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 Resurrection Medical Center Chicago Modernization Project				
Street Address:	7435 West Talcott Avenue				
City and Zip Code:	Chicago, IL 60631				
County:	Cook	Health Service Area:	VI	Health Planning Area:	A-01

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

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	
	Other				

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	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:	

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: Presence Chicago Hospitals Network
Address of Site Owner: 2601 Navistar Drive Lisle, IL 60532
Street Address or Legal Description of the Site: 7435 West Talcott Avenue Chicago, IL 60631 **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:	Presence Chicago Hospitals Network
Address:	2601 Navistar Drive Lisle, IL 60532

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	
	Other				

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which 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

X Non-substantive

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

Land acquisition is related to project ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes X 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 $ N/A.

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
X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2027

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

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.

The applicants propose, through this Certificate of Need application, a limited-scope "Non-Substantive" modernization project at AMITA Health Resurrection Medical Center Chicago. The primary clinical focuses of the project are the replacement of the hospital's Emergency Department and the modernization of the hospital's perioperative services.

Upon the completion of the proposed project, the hospital's number of operating rooms will be reduced from 11 to 10 and the number of ED stations will increase from 22 to 23.

The hospital's Emergency Department ("ED") will be relocated through a combination of new construction at the front of the hospital and renovation to a portion of the first-floor lobby. The ED was originally built during the 1950's, is located at the rear of the hospital, greatly compromising accessibility and patient wayfinding, and no longer provides a contemporary treatment setting.

The hospital's perioperative services (pre-op, surgery, and recovery) are located on the second floor of the hospital. Through the proposed project, which is limited to renovation of existing space:

- under-sized operating rooms (also built during the 1950's) will be replaced,
- surgical support space will be expanded,
- the existing PACU/Stage 1 recovery area will be replaced, and
- a Stage 2 recovery area, consolidating multiple of Stage 2 recovery areas will be developed.

The perioperative facility improvements identified above will be addressed primarily through the re-designation of existing perioperative areas and the central sterile department, as well as the use of currently-vacant adjacent space.

In addition to the primary project components noted above, the project will include a new main hospital entrance and lobby, the construction of an ambulance portal, and the relocation of the central sterile department into the lower level space currently occupied by the ED.

The project is classified as "Non-Substantive" because it does not address a HFSRB-designated "category of service".

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	$ 344,250	$ 80,750	$ 425,000
Site Survey and Soil Investigation	$ 8,100	$ 1,900	$ 10,000
Site Preparation	$ 680,400	$ 159,600	$ 840,000
Off Site Work			
New Construction Contracts	$ 14,117,795	$ 2,569,220	$ 16,687,015
Modernization Contracts	$ 14,778,470	$ 9,735,870	$ 24,514,340
Contingencies	$ 2,376,210	$ 1,230,060	$ 3,606,270
Architectural/Engineering Fees	$ 2,355,080	$ 1,284,920	$ 3,640,000
Consulting and Other Fees	$ 3,171,150	$ 743,850	$ 3,915,000
Movable and Other Equipment (not in construction contracts)	$ 21,469,300	$ 7,940,700	$ 29,410,000
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space			
Fair Market Value of Leased Equipment			
Other Costs to be Capitalized	$ 16,873,227	$ 3,957,917	$ 20,831,144
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	**$ 76,173,982**	**$ 27,704,787**	**$ 103,878,769**
Sources of Funds:			
Cash and Securities	$ 76,173,982	$ 27,704,787	$ 103,878,769
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 76,173,982**	**$ 27,704,787**	**$ 103,878,769**

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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 Resurrection Medical Center Chicago		**CITY:** Chicago			
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	197	8,332	48,278	None	197
Obstetrics	17	1,163	3,108	None	17
Pediatrics	17	44	80	None	17
Intensive Care	41	1,914	7,060	None	41
Comprehensive Physical Rehabilitation	65	873	10,303	None	65
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	337	12,326	68,829	None	337

CERTIFICATION

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

- In the case of a corporation, any two of its officers or members of its Board of Directors;
- 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 __Presence Chicago Hospitals Network d/b/a Resurrection Medical Center Chicago__* 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

Thor Thordarson
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of May, 2021

Signature of Notary

Seal

OFFICIAL SEAL
DEBORAH A WEAVER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/31/23

SIGNATURE

Julie P. Roknich
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of May

Signature of Notary

Seal

OFFICIAL SEAL
DEBORAH A WEAVER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/31/23

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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.

Christine K. McCoy	
SIGNATURE	SIGNATURE
Christine K. McCoy	Matthew Jagger
PRINTED NAME	PRINTED NAME
Secretary & General Counsel	Treasurer for Ascension Health
PRINTED TITLE	PRINTED TITLE
Notarization Subscribed and sworn to before me this _____ day of _____	Notarization Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	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:

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
Emergency Department	**21**	**23**
ED Observation	**0**	**6**
Surgery	**11**	**10**
Recovery (Stages 1 and 2)	**30**	**50**
General Radiology	**6**	**6**
CT	**2**	**3**
Ultrasound	**5**	**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 ATTACHMENT 30, 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]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		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 timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable 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:
		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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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.

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			
	2017	2018	2019
Net Patient Revenue	$268,950,549	$270,527,023	$279,849,066
Amount of Charity Care (charges)	$15,804,220	$26,464,561	$19,822,361
Cost of Charity Care	$2,616,050	$2,356,343	$2,086,576

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 Resurrection Medical Center Chicago is not located in a flood plain hazard area, nor is it located in a 500-year flood plain.

#21-017

File Number 6783-860-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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 .

Authentication #: 2023902944 verifiable until 08/28/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

27

ATTACHMENT 1

#21-017

File Number 3128-198-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, 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* 26TH *day of* AUGUST *A.D.* 2020 .

Authentication #: 2023802912 verifiable until 08/26/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

28

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need ("COE") application, the applicants attest that the AMITA Health Resurrection Medical Center Chicago site is owned by Presence Chicago Hospitals Network.

#21-017

File Number 3128-198-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, 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* 26TH *day of* AUGUST *A.D.* 2020 .

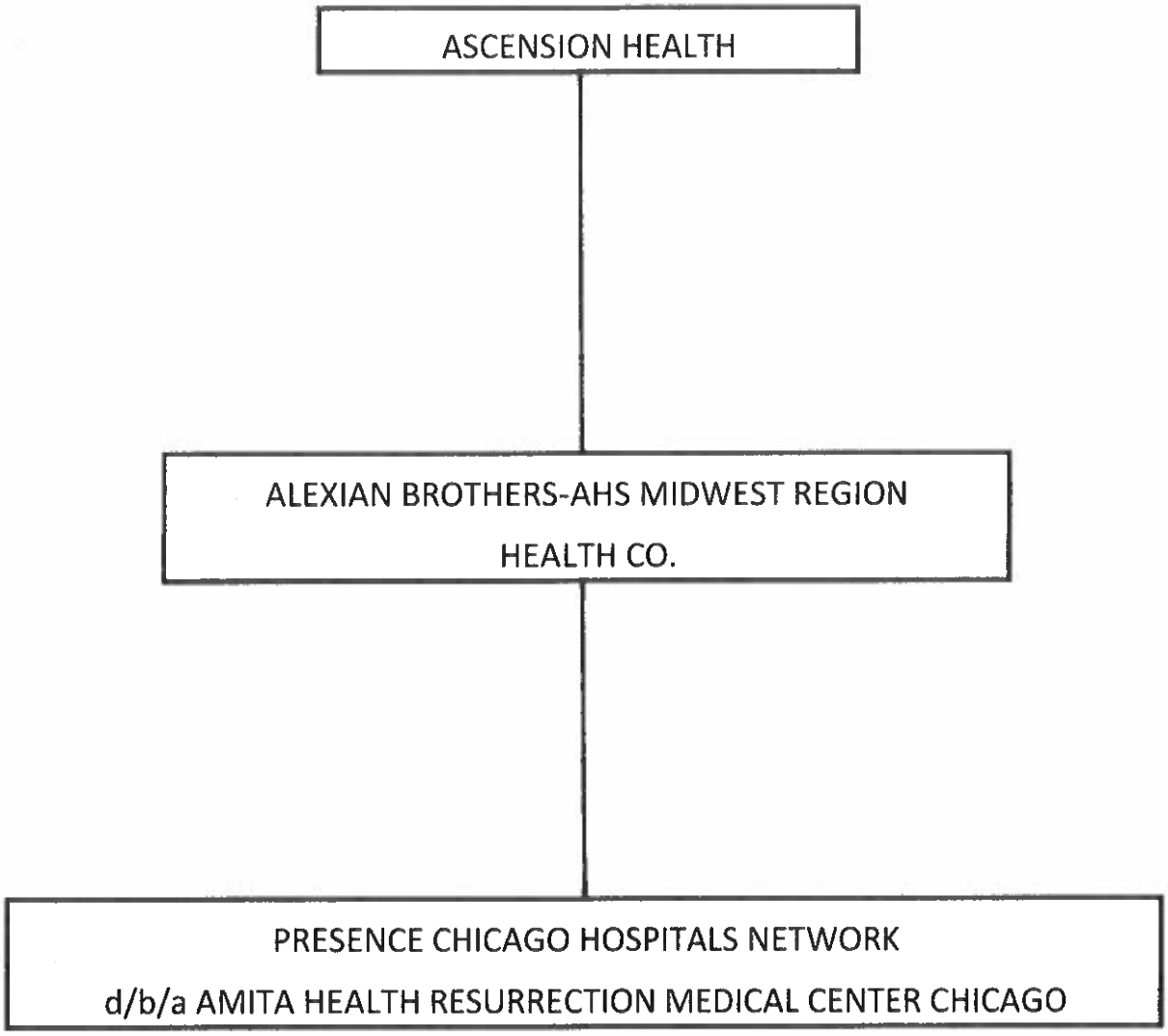
Jesse White

SECRETARY OF STATE

Authentication #: 2023902912 verifiable until 08/26/2021
Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 3

ORGANIZATIONAL CHART



ATTACHMENT 4

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 north side of and renovation to selected areas within AMITA Health Resurrection Medical Center Chicago, comply with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.

ATTACHMENT 5

National Flood Hazard Layer FIRMette

FEMA

87°49'6"W 41°59'28"N

Legend

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

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) Zone A, V, A99
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainag areas of less than one square mile Zone
- 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

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMRs
- Area of Undetermined Flood Hazard Zon

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- 20.2 / 17.5 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

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

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

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 2/2/2021 at 11:20 AM 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 regulatory purposes.

#21017

#21-017

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

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,

Robert F. Appleman
Deputy State Historic
Preservation Officer

ATTACHMENT 6

PROJECT COSTS and
SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs			
Evaluation of Alternatives	$	50,000	
Arch./Consult. Selection	$	75,000	
Pre-Arch. Functional Plan.	$	200,000	
Internal Approval Process	$	50,000	
Misc./Other	$	50,000	
			$ 425,000
Site Survey & Soil Investigation			
Loading Analysis	$	10,000	
			$ 10,000
Site Preparation			
Driveways and Walkways	$	80,000	
Parking	$	150,000	
Repairs from Demolition	$	50,000	
Exterior Signage	$	80,000	
Landscaping	$	240,000	
Exterior Lighting	$	90,000	
Misc./Other	$	150,000	
			$ 840,000
New Construction Contracts			
Per ATTACHMENT 36C			$ 16,687,015
Modernization Contracts			
Per ATTACHMENT 36C			$ 24,514,340
Contingencies			
New Construction	$	1,212,000	
Modernization	$	2,394,270	
			$ 3,606,270
Architectural and Engineering			
Design	$	3,300,000	
Document Preparation	$	75,000	
Interface with Agencies	$	65,000	
Project Monitoring	$	100,000	
Misc./Other	$	100,000	
			$ 3,640,000
Consulting and Other Fees			
Zoning and Local Approvals	$	250,000	
CON-Related	$	125,000	
Project Management	$	1,500,000	

ATTACHMENT 7

PROJECT COSTS and
SOURCES OF FUNDS

Interior Design	$	275,000	
Insurance	$	225,000	
IT-Related Consulting	$	300,000	
Commissioning	$	150,000	
Equipment Planning	$	100,000	
Interior Signage	$	150,000	
Engineering Peer Review	$	75,000	
Exterior Signage Design	$	40,000	
Materials Testing	$	275,000	
Construction Management	$	250,000	
Misc./Other	$	200,000	
			$ 3,915,000
Movable Equipment			
Emergency Department	$	4,100,000	
ED Observation	$	294,000	
Stage 2 Recovery	$	2,929,000	
PACU/Stage 1 Recovery	$	1,465,000	
Surgery	$	15,622,000	
Sterile Processing	$	4,200,000	
Lobby & Waiting Areas	$	300,000	
Other Equip. & Furniture	$	500,000	
			$ 29,410,000
Other Costs to be Capitalized			
Demolition	$	200,000	
Phasing-Related @ 15%	$	6,721,144	
Elect. Upgrades/Replacement	$	4,250,000	
AH Upgrades/Replacement	$	3,450,000	
Equip. Planning	$	60,000	
IT System	$	5,850,000	
Security System	$	100,000	
Misc./Other	$	200,000	
			$ 20,831,144
TOTAL USES OF FUNDS			$ 103,878,769
SOURCES OF FUNDS			
Cash from Ascension Health	$	103,878,769	
TOTAL SOURCES OF FUNDS			$ 103,878,769

ATTACHMENT 7

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Square Feet That is:			
		Existing	Proposed	New Const.	Renovated	As Is	Vacated Space
Reviewable							
Emergency Dept.	$ 29,707,853	14,194	21,045	18,365	2,680		6,130
ED Observation	$ 2,209,045	-	1,635	1,635			
Gen'l Radiology	$ 2,132,871	848	1,200	1,200			848
CT	$ 3,199,307	-	1,686	1,686			
Ultrasound	$ 1,142,610	-	805	805			
Surgery	$ 27,422,634	19,758	26,628		26,628		
PACU/Stage 1 Recovery	$ 1,447,306	1,701	4,680		4,680		
Stage 2 Recovery	$ 8,912,356	4,826	13,559		13,559		
Total	$ 76,173,982		71,238	23,691	47,547		
Non-Reviewable-Hosp.							
Central Sterile	$ 11,232,726	4,505	8,155		8,155		3,651
Lobby	$ 1,413,601	4,100	1,447	453	994		
Public Areas/Gen'l Circ.	$ 6,167,348		5,986	3,574	2,412		
Staff Areas	$ 1,856,221		3,376		3,376		
On-Call Rooms	$ 133,114	4,513	156		156		
Administrative Areas	$ 454,753	15,280	15,668		388		
Cart and Gen'l Storage	$ 387,867	14,860	6,130		6,130		
Equipment Storage	$ 221,638	4,500	3,651		3,651		
Child Care Center	$ 3,823,918	7,980	7,000		7,000		7,980
Mech./Penthouse	$ 1,265,572		1,900	1,900			
DGSF>>>BGSF	$ 748,029		682	682			
Total	$ 27,704,787		54,151	6,609	32,262		
PROJECT TOTAL	$ 103,878,769		125,389	30,300	79,809		

BACKGROUND

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

Applicant Ascension Health owns, operates and/or controls the following Illinois licensed acute 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
Chicago, IL HFSRB Permit # 20-012

Additionally, Ascension Living, an affiliate of Ascension Health, operates and/or controls the following Illinois long term care facilities:

Presence Arthur Merkel and Clara Knipprath Nursing Home
Clifton, IL IDPH #21832

Presence Villa Scalabrini Nursing and Rehabilitation Center
Northlake, IL IDPH #44792

Presence Villa Franciscan
Joliet, IL IDPH# 42861

Presence Saint Joseph Center
Freeport, IL IDPH # 41871

Presence Saint Benedict Nursing and Rehabilitation Center
Niles, IL IDPH #44784

Presence Saint Anne Center
Rockford, IL IDPH #41731

Presence Resurrection Nursing and Rehabilitation Center
Park Ridge, IL IDPH #44362

Presence Resurrection Life Center
Chicago, IL IDPH #44354

Presence Our Lady of Victory Nursing Home
Bourbonnais, IL IDPH # 41723

Presence Nazarethville
Des Plaines, IL IDPH #54072

Presence McCauley Manor
Aurora, IL IDPH #42879

Presence Maryhaven Nursing Home and Rehabilitation Center
Glenview, IL IDPH #44768

Presence Heritage Village
Kankakee, IL IDPH #42457

Presence Cor Mariae Center
Rockford, IL IDPH #41046

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.

The Joint Commission

October 11, 2019

Re: # 3836
CCN: #140117
Program: Hospital
Accreditation Expiration Date: July 20, 2022

Scott Teffeteller
SVP, Regional Operating Officer, Chicago Metro
Presence Chicago Hospital Network
7435 West Talcott Avenue
Chicago, Illinois 60631-3746

Dear Mr. Teffeteller:

This letter confirms that your July 15, 2019 - July 19, 2019 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on October 10, 2019, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 20, 2019.

The Joint Commission is also recommending your organization for continued Medicare certification effective July 20, 2019. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location:

Presence Chicago Hospitals Network
d/b/a AMITA Resurrection Medical Center Chicago
7435 W Talcott Ave, Chicago, IL, 60631

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

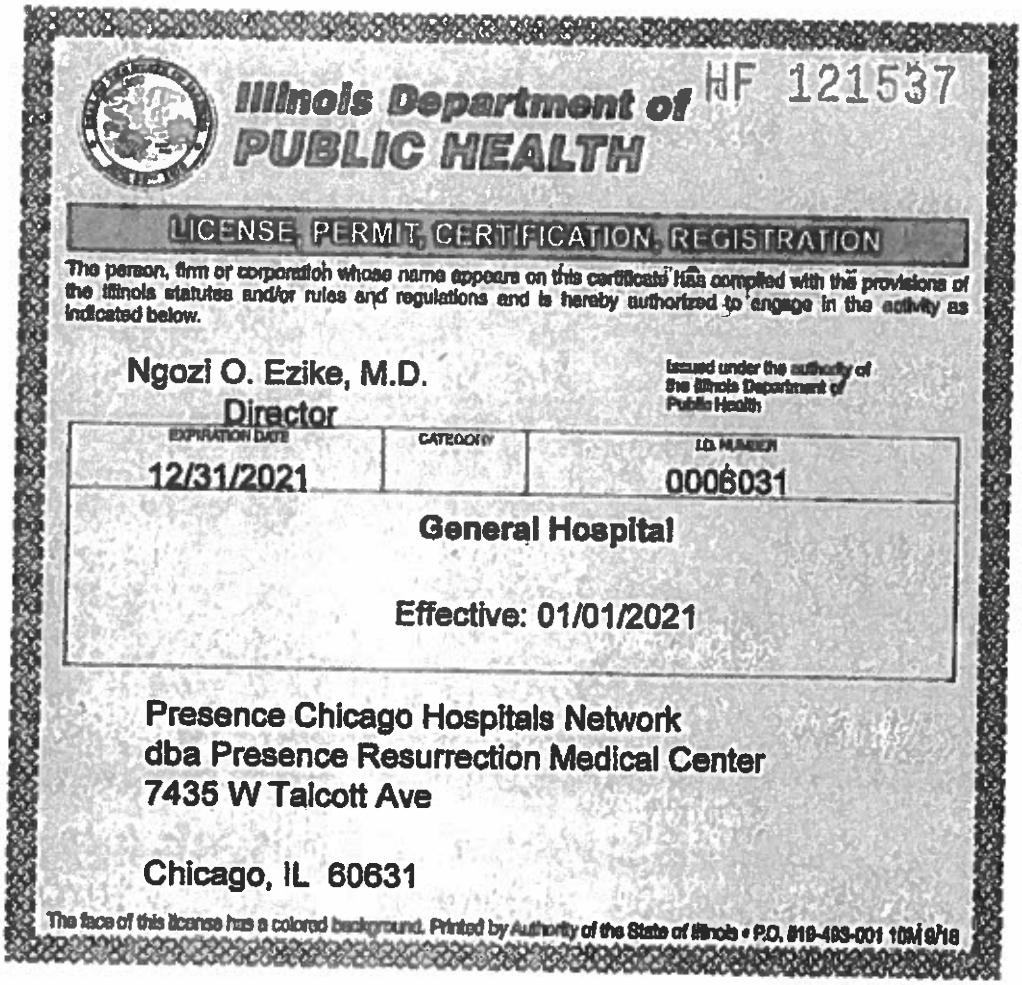
Sincerely,

Mark Pelletier

The Joint Commission

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

cc: CMS Central Office/Survey & Certification Group/Division of Acute Care Services
CMS Regional Office 5 /Survey and Certification Staff



Illinois Department of PUBLIC HEALTH

HF 121537

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2021		0006031

General Hospital

Effective: 01/01/2021

Presence Chicago Hospitals Network
dba Presence Resurrection Medical Center
7435 W Talcott Ave

Chicago, IL 60631

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ATTACHMENT 11

PURPOSE OF THE PROJECT

The project proposed in this Certificate of Need application is of limited scope and primarily addresses three functional areas: the hospital's Emergency Department ("ED"), perioperative services (pre-op, surgical suite and recovery) and central sterile department. While the project involves both new construction and the re-use/renovation of existing space, the new construction is limited nearly exclusively to the ED and associated areas.

The ED will be relocated from the rear (adjacent to the central energy plant) to the front of the hospital, eliminating accessibility and wayfinding issues, and flooding issues associated with a ramp leading to the ED's entrance on the hospital's lower level. The replacement ED will also improve operational aspects associated with the existing ED (built in 1950's), such as allowing the separation of mental health patients from the general patient population, providing consistency in treatment station design, enhancing patient privacy, and allowing for adequate support space. The surgery suite, also built during the 1950's, and located on the second floor, will be enhanced through the replacement of a number of significantly undersized operating rooms ("ORs") from service, renovation within the existing surgical suite, and expanding the surgical suite, with appropriately-sized ORs, into adjacent space. The PACU will be relocated to provide easy patient flow from the surgical suite to the PACU and from the PACU to Stage 2 recovery. The outpatient Stage 2 recovery areas will be replaced to accommodate both surgical and cardiac cath patients (eliminating duplication and staffing redundancies). The central sterile department will be relocated to the lower-level space vacated by the relocation of the ED, allowing the perioperative areas to occupy the space currently occupied by the central sterile department.

The enhancements of the ED, perioperative areas and SPD, as proposed in this Certificate of Need application and the resultant project will improve the healthcare and well-being of the market area population historically looking to AMITA Health Resurrection Medical Center

Chicago for emergency department and surgical services; and the improvements will be reflected in the results of surveys routinely provided to patients following a surgical procedure or an ED visit.

The geographic service area for the proposed project, per the HFSRB-definition for projects undertaken in Chicago, is ten miles. There are 77 ZIP Code areas located within ten miles of RMC, per SearchBug, and those ZIP Code areas have a population of 2,142,886. The ZIP Code areas identified in the table below are ordered from the hospital's ZIP Code (60631) to the area within the 10-mile radius located furthest from the hospital.

ZIP Code	Community
60631	CHICAGO
60068	PARK RIDGE
60714	NILES
60656	CHICAGO
60706	HARWOOD HEIGHTS
60053	MORTON GROVE
60646	CHICAGO
60019	DES PLAINES
60176	SCHILLER PARK
60634	CHICAGO
60630	CHICAGO
60018	DES PLAINES
60077	SKOKIE
60017	DES PLAINES

60712	LINCOLNWOOD
60666	CHICAGO
60029	GOLF
60016	DES PLAINES
60707	ELMWOOD PARK
60641	CHICAGO
60171	RIVER GROVE
60076	SKOKIE
60131	FRANKLIN PARK
60025	GLENVIEW
60659	CHICAGO
60203	EVANSTON
60625	CHICAGO
60639	CHICAGO
60026	GLENVIEW
60645	CHICAGO
60164	MELROSE PARK
60105	BENSENVILLE
60399	WOOD DALE
60106	BENSENVILLE
60056	MOUNT PROSPECT
60160	MELROSE PARK

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60161	MELROSE PARK
60618	CHICAGO
60091	WILMETTE
60202	EVANSTON
60305	RIVER FOREST
60165	STONE PARK
60201	EVANSTON
60204	EVANSTON
60302	OAK PARK
60009	ELK GROVE VILLAGE
60301	OAK PARK
60651	CHICAGO
60626	CHICAGO
60082	TECHNY
60093	WINNETKA
60660	CHICAGO
60303	OAK PARK
60647	CHICAGO
60153	MAYWOOD
60043	KENILWORTH
60062	NORTHBROOK
60191	WOOD DALE

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60208	EVANSTON
60104	BELLWOOD
60640	CHICAGO
60644	CHICAGO
60065	NORTHBROOK
60304	OAK PARK
60007	ELK GROVE VILLAGE
60163	BERKELEY
60070	PROSPECT HEIGHTS
60130	FOREST PARK
60613	CHICAGO
60005	ARLINGTON HEIGHTS
60657	CHICAGO
60624	CHICAGO
60682	CHICAGO
60126	ELMHURST
60141	HINES
60022	GLENCOE
60622	CHICAGO

Historically, a hospital's primary service area…the area from which it attracts a vast majority of its patients…is significantly smaller than the HFSRB-defined geographic service area. The table below identifies those ZIP Code areas cumulatively accounting for 84.0% of the hospital's patients during 2019. A comparison of the two tables confirms that, in general, the

hospital attracts most of its patients from the ZIP Code areas closest to the hospital; with the five ZIP Code areas accounting for the most patient encounters (50.8%) being among the seven closest ZIP Code areas to the hospital.

ZIP Code	City/Community	Patient Encounters	%	Cumulative %
60634	Chicago	1,740	14.1%	14.1%
60631	Chicago	1,290	10.5%	24.6%
60706	Chicago	1,244	10.1%	34.7%
60656	Chicago	1,060	8.6%	43.3%
60630	Chicago	926	7.5%	50.8%
60714	Niles	542	4.4%	55.2%
60068	Park Ridge	453	3.7%	58.9%
60641	Chicago	438	3.6%	62.4%
60646	Chicago	419	3.4%	65.8%
60707	Chicago	359	2.9%	68.7%
60639	Chicago	261	2.1%	70.8%
60016	Des Plaines	226	1.8%	72.7%
60176	Schiller Park	217	1.8%	74.4%
60018	Rosemont	208	1.7%	76.1%
60645	Chicago	161	1.3%	77.4%
60626	Chicago	123	1.0%	78.4%
60618	Chicago	109	0.9%	79.3%
60647	Chicago	103	0.8%	80.1%
60171	River Grove	95	0.8%	80.9%
60056	Mount Prospect	87	0.7%	81.6%
60625	Chicago	84	0.7%	82.3%
60131	Schiller Park	78	0.6%	82.9%
60659	Chicago	66	0.5%	83.5%
60651	Chicago	65	0.5%	84.0%
ZIP Code areas within <0.5%		1,972	16.0%	100.0%
		12,326		

ATTACHMENT 12

ALTERNATIVES

The proposed project primarily addresses improvements to two of the hospital's clinical areas: the Emergency Department ("ED") and the hospital's perioperative services (pre-op, surgical suite and recovery).

Many of the ED's challenges are a result of its lower-level location at the rear of the hospital. The proposed project calls for a replacement of the ED, to a highly-visible and easily accessible site in the front of the hospital. Given the existing ED's lack of on-site opportunities for facility improvement, aside from relocating the ED, no other viable alternatives are available to the applicant, if the issues are to be addressed. If another location for the ED were selected, the associated capital costs, operating costs, quality of care, and accessibility would be the same or very similar to that of the proposed plan.

Desiring to improve the hospital's pre-op, surgical and recovery areas to address the facility-related challenges identified in ATTACHMENT 12, three viable alternatives to the proposed project appeared to be available to the applicants: the total renovation of the existing areas, the relocating of the perioperative services, in their entirety, to another area of the hospital, or the replacement of the perioperative services through the construction of an addition to the hospital. The adopted plan, as addressed through this CON application, combining the continued use of portions of the existing surgical suite with the renovation of adjacent space, allows the perioperative services to continue functioning with minimal disruption and a lower capital cost than the other alternatives, and is viewed by the applicants as the most reasonable avenue to address the service's needs. With any of the alternatives, accessibility, operating costs and quality of care would be identical or very similar to that of the proposed project. However, the alternatives fully relocating the service, either within the hospital or as an addition to the hospital, would

significantly increase the capital cost, and the alternative of fully replacing the service through the renovation of the service's existing location would be unreasonably disruptive, would not provide sufficient space, and would not allow for the addressing of all identified opportunities for improvement.

SIZE

The proposed project involves seven functional areas having HFSRB-adopted space standards, six of which are consistent with the standards identified in Appendix B to Section 1110, and one area that meets a variance to the adopted space standards, as addressed in Section 1110.120.a). As documented in the table on the following page, the spaces planned for surgery, Stage 2 recovery, the emergency department, and the general radiology, CT and ultrasound units to be located in the emergency department are all consistent with the applicable HFSRB-adopted standard. The applicants acknowledge that the 16-station PACU/Stage 1 recovery area exceeds the standard. However, the proposed size of the PACU/Stage 1 recovery area, which will occupy existing space, is appropriate per one of the variances addressed in Section 1110.120.a):

a) Size of Project – Review Criteria

1) The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B, or exceed the square footage standard in Appendix B if the standard is a single number, unless square footage can be justified by documenting, as described in subsection (a)(2).

2) If the project square footage is outside the standards in Appendix B, the applicant shall submit architectural floor plans (see HFSRB NOTE) of the project identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards. The applicant shall submit documentation of one or more of the following:

D) <u>The project involves the conversion of existing space that results in excess square footage.</u>

The proposed PACU/Stage 1 recovery area will occupy a portion of space designed for and used as an ICU. That space (6,334 dgsf) is currently vacant; and because of the

similarity in the facility requirements for the treatment of ICU and PACU/Stage 1 recovery patients, minimal renovation to the area will be required, with existing patient stations to remain intact. As a result, and even though the space exceeds the 180 dgsf per bed standard, the proposed configuration is appropriate and consistent with the variance cited above. In addition, the proposed design of the PACU/Stage 1 recovery area is justified from a cost perspective. The project's general contractor firm, which is well-versed in similar projects, estimates that the costs associated with developing a PACU/Stage 1 recovery area at another site within the hospital will exceed the projected cost of the proposed approach by approximately $500,000.

As noted above, the currently-vacant former ICU space is 6,334 dgsf. 4,680 dgsf of the former ICU will be designated as the 16-station PACU/Stage 1 recovery area, 325 dgsf will be designated as staff areas, 600 dgsf will be used as on call rooms, and 729 dgsf will remain available for a to-be-determined non-clinical use.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Emergency Department (23)	21,045	20,700	345	YES
Gen'l. Radiology (ED)	1,200	1,800	(600)	YES
CT (ED)	1,686	1,800	(114)	YES
Ultrasound (ED)	805	900	(95)	YES
Surgery (10)	26,628	27,500	(872)	YES
PACU/Stage 1 Recov. (16)	4,680	1,800	2,880	NO*
Stage 2 Recovery (34)	13,559	13,600	(41)	YES

*please see discussion above

PROJECT SERVICES UTILIZATION

The HFSRB maintains utilization standards for six of the clinical services included in the proposed project, and the project has been planned to be consistent with each of those applicable standards. Those services are: surgery (number of operating rooms), surgical recovery (number of PACU/Stage 1 and Stage 2 stations), Emergency Department (number of treatment stations), general radiology (number of units), CT (number of units) and ultrasound (number of units).

By the second year following the completion of the proposed project, each of the six clinical areas identified above will meet or exceed the utilization standards identified in Section 1110 APPENDIX B.

Surgery

2017-2019 data (2020 data was not used due to the impact of the Covid-19 pandemic on utilization.) was used as a baseline in identifying the need for operating rooms, based on the HFSRB-adopted standard of 1,500 annual hours of utilization per OR; and the proposed project is consistent with that benchmark.

During the three-year period, an average of 1,740 hours were utilized in the hospital's two cardiovascular ORs, 971 hours were utilized in the hospital's single urology room, and 8,283 hours were utilized in the hospital's eight "general" ORs.

The cardiovascular hours are projected to increase modestly (0.5%-1.0% annually) through the second year following the project's completion (2029). The volume of "open heart" procedures

is projected to increase as AMITA Health consolidates programs, with one of the system's open heart surgery programs being discontinued in 2021. As a result, overall utilization is projected to increase to the 1,800-1,900 annual hour range by the second year following the proposed project's completion, therein supporting the need for the proposed two cardiovascular ORs.

During the historical period referenced above, an average of 8,283 hours of utilization were provided in the hospital's "general" operating rooms. On average, utilization of the "general" ORs is conservatively projected to increase by 1% a year, through the completion of the project (2027) and at an annual rate of 2% during the following two years, due to improved ORs/facilities resulting in approximately 9,239 hours of utilization by the second year following the project's completion, supporting the "need" for the proposed seven "general" ORs.

Last, the hospital will continue to have a single urology/cystoscopy room, with annual utilization remaining at approximately 970 hours, consistent with that experienced during the historical period referenced above. As such, and based on HFSRB precedent, where one room is being provided, that room is justified.

In total, the hospital's number of operating rooms will decrease from eleven to ten upon the completion of the surgical suite component of the proposed project.

Recovery

The hospital's recovery areas, which include PACU/Stage 1 Surgical Recovery, Stage 2 Surgical Recovery and Cardiac Cath Recovery are disjointed, with the PACU/Stage 1 Surgical Recovery being remote from the Stage 2 Surgical Recovery (on opposite sides of the surgical suite), the Cardiac Cath Recovery function being isolated from the surgical recovery functions, resulting in inefficient staffing, and the PACU being undersized and outdated.

Through the proposed project, a direct patient flow from the PACU/Stage 1 to the Stage 2 Surgical Recovery functions will be provided, capacity to accommodate both surgical and cardiac cath patients will be provided in a single Stage 2 area, and the areas will be contemporarily designed. Sixteen PACU/Stage 1 recovery stations and 34 Stage 2 recovery stations will be provided to support the surgical suite and the hospital's 4-room cardiac cath lab. The Stage 2 Recovery area will also be used for pre-procedure prep. Section 1110 APPENDIX B does not identify an adopted standard for the number of recovery stations to be provided.

Emergency Department (ED)

Through the proposed project, the number of treatment stations provided in the hospital's ED will increase from 21 to 23 stations.

Between 2017 and 2019, utilization of the ED remained relatively constant, in the 41-42,000 visit range, trending upward, with an average of 41,338 annual visits during that period. The ED relocation will be the first component of the project completed, with the new ED scheduled for completion in 2025. Conservatively, and due in part to the ED's "newness" factor, utilization is projected to increase by an average of 1% annually, through the second year following the project's completion (2029), resulting in approximately 45,200 annual visits by 2029. Based on the HFSRB-adopted standard of 2,000 annual visits per ED station, the proposed 23 stations are "justified".

General Radiology

A general radiology unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for general radiology examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for general radiology units. The hospital currently has six units, and will continue to have six, including the unit planned to be located in the ED. Between 2017 and 2019, the hospital averaged 59,512 annual general radiology procedures, with utilization

anticipated to increase minimally as a result of the proposed project. As such, and based on the HFSRB-adopted standard of 8,000 annual examinations per general radiology unit, the proposed six hospital-wide units are "justified".

CT

A single general CT unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for CT units. The hospital currently has two units, and the unit planned to be located in the ED will increase that number to three. Between 2017 and 2019, the hospital averaged 23,800 annual CT procedures, with utilization anticipated to increase at a rate similar to that of the ED, through the planning period. As such, and based on the HFSRB-adopted standard of 7,000 annual examinations per CT unit, the proposed three hospital-wide units are "justified".

Ultrasound

A single general ultrasound unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for general ultrasound units. The hospital currently has five general ultrasound units, and the unit planned to be located in the ED will increase that number to six. Between 2017 and 2019, the hospital averaged 16,436 annual ultrasound procedures, with utilization anticipated to increase at a rate similar to that of the ED through the planning period. As such, and based on the HFSRB-adopted standard of 3,100 annual examinations per ultrasound unit, the proposed six hospital-wide units are "justified".

	PROJECTED UTILIZATION			
	YEAR 1	YEAR 2	STATE STANDARD	MET STANDARD?
ED (visits)	44,750	45,200	44,001+	YES
ORs-gen'l (hrs)	9,058	9,239	9,001+	YES
ORs-CV (hrs)	1,850	1,850	1,501+	YES
ORs-cysto (hrs)	970	970	n/a	YES
Gen'l Radiology	60,700	61,914	48,001+	YES
CT	24,000	24,250	21,001+	YES
Ultrasound	16,600	16,800	15,501+	YES

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project addresses eight functional clinical areas that are not IHFSRB-designated "categories of service", Emergency Department ("ED"), ED patient observation, surgery, PACU/Stage 1 recovery, Stage 2 recovery, general radiology, CT and ultrasound.

Emergency Department (ED)

The ED will be relocated from the rear (adjacent to the central energy plant) to the front of the hospital, eliminating accessibility and wayfinding issues, and the flooding issues caused by a ramp leading to the ED's entrance on the hospital's lower level. The replacement ED will also improve operational aspects associated with the existing ED (built in 1950's), such as allowing the separation of mental health patients from the general patient population, providing consistency in treatment station design, enhancing patient privacy, and allowing for adequate support space.

The replacement ED will provide 23 treatment stations, and increase of two over the 21 stations currently provided. Two of the rooms will be built and operate as isolation rooms, four as behavioral health rooms, and one as a gynecology/sexual assault room.

Between 2017 and 2019, utilization of the ED remained relatively constant, in the 41-42,000 annual visit range, trending upward, with an average of 41,338 annual visits during that period. The ED relocation will be the first component of the project completed, with the new ED scheduled for completion in 2025. Conservatively, and due in part to the ED's "newness" factor, utilization is projected to increase by an average of 1% annually, through the second year following the project's completion (2029), resulting in approximately 45,200 annual visits by 2029. Based

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Emergency Department (ED)

The ED will be relocated from the rear (adjacent to the central energy plant) to the front of the hospital, eliminating accessibility and wayfinding issues, and the flooding issues caused by a ramp leading to the ED's entrance on the hospital's lower level. The replacement ED will also improve operational aspects associated with the existing ED (built in 1950's), such as allowing the separation of mental health patients from the general patient population, providing consistency in treatment station design, enhancing patient privacy, and allowing for adequate support space.

The replacement ED will provide 23 treatment stations, and increase of two over21 stations currently provided.

Between 2017 and 2019, utilization of the ED remained relatively constant, in the 41-42,000 annual visit range, trending upward, with an average of 41,338 annual visits during that period. The ED relocation will be the first component of the project completed, with the new ED scheduled for completion in 2025. Conservatively, and due in part to the ED's "newness" factor, utilization is projected to increase by an average of 1% annually, through the second year following the project's completion (2029), resulting in approximately 45,200 annual visits by 2029. Based

on the HFSRB-adopted standard of 2,000 annual visits per ED station, the proposed 23 stations are "justified".

ED Observation

A 6-station observation unit will be located adjacent to the ED, for the exclusive use of patients having been treated in the ED, and typically awaiting lab results to assist in a determination on whether or not to be admitted, patients in need of a short-term stabilization period, or patients awaiting transportation (often to a long-term care facility). The availability of these stations will reduce the number of patients waiting for an ED station, which is an often-experienced issue in the current ED.

The HFSRB has not adopted a utilization standard for this service. It is estimated, however, that approximately 20% of the patients treated in the ED (approximately 45,200 annually by 2029) will subsequently occupy an observation station, with an average length of stay of approximately 4 ½ hours, resulting in a "need" for the proposed six stations, based on a targeted occupancy rate of 80%.

Surgery

The existing surgical suite, located on the second floor of the hospital, was built in the 1950's, and consists of eleven operating rooms, two of which are designated as and used exclusively for cardiovascular/open heart procedures and one of which is used for urology/cystoscopy procedures, exclusively.

The existing surgical suite is outdated and most of the operating rooms are undersized by contemporary standards, the suite has insufficient storage space for equipment now used for many surgical procedures, and has an inability to provide for technological growth. The proposed plan involves the renovation and continued use of portions of the existing surgery suite, supplemented

by expansion into vacated adjacent areas. As discussed in ATTACHMENT 13, this plan results in an appropriately-sized contemporary surgical suite, minimizes disruptions to the existing surgical suite (which must remain in operation during the modernization process), while at the same time minimizing project cost.

Through the proposed project, the three largest operating rooms will be retained (with minor renovation), and the eight operating rooms that are inadequately-sized for many procedures will be taken out of service. Three of the ORs to be taken out of service will be used for equipment storage and other support functions, and five will be designated for other OR-related to-be-determined functions. Seven new operating rooms to replace those taken out of service, as well as associated support space will be constructed. At the conclusion of the project, the surgical suite will consist of two cardiovascular/open heart ORs, one hybrid OR, one urology room, and six "general" ORs, a total of ten ORs; and will be able to schedule cases and function in a much more efficient manner, than is currently the case with the under-sized ORs.

2017-2019 data (2020 data was not used due to the impact of the Covid-19 pandemic on utilization.) was used as a baseline in identifying the need for operating rooms, based on the HFSRB-adopted standard of 1,500 annual hours of utilization per OR; and the proposed project is consistent with that benchmark.

During the three-year period, an average of 1,740 hours were utilized in the hospital's two cardiovascular ORs, 971 hours were utilized in the hospital's urology room, and 8,283 hours were utilized in the hospital's "general" ORs.

The cardiovascular hours are projected to increase modestly (0.5%-1.0% annually) through the second year following the project's completion (2029). Initially, the volume of "open heart" procedures is projected to increase as AMITA Health consolidates programs, with one of the system's open heart surgery programs being discontinued in 2021. Overall utilization is projected

to increase to the 1,800-1,900 annual hour range by the second year following the proposed project's completion, therein supporting the need for the proposed two cardiovascular ORs.

During the historical period referenced above, an average of 8,283 hours of utilization were provided in the hospital's "general" operating rooms. On average, utilization of the "general" ORs is conservatively projected to increase by 1% a year, through the completion of the project (2027) and at an annual rate of 2% during the following two years, resulting in approximately 9,239 hours of utilization by the second year following the project's completion, supporting the "need" for the proposed seven "general" ORs.

Last, the hospital will continue to have a single urology/cystoscopy room, with utilization remaining at approximately 970 hours, consistent with that experienced during the historical period referenced above. As such, and based on HFSRB precedent, where one room is being provided, that room is justified.

PACU/Stage 1 Recovery

A 16-Station Post Anesthesia Care Unit/Stage 1 Recovery Unit will be provided. The existing PACU lacks appropriate support space and does not provide the privacy of a contemporary PACU. The HFSRB does not have a standard relating to the number of PACU/Stage 1 recovery stations to be provided. The replacement PACU will be developed through the renovation of existing space connected to the surgical suite by a limited-access walkway.

Stage 2 Post Procedure Recovery Area

A 34-station recovery area, consolidating the hospital's existing service-specific Stage 2 recovery areas into a single area will be developed. This area will also be used for pre-procedure patient prep. The HFSRB does not have a standard relating to the number of Stage 2 recovery stations to be provided.

The vast majority of patients benefiting from this area are currently utilizing the Stage 2 surgical recovery area or the cardiac cath recovery area; and the proposed recovery area will be easily accessible from both the surgical suite and the cath lab. The beds in this area will not be service-specific, but rather be used interchangeably by both surgical and cardiac cath patients (and occasionally by patients having other types of outpatient procedures performed). Aside from improved staffing efficiencies, the location of the proposed Stage 2 area provides improved access from the surgical suite as well as the PACU/Stage 1 surgical recovery area.

General Radiology

A general radiology unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for general radiology examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for general radiology units. The hospital currently has six units, and will continue to have six, including the unit planned to be located in the ED. Between 2017 and 2019, the hospital averaged 59,512 annual general radiology procedures, with utilization anticipated to increase minimally as a result of the proposed project. As such, and based on the HFSRB-adopted standard of 8,000 annual examinations per general radiology unit, the proposed six hospital-wide units are "justified".

CT

A single general CT unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for CT units. The hospital currently has two units, and the unit planned to be located in the ED will increase that number to three. Between 2017 and 2019, the hospital averaged 23,800 annual CT procedures, with utilization anticipated to increase at a rate similar to

that of the ED, through the planning period. As such, and based on the HFSRB-adopted standard of 7,000 annual examinations per CT unit, the proposed three hospital-wide units are "justified".

Ultrasound

A single general ultrasound unit will be located within the ED, for the exclusive use of ED patients, and to negate the need to transport ED patients to the imaging department for examinations. When evaluating the need for such a unit, the HFSRB has historically assessed the entire hospital's utilization of/need for ultrasound units. The hospital currently has five general ultrasound units, and the unit planned to be located in the ED will increase that number to six. Between 2017 and 2019, the hospital averaged 16,436 annual ultrasound procedures, with utilization anticipated to increase at a rate similar to that of the ED through the planning period. As such, and based on the HFSRB-adopted standard of 3,100 annual examinations per ultrasound unit, the proposed six hospital-wide units are "justified".

MOODY'S
INVESTORS SERVICE

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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 2016C 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.moodys.com/viewresearchdoc.aspx?docid=PBM_PBM1068116793 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 Conception 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 $26 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.moodys.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.moodys.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.moodys.com/researchdocumentcontentpage.aspx?docid=PBC_1058154. Alternatively, please see the Rating Methodologies page on www.moodys.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.moodys.com/viewresearchdoc.aspx?docid=PBM_PBM1068116793 for the List of Affected Credit Ratings. This list is an integral part of this Press Release and provides, for each of

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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

- 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.moodys.com/research/documentcontentpage.aspx?docid=PBC_79004.

For ratings issued on a program, series, category/class of debt or security this announcement provides certain regulatory disclosures in relation to each rating of a subsequently issued bond or note of the same series, category/class of debt, security or pursuant to a program for which the ratings are derived exclusively from existing ratings in accordance with Moody's rating practices. For ratings issued on a support provider, this announcement provides certain regulatory disclosures in relation to the credit rating action on the support provider and in relation to each particular credit rating action for securities that derive their credit ratings from the support provider's credit rating. For provisional ratings, this announcement provides certain regulatory disclosures in relation to the provisional rating assigned, and in relation to a definitive rating that may be assigned subsequent to the final issuance of the debt, in each case where the transaction structure and terms have not changed prior to the assignment of the definitive rating in a manner that would have affected the rating. For further information please see the ratings tab on the issuer/entity page for the respective issuer on www.moodys.com.

Regulatory disclosures contained in this press release apply to the credit rating and, if applicable, the related rating outlook or rating review.

Moody's general principles for assessing environmental, social and governance (ESG) risks in our credit analysis can be found at https://www.moodys.com/research/documentcontentpage.aspx?docid=PBC_1132569.

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

Please see the ratings tab on the issuer/entity page on www.moodys.com for additional regulatory disclosures for each credit rating.

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INVESTORS SERVICE

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MJKK and MSFJ also maintain policies and procedures to address Japanese regulatory requirements.

Global

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COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. $	Modernization $	Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Reviewable									
Emergency Dept.	$ 590.00	$ 165.00	18,365		2,680		$ 10,835,350	$ 442,200	$ 11,277,550
ED Observation	$ 510.00		1,635				$ 833,850		$ 833,850
Gen'l Radiology	$ 670.00		1,200				$ 804,000		$ 804,000
CT	$ 720.00		1,686				$ 1,213,920		$ 1,213,920
Ultrasound	$ 535.00		805				$ 430,675		$ 430,675
Surgery		$ 390.00			26,628			$ 10,384,920	$ 10,384,920
PACU/Stage 1 Recovery		$ 120.00			4,680			$ 561,600	$ 561,600
Stage 2 Recovery		$ 250.00			13,559			$ 3,389,750	$ 3,389,750
Contingency	$ 40.00	$ 30.00					$ 947,640	$ 1,426,410	$ 2,374,050
Total	$ 635.91	$ 340.82	23,691		47,547		$ 15,065,435	$ 16,204,880	$ 31,270,315
Non-Reviewable-Hosp.									
Central Sterile		$ 620.00			8,155			$ 5,056,100	$ 5,056,100
Lobby		$ 570.00	453		994			$ 566,580	$ 566,580
Public Areas/Gen'l Circ.	$ 560.00	$ 400.00	3,574		2,412		$ 2,001,440	$ 964,800	$ 2,966,240
Staff Areas		$ 270.00			3,376			$ 911,520	$ 911,520
On-Call Rooms		$ 270.00			156			$ 42,120	$ 42,120
Administrative Areas		$ 390.00			388			$ 151,320	$ 151,320
Cart and Gen'l Storage		$ 30.00			6,130			$ 183,900	$ 183,900
Equipment Storage		$ 30.00			3,651			$ 109,530	$ 109,530
Child Care Center		$ 250.00			7,000			$ 1,750,000	$ 1,750,000
Mech./Penthouse	$ 105.00		1,900				$ 199,500		$ 199,500.0
DGSF>>>BGSF	$ 540.00		682				$ 368,280		$ 368,280
Contingency	$ 40.00	$ 30.00					$ 264,360	$ 967,860	$ 1,232,220
Total	$ 428.75	$ 331.78	6,609		32,262		$ 2,833,580	$ 10,703,730	$ 13,537,310
PROJECT TOTAL	$ 590.73	$ 337.16	30,300		79,809		$ 17,899,015	$ 26,908,610	$ 44,807,625

ATTACHMENT 36C

#21-017

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

AMITA Health Resurrection Medical Center Chicago-2029

Projected Adj. Pt. Days:	103,555,719	
	3,075	33,679

Year 2 OPERATING COST per ADJUSTED PATIENT DAY

Salaries & Benefits		$86,133,689
Medical Supplies		$45,750,922
		$131,884,611
per Adjusted Patient Day:	$	3,915.94

YEAR 2 CAPITAL COST per ADJUSTED PATIENT DAY

Interest	$	5,272,248
Depreciation/Amortization	$	17,230,312
	$	22,502,560
per Adjusted Patient Day:	$	33,679

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

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