA Health Saint Joseph Hospital Elgin
Elgin, IL IDPH #4887

AMITA Health Saint Joseph Medical Center Joliet
Joliet, IL IDPH #4838

AMITA Health St. Mary's Hospital Kankakee
Kankakee, IL IDPH #4879

AMITA Health Saint Elizabeth Hospital
Chicago, IL IDPH #6015

AMITA Health Saint Mary Hospital Chicago
Chicago, IL IDPH #6007

Lakeshore Gastroenterology
Des Plaines, IL


Belmont/Harlem Surgery Center
Chicago, IL IDPH #7003131

Lincoln Park Gastroenterology Center
HFSRB Permit #20-12

With the signatures provided on the Certification pages of this Certificate of Need("CON") application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this CON application. Further, with the signatures provided on the Certification pages of this CON application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted,

including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

 Illinois Department of PUBLIC HEALTH			HF 121755	
LICENSE, PERMIT, CERTIFICATION, REGISTRATION				
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>				
Ngozi O. Ezike, M.D. Director			<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small> 01/31/2022	<small>CATEGORY</small> General Hospital	<small>LA NUMBER</small> 0004994		
			Effective: 02/01/2021	
St Alexius Medical Center 1555 Barrington Rd Hoffman Estates, IL 60169				
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #18-493-001 10M 9/18</small>				

Exp. Date 01/31/2022
Lic Number 0004994

Date Printed 11/24/2020

St Alexius Medical Center
1555 Barrington Rd
Hoffman Estates, IL 60169

FEE RECEIPT NO.



February 11, 2020

Polly Davenport
CEO
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates , IL 60169

Joint Commission ID #: 5173
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 2/11/2020

Dear Ms. Davenport:

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 November 9, 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

PURPOSE OF THE PROJECT

The proposed modernization project is primarily limited to the replacement of AMITA Health St. Alexius Medical Center's ("SAMC's") Emergency Department ("ED"). It should be noted that SAMC shares its campus with AMITA Health Alexian Brothers Behavioral Health Hospital ("ABBHH"), and provides the ED function for ABBHH. ABBHH is one of the largest psychiatric hospitals (141 beds) in the metropolitan Chicago area.

The proposed replacement ED will improve a number of facility-related issues, including a general disjointed layout resulting from a number of minor reconfigurations undertaken over the past thirty years, difficulties with the separation of mental health from medical patients, challenges relating to patient and staff privacy, and an inadequate amount of support space.

The addressing of these issues, as proposed in this Certificate of Need application and resultant project will improve the healthcare and well-being of the market area population historically looking to SAMC for ED services.

The geographic service area ("GSA"), as defined by the HFSRB, includes those ZIP Code areas located within ten miles of the hospital, and as identified in the attached table. There are a total 42 ZIP Codes within the GSA, 22 of which are residential, with a 2023 population of approximately 810,033 per ESRI. Those ZIP Code areas are identified in the following table.

ZIP Code	Community
<u>60169</u>	HOFFMAN ESTATES
<u>60004</u>	ARLINGTON HEIGHTS
<u>60005</u>	ARLINGTON HEIGHTS
<u>60006</u>	ARLINGTON HEIGHTS
<u>60007</u>	ELK GROVE VILLAGE
<u>60008</u>	ROLLING MEADOWS
<u>60009</u>	ELK GROVE VILLAGE
<u>60010</u>	BARRINGTON
<u>60011</u>	BARRINGTON
<u>60038</u>	PALATINE
<u>60055</u>	PALATINE
<u>60067</u>	PALATINE
<u>60074</u>	PALATINE
<u>60078</u>	PALATINE
<u>60094</u>	PALATINE
<u>60095</u>	PALATINE
<u>60101</u>	ADDISON
<u>60103</u>	BARTLETT
<u>60107</u>	STREAMWOOD
<u>60108</u>	BLOOMINGDALE
<u>60116</u>	CAROL STREAM
<u>60117</u>	BLOOMINGDALE
<u>60120</u>	ELGIN
<u>60121</u>	ELGIN
<u>60122</u>	CAROL STREAM
<u>60123</u>	ELGIN
<u>60128</u>	CAROL STREAM
<u>60132</u>	CAROL STREAM
<u>60133</u>	HANOVER PARK
<u>60139</u>	GLENDALE HEIGHTS
<u>60143</u>	ITASCA
<u>60157</u>	MEDINAH

<u>60159</u>	SCHAUMBURG
<u>60168</u>	SCHAUMBURG
<u>60172</u>	ROSELLE
<u>60173</u>	SCHAUMBURG
<u>60179</u>	HOFFMAN ESTATES
<u>60184</u>	WAYNE
<u>60188</u>	CAROL STREAM
<u>60191</u>	WOOD DALE
<u>60192</u>	HOFFMAN ESTATES
<u>60193</u>	SCHAUMBURG
<u>60194</u>	SCHAUMBURG
<u>60195</u>	SCHAUMBURG
<u>60196</u>	SCHAUMBURG
<u>60197</u>	CAROL STREAM
<u>60199</u>	CAROL STREAM

While the hospital's ED primarily serves the population of the HFSRB-defined GSA, a 2020 ED patient origin analysis clearly shows that the vast majority of the hospital's ED patients reside in a more limited component of the GSA. The table on the following page identifies nearly 80% of the hospital's ED patients as residing within one of fourteen far northwest suburban ZIP Code areas.

ZIP Code	Community	%	Cumulative %
60107	Streamwood	15.8%	15.8%
60169	Hoffman Estates	13.1%	28.9%
60133	Hanover Park	11.6%	40.6%
60120	Elgin	6.4%	47.0%
60194	Schaumburg	5.8%	52.8%
60193	Schaumburg	5.8%	58.6%
60110	Carpentersville	5.4%	64.0%
60103	Bartlett	5.0%	69.0%
60192	Hoffman Estates	2.7%	71.7%
60123	Elgin	2.1%	73.8%
60010	Barrington	2.0%	75.8%
60172	Roselle	1.3%	77.1%
60067	Palatine	1.1%	78.3%
60173	Schaumburg	1.0%	79.3%
other ZIP Code areas with <1.0%		20.7%	100.0%

ALTERNATIVES

The applicants, having evaluated alternatives to the proposed project, and believe that the proposed project is the most reasonable approach available to address the need to modernize the hospital's emergency department and associated areas.

The two most viable alternatives to the proposed project were: 1) the relocating of the project's behavioral health and pediatric components to AMITA Health Alexian Brothers Behavioral Health Hospital and SAMC's Women's and Children's pavilion; and 2) building an entirely new ED, with the associated areas included in the proposed project, on an alternative site on the SAMC campus. Accessibility to care and the quality of care under these two alternatives are identical to that of the proposed project.

The operating costs for the alternatives of bifurcating the behavioral health and pediatrics components of SAMC's ED from the general adult functions would be greater than the proposed project because they would require duplicative support staff to operate the bifurcated three sites of care. In addition, under these alternatives, the ability to treat the medical needs of patients with primary diagnosis of a behavioral health issue would be lost with the relocation of the ED's behavioral health component outside of SAMC. Last, under the alternatives, the required ED support space would cause the total square footage per treatment station to far exceed norms due to the small number of pediatric and behavioral health stations needed to address demand.

The primary benefit to relocating SAMC's ED to another location on the hospital campus, would be the elimination of the service disruptions and phasing-related costs that will result from the proposed project, which includes a great deal of modernization to the existing ED. However,

the construction costs associated with this alternative would exceed that of the proposed project (assuming a similar size) by approximately \$5.2-6M.

SIZE OF PROJECT

The proposed project includes two functional areas having HFSRB-adopted space standards, and the project is being planned consistent with those standards.

The Emergency Department ("ED") will consist of 36 stations, and will occupy a total of 28,630 DGSF, or 795 DGSF per station. 2,070 DGSF will be provided through new construction, with the balance being provided through the renovation of existing space.

Two general radiology unit will be provided for the use of ED patients, and will be provided through the renovation of 1,040 DGSF.

The space to be provided for both of the functions discussed above is needed and not excessive.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Emergency Dept. (36)	28,630	32,400	(3,770)	YES
General Radiology (2)	1,040	2,600	(1,560)	YES

PROJECT SERVICES UTILIZATION

The proposed project includes two services having HFSRB-adopted utilization standards, those being the Emergency Department (“ED”) and the general radiology units to be embedded within the ED. Thirty-six ED stations and two general radiology units are included in the project. The HFSRB does not have adopted utilization standards for the other clinical and non-clinical areas included in the project.

Emergency Department

During the three-year period ending December 31, 2019 (2020 data was not used due to the episodic impact of the Covid-19 pandemic on utilization), the average annual number of patients treated in the ED was 67,521. For planning purpose, and because the number of actual 2020 ED visits is misleading and does not represent the demand that would be anticipated under normal circumstances, the average number of annual visits experienced between 2017 and 2019 (67,521) was used to estimate 2020 utilization.

Future utilization of the ED is projected to increase by 0.5% annually, through the completion of the project in 2025, and at an annual rate of 1.0% during the subsequent two years. Given that, per the population projections used in the HFSRB’s *Inventory of Health Care Facilities and Services and Need Determinations*, Planning Area A-07’s 65+ age group population is projected to increase by 6.1% between 2017 and 2020 (the most current projections available), the 0.5% and 1.0% annual growth rates are viewed as being very conservative. The impact of the projected growth in utilization is provided below:

2020 estimated # of visits:	67,521
2021 projection with 0.5% growth:	67,859
2022 projection with 0.5% growth:	68,198

2023 projection with 0.5% growth:	68,539
2024 projection with 0.5% growth:	68,882
2025 projection with 0.5% growth:	69,226
2026 projection with 1.0% growth:	69,918
2027 projection with 1.0% growth:	70,617

Based on the HFSRB-adopted standard of 2,000 visits per ED station, the proposed 36 stations are justified.

Imaging

The hospital currently has seven general radiology units (two of which are located in the ED), and that number is not anticipated to change as a result of the proposed project. On average, between 2017 and 2019 65,672 general radiology procedures were performed at the hospital; and with overall hospital utilization projected to remain relatively constant, it is not anticipated that the proposed project will result in a need for additional general radiology units.

The HFSRB-adopted utilization standard for general radiology equipment is 8,000 procedures per unit, annually. With an average of approximately 65,700 procedures being performed annually on the hospital's seven units between 2017 and 2019, and no significant changes to utilization anticipated as a result of the proposed project, the existing/proposed number of general radiology units is consistent with the HFSRB-adopted standard.

	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
	YEAR 1	YEAR 2		
ED Stations	69,918	70,617	70,001	YES
Gen'l Radiology	59,800	59,800	48,001	YES

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project addresses three functional areas: Emergency Department (“ED”) and ED observation, as well as limited imaging to be included in the ED. The hospital currently provides both ED and general radiology services, but does not provide ED observation.

The ED is located on the east side of the hospital’s first floor. That portion of the hospital’s physical plant was designed and constructed in the 1980’s, and has received minimal substantive physical plant upgrading since that time.

The proposed project will improve facility-related challenges, including addressing inadequate physical separations between treatment areas addressing the needs of the “general” patient population, and areas dedicated to the department’s substantial commitment to the provision of behavioral health ED services (the hospital shares a campus with the 141-bed AMITA Health Alexian Brothers Behavioral Health Hospital, and provides the ED function for that facility). Also, the proposed project will address challenges in current state’s reliance on numerous treatment rooms inadequately sized to accommodate contemporary equipment, a disjointed “path of treatment”, visual and audio privacy, and insufficient supply and equipment storage space.

Emergency Department

The ED, through a combination of new construction and renovation, will essentially be replaced through the proposed project.

During the three-year period ending December 31, 2019 (2020 data was not used due to the episodic impact of the Covid-19 pandemic on utilization), the average annual number of patients treated in the ED was 67,521. For planning purpose, and because the number of actual 2020 ED visits is misleading and does not represent the demand that would be anticipated under normal circumstances, the average number of annual visits experienced between 2017 and 2019 (67,521) was used to estimate 2020 utilization.

Future utilization of the ED is projected to increase by 0.5% annually, through the completion of the project in 2025, and at an annual rate of 1.0% during the subsequent two years. Given that, per the population projections used in the HFSRB's *Inventory of Health Care Facilities and Services and Need Determinations*, Planning Area A-07's 65+ age group population is projected to increase by 6.1% between 2017 and 2020 (the most current projections available), the 0.5% and 1.0% annual growth rates are viewed as being very conservative. The impact of the projected growth in utilization is provided below:

2020 estimated # of visits:	67,521
2021 projection with 0.5% growth:	67,859
2022 projection with 0.5% growth:	68,198
2023 projection with 0.5% growth:	68,539
2024 projection with 0.5% growth:	68,882
2025 projection with 0.5% growth:	69,226
2026 projection with 1.0% growth:	69,918
2027 projection with 1.0% growth:	70,617

Based on the HFSRB-adopted standard of 2,000 visits per ED station, the proposed 36 stations are justified.

Observation Unit

A six-station observation unit will be located adjacent to the ED, to be used by patients having been treated in the ED, and who are typically awaiting laboratory results and/or a decision on whether or not to be admitted to an inpatient unit.

It is anticipated that approximately 15% of the patients seen in the ED will occupy an observation unit bed, with the average length of stay being approximately 4 hours. These patients will all be adult non-behavioral health patients. Based on a targeted occupancy rate of 75%, the need for six stations was determined.

Imaging

As is commonplace in all but the smallest of EDs, imaging capabilities, designed for use by ED patients exclusively, are incorporated into the design of the ED. This negates the need to transport ED patients to the hospital's imaging department, shortens the patient's length of stay in the ED, and diminishes delays in the imaging department resulting from the arrival of unscheduled patients. The existing ED provides two general radiology units, and there are no plans to expand that capability incorporated into the proposed project.

The hospital currently has seven general radiology units, and that number is not anticipated to change as a result of the proposed project. On average, between 2017 and 2019 65,672 general radiology procedures were performed at the hospital; and with ED utilization projected to remain relatively constant, it is not anticipated that the proposed project will result in a need for additional general radiology units.



Moody's INVESTORS SERVICE

Print Export PDF

Rating Action: Moody's affirms Ascension's Aa2, Aa2/VMIG 1, Aa3, Aa3/VMIG 1 & P-1 ratings; stable outlook

29 Oct 2020

New York, October 29, 2020 – Moody's Investors Service affirmed Ascension Health Alliance's (d/b/a Ascension) Aa2 and Aa2/VMIG 1 senior debt ratings, Aa3 and Aa3/VMIG 1 subordinated debt ratings, and P-1 commercial paper rating. We also affirmed the Aa2 rating for Presence Health's (IL) Series 2018C bonds, which are secured under Ascension's master trust indenture. We affirmed the Aa2 rating for Hospital de la Concepcion's Series 2017A and the Aa2/VMIG 1 rating for St. Vincent de Paul Center's Series 2000A bonds, both of which are guaranteed by Ascension. These actions affect approximately \$7.4 billion of outstanding debt. The outlook is stable.

Please click on this link http://www.moody's.com/viewresearchdoc.aspx?docid=PBM_PBM906816793 for the List of Affected Credit Ratings. This list is an integral part of this Press Release and identifies each affected issuer.

RATINGS RATIONALE

The Aa2 affirmation reflects Moody's view that Ascension's large, diversified portfolio of sizable hospitals as one of the largest not-for-profit healthcare systems in the US, centralized management model, and strong liquidity will allow it to manage pandemic challenges while driving margin improvement. Further, investments in key markets and growth opportunities in non-acute care business lines will position the system to resume its pre-COVID trend of cashflow growth. The system's centralized governance and operating model, along with greater focus on consolidating certain outpatient clinical service lines, will provide a strong platform for further efficiencies and accelerated growth strategies. Liquidity will remain strong even after repaying the Medicare advances. Capital spending will increase to fund strategic initiatives, but we expect the system will align spending with cashflow generation as it has done in the past. Modest near-term margins from the material impact of COVID will elevate the system's operating leverage, but steady cashflow growth will improve this metric. The pace of operating improvement will be challenged by a potentially prolonged volume recovery due to new outbreaks and a likely increase in Medicaid amid the economic downturn. The Aa3 long-term subordinated rating reflects the contractual subordination of the related bonds.

The Aa2 affirmations and stable outlooks for St. Vincent de Paul Center and Hospital De La Concepcion are based on Ascension's legal guarantee of each entity's bonds. Ascension provides an irrevocable and unconditional guarantee covering full and timely payment of all scheduled payments of principal and interest on related bonds.

The P-1 commercial paper rating and VMIG 1 short-term bond ratings are based on the system's strong debt and treasury management and strong liquidity to pay maturing commercial paper notes or unremarketed bonds.

RATING OUTLOOK

The stable outlook reflects expected improvement in margins in FY 2021, which will be driven by volume recovery, cost management and already received federal relief grants. Accelerated growth strategies will drive further improvement beyond 2021. Strong liquidity will provide sufficient resources to repay Medicare advances. The stable outlook anticipates no new material debt outside of acquisitions and that any acquisitions or mergers will not be significantly dilutive to key credit measures nor present high execution risk.

FACTORS THAT COULD LEAD TO AN UPGRADE OF THE RATINGS

- Significant and sustained improvement in operating margins
- Reduction in leverage and improved debt metrics
- Continued diversification of non-acute care revenues
- Short-term ratings: not applicable

FACTORS THAT COULD LEAD TO A DOWNGRADE OF THE RATINGS

- Inability to progressively improve margins
- Significant increase in leverage
- Materially dilutive merger or acquisition
- Notable sustained decline in liquidity
- Prolonged recovery from or significant resurgence of COVID
- Short-term ratings: downgrade of long-term rating or material reduction of liquidity

LEGAL SECURITY

Security for the senior bondholders is a revenue pledge of the senior credit group. Security for the subordinated bondholders is an unsecured general obligation of Ascension and the bonds are subordinate to all outstanding senior bonds. No debt service reserve funds are in place. Replacement of the master indenture is allowed without bondholder consent if certain conditions are met, including rating agency confirmations of no rating impact. Members of the subordinate credit group are identical to those in the senior credit group.

PROFILE

Ascension is one of the largest not-for-profit healthcare systems in the U.S. with \$25 billion in revenue, operating 150 hospitals in 20 states and D.C.

METHODOLOGY

The principal methodology used in these long term ratings was Not-For-Profit Healthcare published in December 2018 and available at https://www.moody's.com/researchdocumentcontentpage.aspx?docid=PBM_1154632. The principal methodology used in these short term ratings was Short-term Debt of US States, Municipalities and Nonprofits Methodology published in July 2020 and available at https://www.moody's.com/researchdocumentcontentpage.aspx?docid=PBM_1210749. The principal methodology used in the long-term term ratings for entities guaranteed by Ascension was Rating Transactions Based on the Credit Substitution Approach: Letter of Credit-backed, Insured and Guaranteed Debts published in May 2017 and available at https://www.moody's.com/researchdocumentcontentpage.aspx?docid=PBC_1068154. Alternatively, please see the Rating Methodologies page on www.moody's.com for a copy of these methodologies.

REGULATORY DISCLOSURES

The List of Affected Credit Ratings announced here are all solicited credit ratings. Additionally, the List of Affected Credit Ratings includes additional disclosures that vary with regard to some of the ratings. Please click on this link http://www.moody's.com/viewresearchdoc.aspx?docid=PBM_PBM906816793 for the List of Affected Credit Ratings. This list is an integral part of this Press Release and provides, for each of the credit ratings covered, Moody's disclosures on the following items:

Related Issuers

Ascension Health Alliance
Connecticut Health & Educational Fac. Auth.
Hospital De La Concepcion
Illinois Development Finance Authority
Illinois Finance Authority

Related Research

- @Credit Opinion: Ascension Health Alliance: Update to credit analysis
- @Credit Opinion: Ascension Health Alliance: Update to credit analysis
- @Credit Opinion: Ascension Health Alliance: Update to credit analysis
- @Credit Opinion: CWA Authority, Inc., IN: Update to credit analysis following rating upgrade
- @Credit Opinion: Hanover College, IN: Update to credit analysis following revision of outlook to negative

ATTACHMENT 33

- Participation: Access to Management
- Participation: Access to Internal Documents
- Disclosure to Rated Entity
- Endorsement

For further specification of Moody's key rating assumptions and sensitivity analysis, see the sections Methodology Assumptions and Sensitivity to Assumptions in the disclosure form. Moody's Rating Symbols and Definitions can be found at: https://www.moody's.com/research/document/contentpage.aspx?docid=PBC_79004.

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Moody's general principles for assessing environmental, social and governance (ESG) risks in our credit analysis can be found at https://www.moody's.com/research/document/contentpage.aspx?docid=PBC_1133569.

Please see www.moody's.com for any updates on changes to the lead rating analyst and to the Moody's legal entity that has issued the rating.

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ATTACHMENT 33

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$ (A x C)	Modernization \$ (B x E)	Costs (G + H)
	New	Mod.	New	Circ.	Mod.	Circ.			
Reviewable									
Emergency Dept.	\$ 425.00	\$ 285.00	2,070		26,560		\$ 879,750	\$ 7,569,600	\$ 8,449,350
Gen'l Radiology		\$ 340.00			1,040			\$ 353,600	\$ 353,600
Observation		\$ 190.00			2,100			\$ 399,000	\$ 399,000
Contingency	\$ 20.00	\$ 20.00					\$ 41,400	\$ 594,000	\$ 635,400
Total	\$ 445.00	\$ 300.21	2,070		29,700		\$ 921,150	\$ 8,916,200	\$ 9,837,350
Non-Reviewable-Hosp.									
Ambulance Portal	\$ 300.00		3,490				\$ 1,047,000		\$ 1,047,000
Public Areas	\$ 380.00	\$ 275.00	410		3,150		\$ 155,800	\$ 866,250	\$ 1,022,050
Administrative		\$ 275.00			1,350			\$ 371,250	\$ 371,250
Staff Areas		\$ 275.00			2,090			\$ 574,750	\$ 574,750
EMS Area	\$ 320.00	\$ 225.00	240		150		\$ 76,800	\$ 33,750	\$ 110,550
Security		\$ 225.00			240			\$ 54,000	\$ 54,000
Utilities		\$ 200.00			480			\$ 96,000	\$ 96,000
DGSF>>>BGSF	\$ 350.00		360				\$ 126,000		\$ 126,000
Contingency	\$ 20.00	\$ 20.00					\$ 90,000	\$ 149,200	\$ 239,200
Total	\$ 332.36	\$ 287.56	4,500		7,460		\$ 1,495,600	\$ 2,145,200	\$ 3,640,800
PROJECT TOTAL	\$ 367.85	\$ 297.67	6,570		37,160		\$ 2,416,750	\$ 11,061,400	\$ 13,478,150

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

#21-013

AMITA Health St. Alexius Medical Center-2027

Projected Adj. Pt. Days:	<u>812,967,200</u>	
	13,513	60,162

Year 2 OPERATING COST per ADJUSTED PATIENT DAY

Salaries & Benefits	\$129,207,816
Medical Supplies	<u>\$52,311,655</u>
	\$181,519,471

per Adjusted Patient Day: \$ 3,017.17

YEAR 2 CAPITAL COST per ADJUSTED PATIENT DAY

Interest	\$ 9,960,950
Depreciation	\$ 19,513,744
Amortization	<u>\$ 104,638</u>
	\$ 29,579,332

per Adjusted Patient Day: \$ 60,162

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

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Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

April 14, 2021

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

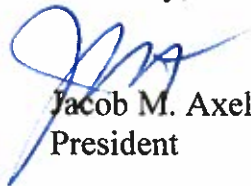
Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Need ("CON") application filed on behalf of St. Alexius Medical Center and Ascension Health, addressing the replacement of St. Alexius Medical Center's Emergency Department.

The application is accompanied by a check, in the amount of \$2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,



Jacob M. Axel
President

enclosures