

**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:	Greater Chicago Center for Advanced Surgery		
Street Address:	999 East Touhy Avenue, 3 rd floor		
City and Zip Code:	Des Plaines, IL 60018		
County:	Cook	Health Service Area:	VII Health Planning Area: n/a

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

Exact Legal Name:	Greater Chicago Center for Advanced Surgery LLC
Street Address:	999 East Touhy Avenue, Suite 450
City and Zip Code:	Des Plaines, IL 60018
Name of Registered Agent:	Thomas B. Shapira
Registered Agent Street Address:	333 West Wacker Drive, Suite 1700
Registered Agent City and Zip Code:	Chicago, IL 60608
Name of Chief Executive Officer:	Terri Kraft
CEO Street Address:	999 East Touhy Avenue, Suite 450
CEO City and Zip Code:	Des Plaines, IL 60018
CEO Telephone Number:	(833) 872-4477

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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City and Zip Code:	Des Plaines, IL 60018		
County:	Cook	Health Service Area:	VII Health Planning Area: n/a

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

Exact Legal Name:	Solomon Holdings LLC
Street Address:	171 Franklin Road
City and Zip Code:	Glencoe, IL 60022
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	1209 Orange street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Terri Kraft
CEO Street Address:	c/o Greater Chicago Center for Advanced Surgery 999 East Touhy Avenue, 3 rd floor
CEO City and Zip Code:	Des Plaines, IL 60018
CEO Telephone Number:	224 872-4477

Type of Ownership of Applicants

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

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

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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:	847/776-7004

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

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:	Ms. Terri Kraft
Title:	CEO
Company Name:	American Hip Institute
Address:	999 East Touhy Avenue, Suite 450 Des Plaines, IL 60018
Telephone Number:	(833) 872-4477
E-mail Address:	terri.kraft@americanhipinstitute.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	DPM7, LLC and ALM7, LLC
Address of Site Owner:	999 East Touhy Avenue, Suite 500 Des Plaines, IL 60018
Street Address or Legal Description of the Site:	999 East Touhy Avenue, 3 rd Fl. Des Plaines, IL 60018
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:	Greater Chicago Center for Advanced Surgery, LLC		
Address:	999 East Touhy Avenue, Suite 450 Des Plaines, IL 60018		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
X	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

Substantive

☒ Non-substantive

2. Narrative Description

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

On December 10, 2019 a Certificate of Need Permit (#19-032) was awarded to the applicants for the establishment of an ambulatory surgical treatment center ("ASTC") to be located in renovated space within an office building in Des Plaines, Illinois. The ASTC, as approved, was to include two Class C operating rooms, one procedure room, nine recovery stations, and all ancillary and support areas required by licensure and accreditation. Orthopedic surgery and pain management services were approved be provided in the ASTC.

On June 10, 2020 a renewal to Permit 19-32 was issued, extending the project completion date to June 30, 2022. The project is currently under construction, and proceeding on schedule and on budget. Current plans are for the first patient to be treated during the first quarter of 2022.

The Permit Holders are, through this non-substantive CON application of a limited scope, seeking permission to add podiatric surgery and neurosurgery as specialties to be provided at the ASTC. The project, as proposed does not add any surgical capacity to the ASTC or to the planning area, no changes to the project's physical design will be required, the project involves no additional costs to be capitalized, and the project schedule will not require change as a result of the addition of the specialties.

The project does not meet the threshold of being a substantive project, and is therefore classified as being non-substantive.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ not applicable.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

☐ None or not applicable

☐ Preliminary

☐ Schematics

☒ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2022

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

not applicable

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

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

State Agency Submittals [Section 1130.620(c)]

not applicable

Are the following submittals up to date as applicable?

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

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

Cost Space Requirements

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

not applicable

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

not applicable

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:		CITY:			
REPORTING PERIOD DATES:		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

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

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

This Application is filed on the behalf of **Greater Chicago Center for Advanced Surgery, LLC** *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.

Teri Kraft

SIGNATURE

Teri Kraft

PRINTED NAME

CEO

PRINTED TITLE

SIGNATURE

PRINTED NAME

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



GREATER CHICAGO CENTER
FOR ADVANCED SURGERY

July 26, 2021

To Whom It May Concern,

Please note that I am the only authorized signor for Greater Chicago Center for Advanced Surgery, LLC.

Sincerely,

A handwritten signature in black ink, appearing to read 'Terri Kraft'.

Terri Kraft, CEO

CERTIFICATION

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

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

This Application is filed on the behalf of Solomon Holdings LLC *
 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.

Jeri Kraft

SIGNATURE

Terri Kraft

PRINTED NAME

Manager

PRINTED TITLE

SIGNATURE

PRINTED NAME

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

Seal

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Solomon Holdings LLC

July 26, 2021

To Whom It May Concern,

Please note that I am the only authorized signor for Solomon Holdings LLC.

Sincerely,

A handwritten signature in cursive script, appearing to read "Terri Kraft".

Terri Kraft, Manager

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 can 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****not applicable, project does not involve new construction or modernization**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

not applicable, project does not include 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:

not applicable, project does not include unfinished or shell space

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.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service	
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Colon and Rectal Surgery
<input type="checkbox"/>	Dermatology
<input type="checkbox"/>	General Dentistry
<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	Gastroenterology
<input checked="" type="checkbox"/>	Neurological Surgery proposed
<input type="checkbox"/>	Nuclear Medicine
<input type="checkbox"/>	Obstetrics/Gynecology
<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/>	Orthopedic Surgery previously approved
<input type="checkbox"/>	Otolaryngology
<input checked="" type="checkbox"/>	Pain Management previously approved
<input type="checkbox"/>	Physical Medicine and Rehabilitation
<input type="checkbox"/>	Plastic Surgery
<input checked="" type="checkbox"/>	Podiatric Surgery proposed
<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Thoracic Surgery
<input type="checkbox"/>	Urology
<input type="checkbox"/>	Other

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X

1110.235(c)(10) – Assurances

X

X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VI. 1120.120 - AVAILABILITY OF FUNDS

not applicable

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

	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;</p>
	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;

<p>_____</p> <p>_____</p> <p>_____</p>	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
	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.

not applicable

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**not applicable**

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**not applicable**

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.

B. Reasonableness of Project and Related Costs**not applicable**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

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

SECTION IX. SAFETY NET IMPACT STATEMENT

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

not applicable

1. The project's material impact, if any, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

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

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

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

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



Anticipated Payor Mix:

BC/BS	52%
Commercial	25%
Medicare	10%
Workers Comp.	9%
Medicaid	2%
Charity Care*	1%
Self-Pay	1%

*no expectation of payment prior to provision of service

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)

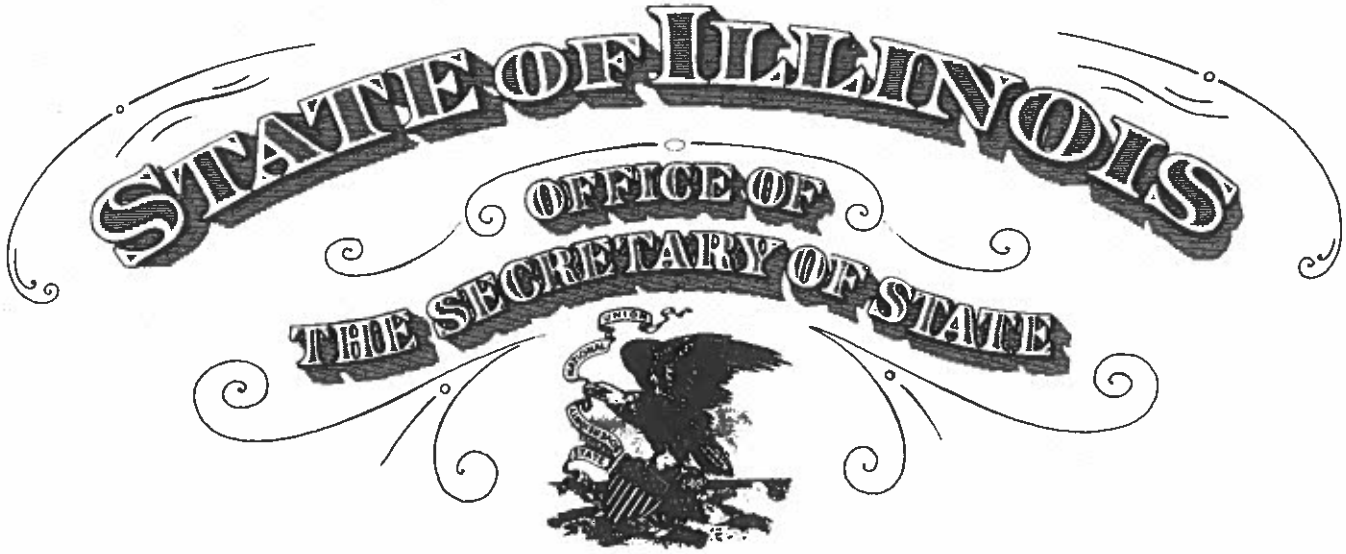
Signature: _____ Date: _____

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

File Number

0784035-7



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

GREATER CHICAGO CENTER FOR ADVANCED SURGERY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 28, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 21ST day of JULY A.D. 2021 .

Jesse White

Authentication #: 2120202142 verifiable until 07/21/2022

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

SECRETARY OF STATE ATTACHMENT 1

File Number

0581223-2



To all to whom these Presents Shall Come, Greeting:

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

SOLOMON HOLDINGS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 JULY A.D. 2021 .***

Jesse White

Authentication #: 2120701148 verifiable until 07/26/2022

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

SECRETARY OF STATE ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need (“CON”) application, the applicants attest that the office building that houses the ASTC addressed in this Certificate of Need application, and located at 999 East Touhy Avenue in Des Plaines, Illinois, is owned by DPM7, LLC and ALM7, LLC.

File Number

0784035-7



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

GREATER CHICAGO CENTER FOR ADVANCED SURGERY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 28, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 21ST
day of JULY A.D. 2021 .***

Jesse White

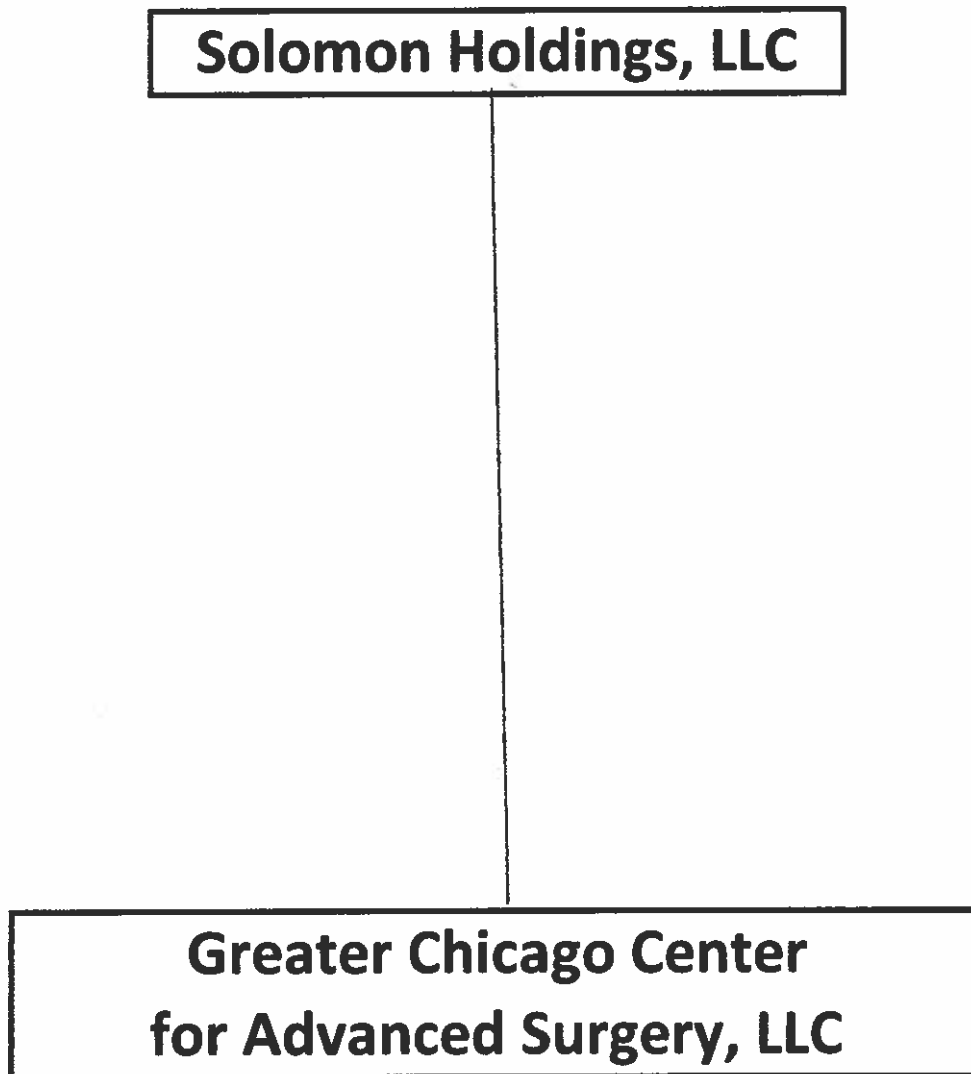
SECRETARY OF STATE ATTACHMENT 3

Authentication #: 2120202142 verifiable until 07/21/2022

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

ORGANIZATIONAL RELATIONSHIPS

This application has two applicants: Greater Chicago Center for Advanced Surgery, LLC ("GCCAS") and Solomon Holdings, LLC ("Solomon"). GCCAS, an Illinois limited liability company, is owned, in its entirety, by Solomon, which is also organized in Illinois. Solomon does not have an owner controlling more than a 50% interest in the LLC. The potential exists for the sale of ownership interests in the GCCAS to other individuals or legal entities. There is currently no contemplation of Solomon's diminishment of its ownership share to a level of less than 50%. Should such be desired, however, the applicants understand that approval from the Illinois Health Facilities and Services Review Board is needed.



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 the addition of surgical specialties to an ASTC currently under construction, and located at 999 East Touhy Avenue in Des Plaines, Illinois, is in compliance with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.



27048.327N

Legend

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

SPECIAL FLOOD HAZARD AREAS

Without Base Flood Elevation (BFE)
Zone X, V, VE
With BFE or Depth Zone AE, AH, AO, VE, VE1
Regulatory Floodway

0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
Future Conditions 1% Annual Chance Flood Hazard Zone X
Area with Reduced Flood Risk due to Levees, Sea Walls, Zone X
Area with Flood Risk due to Levees Zone D

OTHER AREAS OF FLOOD HAZARD

Area of Minimal Flood Hazard Zone X
Effective LOMRs

OTHER AREAS

Area of Undetermined Flood Hazard Zone I
Channel, Culvert, or Storm Sewer
Levee, Dike, or Floodwall

GENERAL STRUCTURES

Cross Sections with 1% Annual Chance Water Surface Elevation
Coastal Tract
Base Flood Elevation Line (BFE)
Limit of Study
Jurisdiction Boundary
Coastal Tract Baseline
Profile Baseline
Hydrographic Feature

OTHER FEATURES

Digital Data Available
No Digital Data Available
Unmapped

MAP PANELS

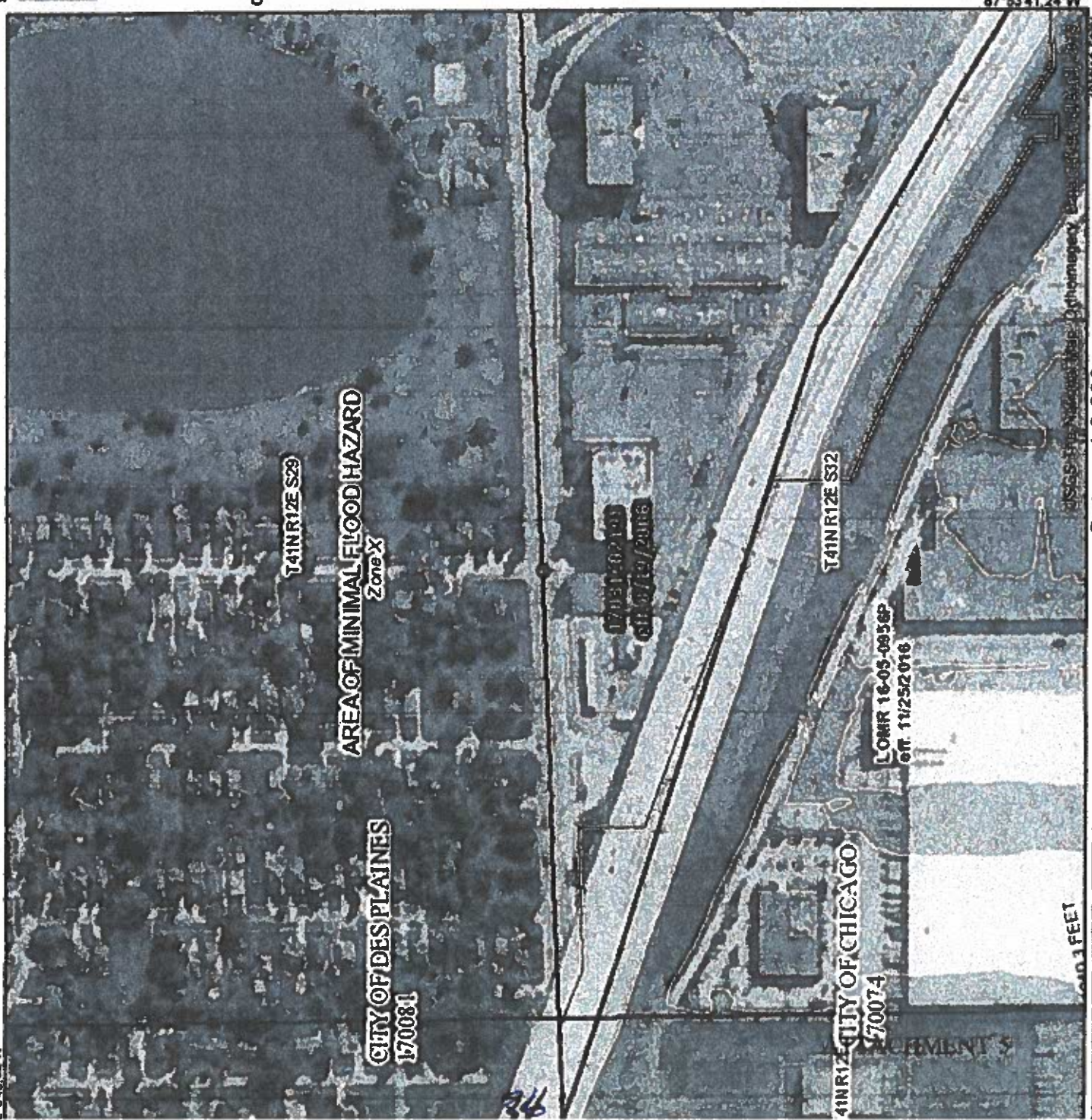
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

#21-025

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 6/11/2019 at 2:46:42 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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





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

Des Plaines

CON - Rehabilitation to Establish an Ambulatory Surgical Treatment Center

999 E. Touhy Ave.

SHPO Log #018042219

June 12, 2019

Robert Axel

Axel & Associates, Inc.

75 North Court, Suite 210

Normal, 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

BACKGROUND OF THE APPLICANT

In accordance with Review Criterion 1130.520.b.3, Background of the Applicant, and with the signatures placed on the Certification page of this Certificate of Need application for Greater Chicago Center for Advance Surgery LLC, and Solomon Holdings LLC, the applicants assure the Illinois Health Facilities and Services Review Board that:

Neither of the above-identified applicant entities has had any adverse actions against it during the three (3) year period prior to the filing of this application.

The applicants authorize the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1130.520.b.3 or to obtain any documentation or information which the State Board or Agency finds pertinent to this Certificate of Need application.

PURPOSE OF PROJECT

The proposed project is limited to the addition of podiatric and neurosurgery as approved services to be provided in an ASTC approved in 2019, and scheduled to serve its first patients during the first quarter of 2022. As such, the addition of the aforementioned surgical specialties will improve the health care and well-being of the market area population, which, per the HFSRB definition of its geographic service area, consists of the far northwestern portion of Chicago and the suburban communities surrounding the ASTC's Des Plaines location. With the ability to provide podiatric and neurosurgical services (in addition to the previously-approved orthopedic surgery and pain management services), patients will be afforded a high-quality, accessible, and lower-cost setting for specific surgical procedures.

The goal of the project, due to its limited scope, is to have the ability to provide the two surgical specialties upon the ASTC's opening.

ALTERNATIVES

The proposed project is limited to the addition of two surgical specialties to the specialties approved to be provided at an ASTC that is currently under construction; and two alternatives were considered.

The first alternative considered was the addition of an operating room and additional recovery capacity to the ASTC, in order to accommodate the incremental cases resulting from the addition of the surgical specialties. This alternative was dismissed because the ASTC is located in leased space within an office building, without the ability to expand physically, and because the applicants believe that capacity, sufficient to meet anticipated demand, perhaps with expanded hours of operation, will be available. Had this alternative been selected, quality of care, accessibility, and operating costs would be identical or very similar to those of the proposed project, while construction-related costs would be approximately \$700,000.

The second alternative considered was to “do nothing”, and not add the two surgical specialties. While this alternative does not have an associated cost, accessibility would be compromised.

The project, as proposed in this Certificate of Need application, is viewed by the applicants as the most reasonable approach to addressing the accessibility issues discussed in ATTACHEMENT 12, without the need to add capital costs to the project.

SIZE OF PROJECT

Greater Chicago Center for Advanced Surgery, as approved through project and Permit 19-032, consists of two Class C operating rooms, one Class B procedure room, six Stage 1 recovery stations, and three Stage 2 recovery stations, in a total 8,848 DGSF. No space will be added to the ASTC as a result of the project addressed in this Certificate of Need application.

PROJECT SERVICES UTILIZATION

As documented in the *State Board Staff Report* for Project 19-032, which approved the establishment of Greater Chicago Center for Advanced Surgery in December 2019, HFSRB staff “accepted” 1,270.95 hours of surgery/operating room time, when evaluating the need for the two Class C operating rooms included in the project to establish the ASTC. Letters from two surgeons, projecting the referral of 325 additional patients to the ASTC during its second year of operation are included in ATTACHMENT 24C3 of this Certificate of Need application. As discussed in ATTACHMENT 24C5, the specialty-specific time per case data from the Health Services Area (“HAS”) was used to convert the number of referrals to hours of operating room time. Based on the previously-documented hours (19-032) noted above, plus the hours projected from the two physician letters included in this CON application, a total of 1,771 hours of needed operating room time are projected for the second year of the ASTC’s operation, therein “justifying” the two Class C operating rooms approved as part of Permit 19-032.

	Projected Yr 2 Utilization (Hrs)	State Standard	Meet Standard?
Per Project 19-032 <i>Staff Report</i>	1,270		
Podiatry & Neurosurgery Referrals	<u>501</u>		
Total	1,771	1,501+	YES

GEOGRAPHIC SERVICE AREA NEED

The proposed ambulatory surgical treatment center (“ASTC”) is necessary to meet the needs of the residents of the service area; and will do so without adding surgical capacity to the service area.

The HFSRB-designated geographic service area (“GSA”) for the proposed ASTC extends ten miles in all directions from the proposed site, and generally includes those portions of Cook County and northeastern DuPage County located south of the Cook County-Lake County line, north of I-290/I-88, west of Western Avenue in Chicago, and east of Schaumburg. That area includes 68 ZIP Codes, with those ZIP Codes and the associated communities identified in the table on the following page.

ZIP Codes Located in HFSRB-Designated GSA
of Greater Chicago Center for Advanced Surgery

60004	ARLINGTON HEIGHTS	60159	SCHAUMBURG
60005	ARLINGTON HEIGHTS	60160	MELROSE PARK
60006	ARLINGTON HEIGHTS	60161	MELROSE PARK
60007	ELK GROVE VILLAGE	60162	HILLSIDE
60008	ROLLING MEADOWS	60163	BERKELEY
60009	ELK GROVE VILLAGE	60164	MELROSE PARK
60016	DES PLAINES	60165	STONE PARK
60017	DES PLAINES	60168	SCHAUMBURG
60018	DES PLAINES	60171	RIVER GROVE
60019	DES PLAINES	60173	SCHAUMBURG
60025	GLENVIEW	60176	SCHILLER PARK
60026	GLENVIEW	60179	HOFFMAN ESTATES
60029	GOLF	60181	VILLA PARK
60053	MORTON GROVE	60191	WOOD DALE
60056	MOUNT PROSPECT	60193	SCHAUMBURG
60062	NORTHBROOK	60196	SCHAUMBURG
60065	NORTHBROOK	60203	EVANSTON
60068	PARK RIDGE	60301	OAK PARK
60070	PROSPECT HEIGHTS	60302	OAK PARK
60076	SKOKIE	60303	OAK PARK
60077	SKOKIE	60305	RIVER FOREST
60082	TECHNY	60399	WOOD DALE
60090	WHEELING	60630	CHICAGO
60101	ADDISON	60631	CHICAGO
60104	BELLWOOD	60634	CHICAGO
60105	BENSENVILLE	60639	CHICAGO
60106	BENSENVILLE	60641	CHICAGO
60117	BLOOMINGDALE	60646	CHICAGO
60126	ELMHURST	60656	CHICAGO
60130	FOREST PARK	60666	CHICAGO
60131	FRANKLIN PARK	60706	HARWOOD HEIGHTS
60143	ITASCA	60707	ELMWOOD PARK
60153	MAYWOOD	60712	LINCOLNWOOD
60157	MEDINAH	60714	NILES

Letters, confirming an intent to refer patients have been provided by a podiatric surgeon (Dr. Lowell Weil, Jr.) and a neurosurgeon (Dr. Roger Lichtenbaum)); and it is anticipated that additional surgeons will seek privileges once the ASTC nears opening or is open. Dr. Weil practices out of two offices, one in Mount Prospect, approximately 5.6 miles from the ASTC, and one in Libertyville, approximately 24 miles from the ASTC. It is anticipated that virtually all of Dr. Weil's patients initially seen in the Mount Prospect office will receive needed surgery at the ASTC. Dr. Lichtenbaum currently has his primary office in Chicago, and does not have surgical privileges at an ASTC..

As discussed with the Board at the ASTC's initial hearing (which concluded with a unanimous approval), because of the unique nature of the practice of Drs. Domb and Lall (both orthopedic surgeons) and the volume of patients that they anticipate referring to the ASTC, compared to other surgeons, it is not anticipated that the ASTC will attract 50%+ of its patients from within the GSA until the third or fourth year of operation. Specifically, and as discussed during the December 10, 2019 Board meeting (page 123 of transcript), during 2018 Dr. Domb performed outpatient surgery on 622 patients, with those patients residing in 276 ZIP Codes or out of the country. Together, Drs. Domb and Lall projected referring approximately 850 patients to the ASTC, annually, including patients currently operated on in ASTCs in Indiana and Wisconsin. Therefore, and because of the specialty-nature of many of the procedures to be performed by the most active surgeons at the proposed ASTC, it is not, and should not be anticipated that a majority of the ASTC's patients will reside within the above-identified HFSRB-defined GSA within two years.

The expectation that patients will come from a wider area than that experienced by most ASTCs, is viewed as a positive by the applicant, rather than a negative, because residents of a wider geographic area will be able to take advantage of the surgical procedures heretofore not provided in the HFSRB-defined GSA, and as identified in ATTACHMENT 24c6. In addition, until recently Drs. Domb and Lall based their practice in DuPage County (outside of this

ATTACHMENT 24c2B

project's GSA), and as such, their historic patient base, including that of more commonplace orthopedic procedures, is not yet centered in Des Plaines, the site of the proposed ASTC. However, as their practice continues to grow in Des Plaines (there office is now in the same building as the ASTC), it is fully anticipated that a higher percentage of their future patients will be GSA residents.

Last, it should be noted that all procedures performed in the ASTC will be elective, and scheduled in advance, and that follow-up care is provided in the physicians' offices rather than the ASTC, therein limiting a patient's travel to the ASTC to a single occurrence. As a result, the desirability of having ASTC services located within a patient's GSA, differs from that of a hospital, and is relatively irrelevant for the ASTC setting.

SERVICE DEMAND

As noted in the Narrative Description section of this Certificate of Need application, the Greater Chicago Center for Advanced Surgery (“the ASTC”) is not yet operational, with the first patient anticipated to be referred to the ASTC during the first quarter of 2022.

Sufficient demand, as discussed below, is present to support the proposed project, which is limited to the addition of podiatric surgery and neurosurgery as specialties to be provided at the ASTC, and to provide an accessible site for the two surgeons (and potentially additional surgeons) providing referral letters to provide outpatient surgery in the low-cost environment provided by an ASTC. The proposed project does not involve the addition of capacity (additional operating rooms or procedure rooms) to the ASTC or to the service area.

Referral letters, consistent with the requirements identified in Section 1110.235 are attached, along with a patient origin analysis for each of the two surgeons providing the letters. Together, the two surgeons are anticipating that they will refer approximately 325 patients to the ASTC, during the facility’s second year of operation. Those referrals will require approximately 501 hours of Class C operating rooms time (please see ATTACHMENT 24C5), which can be accommodated by the ASTC, without the need to expand capacity.

Name : Lowell Weil, Jr. DPM

Specialty: Podiatry

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of approval for additional surgical specialties to be provided at The Greater Chicago Center for Advanced Surgery in Des Plaines.

During the last 24 months (July 1, 2019 to June 30, 2021) I performed procedures on approximately the following numbers of patients in the hospitals or licensed surgery centers/ASTCs identified below.


<u>Hospital or ASTC</u>	<u>7/1/2019-6/30/2020</u>	<u>7/1/2020-7/1/2021</u>
Weil Surgery Center/NCH	179	235
Hawthorne Surgery Center	0	10
Northwest Community Hospital (NCH)	0	5
Day Surgery Center at NCH	0	25
TOTAL	179	275

I estimate that I will refer 275 patients to the proposed ASTC during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a ZIP Code-specific patient origin analysis of my 7/1/2019-6/30/2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Lowell Weil, Jr., DPM

Notarized:



Terri Kraft 7-19-2021

ATACHMENT 24C3

Lowell Weil, Jr. DPM

Cases by Patient Zip Code 7/1/2019 - 6/30/2021

ZIP Code	City	# of Sx Cases
60048	Libertyville	18
	Mettawa	1
60045	LAKE FOREST	17
60061	VERNON HILLS	15
60047	LAKE ZURICH	6
	LONG GROVE	3
	HAWTHORN WOODS	3
	Kildeer	3
60030	GRAYSLAKE	11
	WILDWOOD	1
	Third Lake	1
60056	MOUNT PROSPECT	10
60070	PROSPECT HEIGHTS	10
60015	DEERFIELD	9
60005	ARLINGTON HEIGHTS	9
60031	GURNEE	9
60010	BARRINGTON	4
	LAKE BARRINGTON	2
	NORTH BARRINGTON	2
	Barrington Hills	1
60016	DES PLAINES	9
60062	NORTHBROOK	8
60035	HIGHLAND PARK	8
60046	LINDENHURST	4
	LAKE VILLA	4
60090	WHEELING	7
60089	Buffalo Grove	7
60201	EVANSTON	7
60018	DES PLAINES	7
60093	WINNETKA	6
	NORTHFIELD	1
60514	Clarendon Hills	6
60007	ELK GROVE VILLAGE	6
60091	WILMETTE	6
60004	ARLINGTON HEIGHTS	6
61704	Bloomington	5
60014	CRYSTAL LAKE	5
60118	SLEEPY HOLLOW	3
	WEST DUNDEE	1
	DUNDEE	1
60467	ORLAND PARK	4
60560	YORKVILLE	4
60067	PALATINE	4
60074	PALATINE	4
60102	ALGONQUIN	4
60025	Glenview	4
60099	ZION	4
60142	HUNTLEY	4

ATATCHMENT 24C3

60076	SKOKIE	3
60050	MCHENRY	3
60177	SOUTH ELGIN	3
60517	WOODRIDGE	3
60631	CHICAGO	3
60060	MUNDELEIN	3
60543	Oswego	3
60101	ADDISON	3
60194	SCHAUMBURG	3
60020	FOX LAKE	3
60041	Ingleside	3
60110	CARPENTERSVILLE	3
60714	NILES	3
60126	ELMHURST	3
53142	KENOSHA	3
60133	HANOVER PARK	3
60002	Antioch	3
60040	HIGHWOOD	3
60084	WAUCONDA	2
18940	NEWTOWN	2
60123	ELGIN	2
60044	LAKE BLUFF	2
61064	POLO	2
60068	PARK RIDGE	2
60083	WADSWORTH	1
	BEACH PARK	1
60139	GLENDALE HEIGHTS	2
46385	VALPARAISO	2
60521	HINSDALE	2
60191	WOOD DALE	2
60051	MCHENRY	1
	LAKEMOOR	1
60172	Roselle	2
60586	Plainfield	2
60103	BARTLETT	2
60607	CHICAGO	2
60641	CHICAGO	2
60013	CARY	2
60143	Itasca	2
60640	CHICAGO	2
60525	LA GRANGE	2
60654	CHICAGO	2
60193	SCHAUMBURG	2
60656	CHICAGO	2
60169	HOFFMAN ESTATES	2
60096	WINTHROP HARBOR	2
60440	BOLINGBROOK	2
46373	SAINT JOHN	1
61748	HUDSON	1
60190	WINFIELD	1
60053	MORTON GROVE	1
61853	MAHOMET	1

60544	Plainfield	1
48197	YPSILANTI	1
60554	SUGAR GROVE	1
52042	EDGEWOOD	1
60012	CRYSTAL LAKE	1
60108	BLOOMINGDALE	1
60136	GILBERTS	1
60087	BEACH PARK	1
60606	CHICAGO	1
60154	WESTCHESTER	1
60137	GLEN ELLYN	1
60630	CHICAGO	1
60615	CHICAGO	1
53018	DELAFIELD	1
60625	CHICAGO	1
60202	EVANSTON	1
60073	ROUND LAKE	1
60107	STREAMWOOD	1
60140	HAMPSHIRE	1
60156	Lake In The Hills	1
60645	CHICAGO	1
60153	Maywood	1
60042	ISLAND LAKE	1
75080	RICHARDSON	1
60148	LOMBARD	1
60077	SKOKIE	1
60657	CHICAGO	1
60480	WILLOW SPRINGS	1
60660	CHICAGO	1
60618	CHICAGO	1
60098	WOODSTOCK	1
60639	CHICAGO	1
60803	MERRIONETTE PARK	1
60647	CHICAGO	1
60940	GRANT PARK	1
60515	Downers Grove	1
61016	CHERRY VALLEY	1
60085	WAUKEGAN	1
60043	KENILWORTH	1
60423	FRANKFORT	1
60173	SCHAUMBURG	1
46205	INDIANAPOLIS	1
85383	PEORIA	1
53140	KENOSHA	1
94568	DUBLIN	1
32570	MILTON	1
(blank)	Midlevels	1
61753	LEXINGTON	1
52205	ANAMOSA	1
60152	Marengo	1
60176	SCHILLER PARK	1
60451	NEW LENOX	1

ATATCHMENT 24C3

80007	ARVADA	1
98374	Puyallup	1
60026	Glenview	1
60174	SAINT CHARLES	1
60185	WEST CHICAGO	1
98144	SEATTLE	1
60401	Beecher	1
60181	Villa Park	1
60106	Bensenville	1
60189	WHEATON	1
63017	CHESTERFIELD	1
60487	TINLEY PARK	1
60610	CHICAGO	1
60022	GLENCOE	1
60611	CHICAGO	1
Grand Total		454

Name : Roger Lichtenbaum, M.D.

Specialty: Neurosurgery

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of approval for additional surgical specialties to be provided at The Greater Chicago Center for Advanced Surgery in Des Plaines.

During the last 24 months (July 1, 2019 to June 30, 2021) I performed procedures on approximately the following numbers of patients in the hospitals or licensed surgery centers/ASTCs identified below.

<u>Hospital or ASTC</u>	<u>7/1/2019-6/30/2020</u>	<u>7/1/2020-6/30/2021</u>
Presence St. Joseph's Hospital	97	111
Presence St. Mary and Elizabeth Hospital	24	28
TOTAL	121	139

I estimate that I will refer 50 patients to the proposed ASTC during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a ZIP Code-specific patient origin analysis of my 7/1/2019-6/30/2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Roger Lichtenbaum, M.D

Notarized:





ATTACHMENT 24C3

Roger Lichtenbaum
Patient Zip Code Report
July 1, 2019 - June 30, 2020

60647	32
60622	25
60639	19
60657	18
60651	17
60640	17
60613	17
60614	14
60644	12
60641	11
60618	11
60626	9
60707	8
60660	8
60659	8
60624	8
60610	8
60624	7
60623	6
60645	5
	<hr/>
	260

TREATMENT ROOM NEED ASSESSMENT

Permit 19-032 approved the establishment of the applicant ASTC with 2 Class C operating rooms and one Class B procedure room. The project addressed through this Certificate of Need application does not propose the addition of either operating rooms or procedure rooms.

In the review of the application to establish the ASTC, HFSRB Staff determined that letters provided by four physicians documented 1,270 hours of projected operating room time and 101.50 hours of procedure room time, therein “supporting” one Class C operating room and one Class B procedure room.

ATTACHMENT 24C3 of this Certificate of Need application provides letters from two additional physicians, documenting an additional 325 surgical referrals to the ASTC in its second year of operation. For planning purposes, the average times per podiatric procedure (1.48 hours) and per neurosurgery procedure (1.89 hours) experienced by the ASTCs in HSA VII during 2019 were used to project the incremental hours associated with the physicians’ letters included in this application, that being 501 hours. The physicians providing letters in support of this CON application do not intend to utilize the single procedure room to located in the ASTC. As a result, demand for a total of 1,771 hours of Class C operating room time in the second year of the applicant ASTC’s operation is documented; and per the HFSRB’s target of 1,500 hours of annual utilization per OR, the approved complement of operating and procedure rooms is supported.

SERVICE ACCESSIBILITY

As is the case with virtually all ASTC-related projects, including the 2019 approved project to establish the Greater Chicago Center for Advanced Surgery, the applicants cannot meet the requirements of this review criterion. Those requirements, as they apply to this project are:

1. there are no IDPH-licensed ASTCs within 10 miles of the site;
2. all existing hospital and ASTC-based operating rooms located within 10 miles of the site are operating at the HFSRB's target utilization level;
3. the procedures to be provided in the ASTC are not being provided at a hospital or ASTC within 10 miles of the site, or that the providing facility has restrictive admissions policies; or
4. the project is a cooperative venture with a hospital that has sufficient utilization to "justify" its operating rooms as well as those of the ASTC.

UNNECESSARY DUPLICATION/MALDISTRIBUTION

The proposed project, because of its limited scope and the fact that the project does not involve the addition of operating rooms or procedure rooms, will not cause an unnecessary duplication or maldistribution of ASTCs, hospitals, or operating rooms.

The population of the geographic service area ("GSA") identified in ATTACHMENT 12, per SearchBug, is 1,465,729.

Within the GSA, there are ten ASTCs, five of which are approved to provide either or both of the surgical specialties addressed in this CON application. Those five facilities, and their podiatric and neurosurgical 2019 volumes are presented below.

<u>ASTC</u>	<u>Podiatric Surgery Cases</u>	<u>Neurosurgery Cases</u>
LGH Golf Surgical Center	not approved	1
N. Suburban Pain & Spine Inst.*	not approved	N/A
Northwest Comm. Day Surgery	191	not approved
NW Comm. Foot & Ankle Ctr.	563	not approved
NW Surgicare HealthSouth	1	16

*not operational in 2019

It should be noted that only three ASTCs in the GSA are approved for the provision of neurosurgical procedures, with a total of only seventeen such procedures being performed during 2019. One of those ASTCs was not operational in 2019, and the volume of neurosurgical procedures to be performed in that facility is unknown. A second ASTC performed only one neurosurgical procedure in 2019 and the third ASTC performed only sixteen procedures that year.

In addition to the five ASTCs identified above, five hospitals providing surgical services are also located in the GSA. Those hospitals, along with their 2019 outpatient surgical volumes for podiatric surgery and neurosurgery are identified in the table below.

<u>Hospital</u>	<u>Podiatric Surgery Cases</u>	<u>Neurosurgery Cases</u>
Advocate Luth. General Hosp.	309	146
Alexian Bros. Med. Center	436	163
Holy Family Medical Center	33	0
Resurrection Medical Center	135	193
Northwest Community Hosp.	204	280

The historical ASTC and hospital volumes of outpatient neurosurgical procedures performed in area hospitals and ASTCs, clearly demonstrates that the vast majority of such procedures are currently being performed in the hospitals, and therefore, when clinically appropriate, the patients are not benefiting from the significantly-lower charge structure of ASTCs.

IMPACT TO AREA PROVIDERS

Due to the limited nature of the proposed project, and because of where the referring surgeons are currently performing their cases, the impact on area providers will be negligible.

Currently, there are four ASTCs in the HFSRB-determined geographic service area ("GSA") that provide either podiatric surgery or neurosurgery (one of which was not operational in 2019), and one ASTC that is approved to provide both specialties. During 2019, cumulatively, the utilization of these five ASTCs was 16,235 hours. In addition, there are five hospitals (one of which is certified as a long-term acute care hospital), providing 107,339 hours of operating room utilization; resulting in a total of 123,574 hours of operating room utilization in the GSA during 2019.

Through the proposed project, and as documented in ATTACHMENT 24C3, 1,771 hours of operating room time are to be relocated to the Greater Chicago Center for Advanced Surgery, or 1.4% of the volume of both the hospitals and the ASTCs located in the GSA. As a result, the impact on area providers is negligible.

STAFFING

The addition of podiatric and neurosurgery services to the ASTC will not result in a need for the hiring of additional staff. Staff, including qualified nurses and technicians are currently being recruited and hired, and difficulties in the recruitment and hiring processes are not being experienced, due to the attractiveness of working in an ASTC setting for allied medical professionals.

Staffing will be consistent with or exceed applicable licensure and accreditation standards.

Staff is being recruited through a combination of word-of-mouth, and newspaper advertisements.

The Medical Director of the proposed ASTC will be Ajay C. Lall, MD, MS, and a copy of his CV is attached.

PROFESSIONAL EXPERIENCE

- American Hip Institute, Chicago, IL** 2018-Present
Attending Surgeon and Director of Education | American Hip Institute
Co-Director, Hip Preservation Fellowship | American Hip Institute Research Foundation
Board Eligible (BE) in Orthopaedic Surgery, *American Board of Orthopaedic Surgeons (ABOS)*
- Assistant Team Physician, Birmingham, AL** 2016-2017
- Birmingham Barons (Chicago White Sox MLB AA-affiliate)
 - 2017 NCAA-Div I Southeastern Conference (SEC) Baseball Tournament
 - WWE Professional Wrestling
 - USA Cheer
 - Samford University Football, NCAA Div-I (FCS)
 - Bessemer Academy HS Varsity Football, Bessemer, AL
 - *AISA Class AAA '16 State Champions*
 - Lehman College, NCAA Div-III Varsity Soccer, Bronx, NY
- Sports Medicine Staff, Orchard Park, NY** 2013-2016
- 2006, 2008
- Jim Kelly, NFL Hall of Fame - Football Camp

EDUCATION AND TRAINING

- American Hip Institute, Chicago, IL** 2017-2018
- Fellowship in Hip Preservation and Joint Reconstruction
 - Complex Hip Arthroscopy
 - MAKOpasty (Robotic-Arm Assisted Direct Anterior Total Hip Arthroplasty)
 - Hip Resurfacing Arthroplasty (BHR)
 - Stem-Cell & Regenerative Medicine
 - Fellowship Director - Benjamin G. Dornb, M.D.
- American Sports Medicine Institute (ASMI) /
Dr. James Andrews Sports Medicine & Orthopaedic Center, Birmingham, AL** 2016-2017
- Fellowship in Sports Medicine & Arthroscopic Surgery of the Shoulder, Knee, and Elbow
 - Fellow Class Representative - Graduate Medical Education Counsel
 - Fellowship Director - Jeffrey R. Dugas, M.D.
- Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY** 2011-2016
- Orthopaedic Surgery Residency
- Northeast Ohio Medical University, Rootstown, OH** 2007-2011
- Case Western Reserve University, Cleveland, OH** 2004-2007
- Master of Science- Surgical Anatomy
- Case Western Reserve University, Cleveland, OH** 2000-2004
- Bachelor of Arts - Chemistry), Minor - Psychology
 - NCAA Div-III Varsity Football
 - NCAA Div-III Varsity Track & Field- Javelin Throw

DISTINCTIONS AND AWARDS

- American Association of Hip and Knee Surgeons (AAHKS) Best Poster Award – Non-Arthroplasty, 2018. *Effect of the Trendelenburg Position on Perineal Pressure during Hip Arthroscopy: A Prospective Single Institution Study of 50 Consecutive Patients.*
- International Association of Orthopedic Surgeons (IAO) “Top Doctors in Birmingham, AL,” 2017.
- Scoliosis Research Society Annual Meeting Russell A. Hibbs Award Nominee in Best Paper – Basic Science, 2015. *Pedicle Screw Safety: How Much Anterior Breach is Safe? A Cadaveric and CT Based Study.*
- Radiological Society of North America Annual Meeting Physician’s Recognition Award, 2014. *Ankle Arthrodesis – What the Radiologist Needs to Know.*
- Univ. of South Florida College of Medicine 1st Place National Medical Student Poetry Contest, 2010. *For Whom I Lived.*
- Gold Humanism Honor Society, 2008.
- Cleveland Clinic Foundation Medical Student Summer Research Internship Best Poster, 2003. *Clinical Study of Fixation Techniques in Distal Radius Fractures.*

SOCIETIES

- American Academy of Orthopaedic Surgeons (AAOS)
- American Orthopaedic Society for Sports Medicine (AOSSM)
- Arthroscopy Association of North America (AANA)
 - Master Instructor – Orthopaedic Learning Center (OLC), Rosemont, IL
- International Society for Hip Arthroscopy (ISHA)
- Journal Reviewer
 - American Journal of Sports Medicine (AJSM)
 - Arthroscopy: The Journal of Arthroscopic and Related Surgery (ARTH)
 - Journal of Hip Preservation Surgery (JHPS)



CHARGE COMMITMENT

Attached is a listing of the podiatric surgery and neurosurgical CPT codes corresponding with the surgical procedures of those two specialties that could potentially be performed in the ASTC.

With the signatures on the Certification pages of this Certificate of Need application, the applicants attest that the charges, as identified on the following pages, will not increase for, at minimum, the ASTC's first two years of operation, unless a Permit is first obtained pursuant to 77 Ill. Adm. Code 1130.312(a).

Neurosurgery and Podiatric Surgery Charge Schedule

CPT Code	Charge
11420	\$ 2,773
11422	\$ 2,773
11750	\$ 1,667
13132	\$ 605
13160	\$ 8,729
14040	\$ 5,716
20550	\$ 921
20600	\$ 921
20605	\$ 921
20680	\$ 8,320
20900	\$ 10,236
20930	\$ 84,210
20999	\$ 8,501
22551	\$ 84,210
22552	\$ 32,160
22633	\$ 98,000
22634	\$ 38,190
22842	\$ 84,210
22845	\$ 84,210
22863	\$ 84,210
27604	\$ 8,500
27640	\$ 16,736
27641	\$ 10,236
27658	\$ 8,501
27659	\$ 8,501
27665	\$ 10,236
27685	\$ 10,236
27691	\$ 16,736
27792	\$ 15,290
28005	\$ 8,320
28008	\$ 8,320
28035	\$ 7,270
28039	\$ 8,320
28041	\$ 8,320
28043	\$ 8,173
28045	\$ 8,320
28060	\$ 8,320
28080	\$ 8,320
28090	\$ 8,320
28104	\$ 8,320
28112	\$ 8,320
28118	\$ 8,320
28120	\$ 8,320
28122	\$ 8,320

CHARGE SCHEDULE

#21-025

28124	\$	8,320
28126	\$	8,320
28153	\$	8,320
28190	\$	1,667
28192	\$	6,151
28200	\$	8,320
28222	\$	8,320
28230	\$	8,320
28232	\$	8,320
28234	\$	8,320
28250	\$	8,320
28264	\$	16,641
28270	\$	8,320
28285	\$	8,320
28289	\$	8,320
28291	\$	12,401
28292	\$	11,500
28296	\$	11,500
28297	\$	11,500
28299	\$	11,500
28304	\$	16,641
28305	\$	16,641
28306	\$	16,641
28307	\$	8,320
28308	\$	8,320
28310	\$	8,320
28315	\$	8,320
28415	\$	8,320
28445	\$	15,290
28465	\$	15,290
28476	\$	10,397
28485	\$	15,290
28585	\$	15,290
28645	\$	15,290
28725	\$	16,641
28737	\$	16,641
28740	\$	16,641
28750	\$	16,641
28890	\$	10,236
28899	\$	687
29898	\$	11,659
63030	\$	28,970
63047	\$	28,970
63048	\$	17,990
64704	\$	7,270

ASSURANCES

With the signatures on the Certification pages of this Certificate of Need application, the applicants attest that a peer review program will be implemented at the proposed ASTC that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Further, the applicants anticipate that in the second year of operation, the annual utilization of the operating rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. This anticipation is based on the applicant's knowledge of the practices of the physicians anticipated to refer patients to the proposed ASTC.

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

#21-025

Greater Chicago Center for Advanced Surgery
YEAR 2 OPERATING COST per CASE

Projected Cases: 1,710

Salaries and Benefits	\$1,066,395
Medical Supplies	<u>\$2,282,445</u>
	\$3,348,840
per Case:	\$ 1,958.39

YEAR 2 CAPITAL COST per CASE

Projected Cases: 1,710

Interest Expense	\$ 232,621
Depreciation & Amort.	<u>\$ 741,322</u>
	\$ 973,943
per Case:	\$ 569.56

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

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