

**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: Advocate Ambulatory Surgery Center – Chicago Webster		
Street Address: 1435-1471 W. Webster Avenue		
City and Zip Code: Chicago, IL 60614		
County: Cook	Health Service Area: HSA-06	Health Planning Area: A-01

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

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

**Type of Ownership of Applicants**

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

☐ 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: Emily Jakacki
Title: VP Ops Ambulatory/Svc Lines • Administration: Central Chicagoland Region
Company Name: Advocate Aurora Health, Inc
Address:
Telephone Number: (773) 296-7484
E-mail Address: emily.jakacki@aah.org
Fax Number:

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

Name: Myndee Balkan
Title: Health Facility Planning, Director
Company Name: Advocate Aurora Health, Inc
Address:
Telephone Number: (847) 721-0376
E-mail Address: myndee.balkan@aah.org

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

Name: Brian Walesa
Title: Executive Director Practice Management
Company Name: Advocate Aurora Health, Inc
Address:
Telephone Number (708) 684-5443
E-mail Address: brian.walesa@aah.org

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APPLICATION FOR PERMIT**

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County: Cook	Health Service Area: HSA-06	Health Planning Area: A-01

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

Exact Legal Name: Advocate Aurora Health Inc.		
Street Address: 3075 Highland Parkway, Suite 600		
City and Zip Code: Downers Grove, IL 60515		
Name of Registered Agent: The Corporation Trust Company		
Registered Agent Street Address: Corporation Trust Center 1209 Orange Street		
Registered Agent City and Zip Code: Wilmington, DE 19801		
Name of Chief Executive Officer: James H. Skogsbergh		
CEO Street Address: 3075 Highland Parkway, Suite 600		
CEO City and Zip Code: Downers Grove, IL 60515		
CEO Telephone Number: (630) 572-9393		

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
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APPLICATION FOR PERMIT**

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City and Zip Code: Chicago, IL 60614		
County: Cook	Health Service Area: HSA-06	Health Planning Area: A-01

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

Exact Legal Name: Advocate Health Inc.		
Street Address: 3075 Highland Parkway		
City and Zip Code: Downers Grove, IL 60515		
Name of Registered Agent: CT Corporation System		
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814		
Registered Agent City and Zip Code: Chicago, IL 60604		
Name of Co-Chief Executive Officer: James H. Skogsbergh		
Co-CEO Street Address: 3075 Highland Parkway, Suite 600		
Co-CEO City and Zip Code: Downers Grove, IL 60515		
Co-CEO Telephone Number: (630) 572-9393		

**Type of Ownership of Applicants**

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

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

Name: Brian Walesa
Title: Executive Director Practice Management
Company Name: Advocate Aurora Health, Inc
Address:
Telephone Number (708) 684-5443
E-mail Address: brian.walesa@aah.org

**Post Permit Contact**

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

Name: Scott Nelson
Title: Vice President, Planning, Design & Construction
Company Name: Advocate Aurora Health, Inc
Address: 3075 Highland Parkway, Suite 400, Downers Grove, IL 60515
Telephone Number: (630) 929-5575
E-mail Address: scott.nelson@aah.org
Fax Number: (630) 990-4798

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Novak Webster Place, LLC
Address of Site Owner: Novak Webster Place, LLC c/o Novak Development Company, LLC Attn: Jake Paschen 3423 North Drake Avenue, Chicago, IL 60618
Street Address or Legal Description of the Site: 1435-1471 W. Webster Avenue, Chicago, IL 60614
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: Advocate Health and Hospitals Corporation		
Address: 3075 Highland Parkway, Suite 600, Downers Grove, IL 60515		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>		
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.
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**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

**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.

Advocate Health and Hospitals Corporation (AHHHC), Advocate Aurora Health Inc. and Advocate Health, Inc. (the applicants), propose to establish a multi-specialty ambulatory surgical treatment center ("ASTC") in Chicago. The proposed ASTC will be on the second floor of an existing building that will be renovated to develop a state-of-the-art ASTC. In addition to space on the second floor, the ASTC will have a dedicated entrance, waiting area and elevator on the first floor of the building.

The ASTC will be located at the intersections of Webster and Clybourn Avenues.

AHHHC will be the Prime Lessee for the ASTC space in addition to leasing a broader component of the building from a third-party landlord.

The proposed ASTC location is 1.7 miles southwest of Advocate Illinois Masonic Medical Center (IMMC), in a conveniently located ambulatory setting, close to the main arterial roadway, I-94, and public transportation.

The proposed ASTC will contain 2 operating rooms, 2 GI procedure rooms, 15 recovery rooms/bays and appropriate clinical and support space. The project will include all equipment to support a surgery center. This will include mobile imaging to be used as needed during surgical procedures: diagnostic imaging, ultrasound, a full C-arm, and a mini C-arm. The ASTC will also include non-clinical areas such as administration, visitor space, staff support and storage.

The proposed ASTC will be multi-specialty, offering the following specialties:

- Cardiovascular
- Colon and Rectal Surgery
- General Surgery (including Vascular)
- Gastroenterology
- Neurological Surgery/Spine
- Obstetrics/Gynecology
- Orthopedic Surgery
- Otolaryngology (ENT)
- Plastic Surgery
- Podiatric Surgery
- Urology

The project's total square footage will be 20,202 square feet with a total project cost of \$36,956,122, with an anticipated completion date of April 30, 2025.

The project is classified as substantive as it proposes to establish a new Ambulatory Surgical Treatment Center as defined by 20 ILCS 3690/3.

### 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)			
<b>TOTAL USES OF FUNDS</b>			
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			
<b>TOTAL SOURCES OF FUNDS</b>			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT <u>ATTACHMENT 7</u> , 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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is <b><u>\$5,689,822.</u></b></p>

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>
<p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"> <input type="checkbox"/> None or not applicable <span style="margin-left: 100px;"><input type="checkbox"/> Preliminary</span>  <input checked="" type="checkbox"/> Schematics <span style="margin-left: 100px;"><input type="checkbox"/> Final Working</span> </p> <p>Anticipated project completion date (refer to Part 1130.140): <b><u>April 30, 2025.</u></b></p>
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.  <input type="checkbox"/> 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  <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.         </p>
<p><b>APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>

**State Agency Submittals [Section 1130.620(c)]**

<p>Are the following submittals up to date as applicable?</p> <p> <input checked="" type="checkbox"/> Cancer Registry  <input checked="" type="checkbox"/> APORS  <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  <input checked="" type="checkbox"/> All reports regarding outstanding permits         </p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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## 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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

**Not Reviewable Space [i.e., non-clinical]:** means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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**.

<b>FACILITY NAME:</b>			<b>CITY:</b>		
<b>REPORTING PERIOD DATES:</b> <b>From:</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
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)					
<b>TOTALS:</b>					

Not Applicable.

## CERTIFICATION

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

- 1. in the case of a corporation, any two of its officers or members of its Board of Directors,
- 2. 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);
- 3. 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);
- 4. in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- 5. in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Advocate Health and Hospital Corporation.

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act, The undersigned certifies that he or she has the authority to execute and file this Application 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.

*William P. Santelli*  
SIGNATURE

William P. Santelli  
PRINTED NAME

Chief Operating Officer  
PRINTED TITLE

*Dominic Nakis*  
SIGNATURE

DOMINIC NAKIS  
PRINTED NAME

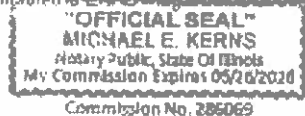
Chief Financial Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of January, 2023

*Michael E. Kerns*  
Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant!



Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of January, 2023

*Michael E. Kerns*  
Signature of Notary

Seal



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION - 04/2021 Edition

## CERTIFICATION

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This Application is filed on the behalf of Advocate Aurora Health, Inc.

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act, The undersigned certifies that he or she has the authority to execute and file this Application 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.

James H. Skogsbergh  
SIGNATURE

James H. Skogsbergh  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

Dominic Nakis  
SIGNATURE

DOMINIC NAKIS  
PRINTED NAME

Chief Financial Officer  
PRINTED TITLE

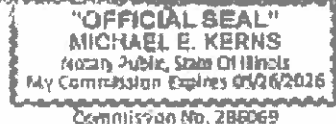
## Notarization

Subscribed and sworn to before me  
this 16<sup>th</sup> day of January 2023

Michael E. Kerns  
Signature of Notary

Seal

\*Insert the EXACT image from the applicant



## Notarization

Subscribed and sworn to before me  
this 16<sup>th</sup> day of January 2023

Michael E. Kerns  
Signature of Notary

Seal



**CERTIFICATION**

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- 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 Advocate Health, Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

James H. Skopsbergh

PRINTED NAME

CO-CEO

PRINTED TITLE



SIGNATURE

Michael Grebe

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 16<sup>th</sup> day of January, 2023



Signature of Notary

"OFFICIAL SEAL"

Seal MICHAEL E. KERNS

Notary Public, State of Illinois

My Commission Expires 05/26/2026

\*Insert the BOARD Official Seal of the applicant.

Notarization:

Subscribed and sworn to before me  
this 16<sup>th</sup> day of January, 2023



Signature of Notary

"OFFICIAL SEAL"

Seal MICHAEL E. KERNS

Notary Public, State of Illinois

My Commission Expires 05/26/2026

Commission No. 285069



### 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** 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.**

**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 checked="" type="checkbox"/> Cardiovascular
<input checked="" type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input checked="" type="checkbox"/> General Surgery including Vascular
<input checked="" type="checkbox"/> Gastroenterology
<input checked="" type="checkbox"/> Neurological Surgery/Spine
<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/> Orthopedic Surgery
<input checked="" type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/> Plastic Surgery
<input checked="" type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input checked="" 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 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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

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

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Not Applicable.

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)



**VII. 1120.120 - AVAILABILITY OF FUNDS**

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

<u>\$25,018,080</u>	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.
<u>\$11,938,042</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, 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.
<u>\$36,956,122</u>	<b>TOTAL FUNDS AVAILABLE</b>	
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

**SECTION VIII. 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 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

\* Include the percentage (%) of space for circulation

**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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION X. 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]:

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 each community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all 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			
<b>Total</b>			
Charity (cost in dollars)			
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)			
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT 38, 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 39**, 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 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: \_\_\_\_\_  
(Name) (Address)

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

2. Project Location: \_\_\_\_\_  
(Address) (City) (State)

(County) (Township) (Section)

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 \_\_\_?**

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

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: \_\_\_\_\_

(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**

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant Identification including Certificate of Good Standing	33-38	
2	Site Ownership	Appendix	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	40-45	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	46-47	
5	Flood Plain Requirements	48-49	
6	Historic Preservation Act Requirements	50-51	
7	Project and Sources of Funds Itemization	52-60	
8	Financial Commitment Document if required	61	
9	Cost Space Requirements	62	
10	Discontinuation	N/A	
11	Background of the Applicant	63-70	
12	Purpose of the Project	71-82	
13	Alternatives to the Project	83-85	
14	Size of the Project	86-87	
15	Project Service Utilization	88-91	
16	Unfinished or Shell Space	92	
17	Assurances for Unfinished/Shell Space	93	
18	Master Design and Related Projects	N/A	
	<b>Service Specific:</b>		
19	Medical Surgical Pediatrics, Obstetrics, ICU	N/A	
20	Comprehensive Physical Rehabilitation	N/A	
21	Acute Mental Illness	N/A	
22	Open Heart Surgery	N/A	
23	Cardiac Catheterization	N/A	
24	In-Center Hemodialysis	N/A	
25	Non-Hospital Based Ambulatory Surgery	94-193	
26	Selected Organ Transplantation	N/A	
27	Kidney Transplantation	N/A	
28	Subacute Care Hospital Model	N/A	
29	Community-Based Residential Rehabilitation Center	N/A	
30	Long Term Acute Care Hospital	N/A	
31	Clinical Service Areas Other than Categories of Service	N/A	
32	Freestanding Emergency Center	N/A	
33	Birth Center	N/A	
	<b>Financial and Economic Feasibility:</b>		
34	Availability of Funds	194-221	
35	Financial Waiver	222	
36	Financial Viability	222	
37	Economic Feasibility	223-229	
38	Safety Net Impact Statement	230-235	
39	Charity Care Information	236-237	
40	Flood Plain Information	238	
	Appendix	239+	



**Type of Ownership of Applicants**

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

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

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

Certificates of Good Standing for the applicants are provided as Attachment #1

Provided for Attachment #1:

Advocate Health and Hospitals Corporation  
IL Certificate of Good Standing  
Advocate Aurora Health, Inc.  
IL Certificate of Good Standing  
DE Certificate of Good Standing  
Advocate Health, Inc.  
IL Certificate of Good Standing  
DE Certificate of Good Standing

*File Number*

1004-695-5



***To all to whom these Presents Shall Come, Greeting:***

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

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



Authentication #: 2230702658 verifiable until 11/03/2023  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE AURORA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE AURORA HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.



6645600 8300C

SR# 20223973842

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204813506

Date: 11-09-22

File Number 7155-851-7



***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*

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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.



Authentication #: 2230702624 verifiable until 11/03/2023  
Authenticate at: <https://www.ilsoe.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 3RD*  
*day of NOVEMBER A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2022.



6784998 8300C

SR# 20223974042

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204813661

Date: 11-09-22

*File Number*

7376-313-4



***To all to whom these Presents Shall Come, Greeting:***

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

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022, 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.



Authentication #: 2231201844 verifiable until 11/08/2023  
Authenticate at: <https://www.itsos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 8TH  
day of NOVEMBER A.D. 2022 .***

*Jesse White*  
SECRETARY OF STATE

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner:
Street Address or Legal Description of the Site:
<b>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.</b>
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

A copy of the lease is provided in the Appendix.

**Operating Identity/Licensee**

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

Exact Legal Name: <b>Advocate Health and Hospitals Corporation</b>			
Address: <b>3075 Highland Parkway, Suite 600, Downers Grove, IL 60515</b>			
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ 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.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>			

Certificates of Good Standing for the applicants are provided as Attachment #3

Provided for Attachment #3:

Advocate Health and Hospitals Corporation  
IL Certificate of Good Standing  
Advocate Aurora Health, Inc.  
IL Certificate of Good Standing  
DE Certificate of Good Standing  
Advocate Health, Inc.  
IL Certificate of Good Standing  
DE Certificate of Good Standing



*File Number*

1004-695-5

***To all to whom these Presents Shall Come, Greeting:***

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

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



Authentication #: 2230702658 verifiable until 11/03/2023  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE AURORA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE AURORA HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.



6645600 8300C

SR# 20223973842

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

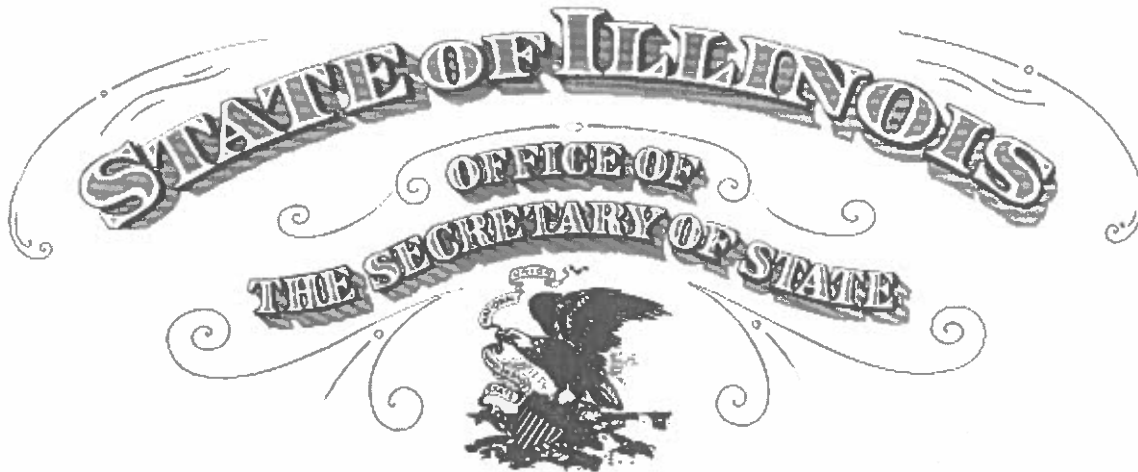
A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204813506

Date: 11-09-22

File Number

7155-851-7



***To all to whom these Presents Shall Come, Greeting:***

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*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2022.



6784998 8300C

SR# 20223974042

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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Authentication: 204813661

Date: 11-09-22

File Number 7376-313-4



***To all to whom these Presents Shall Come, Greeting:***

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

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022, 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.



Authentication #: 2231201844 verifiable until 11/08/2023  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 8TH  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

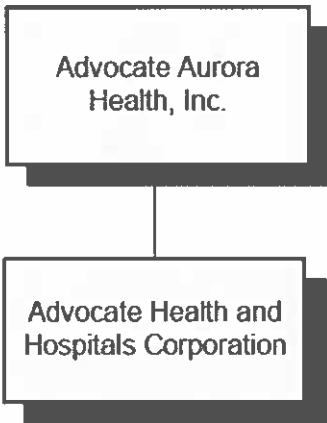
**Organizational Relationships**

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

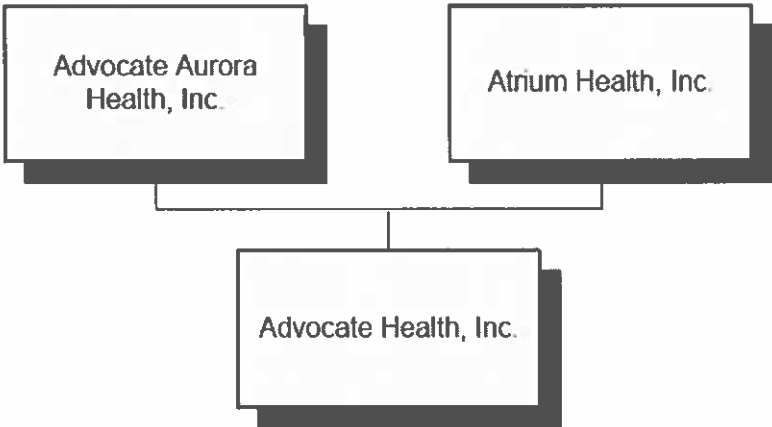
**APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

See Attachment #4, Exhibit 1.

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\*Note because Advocate Health, Inc. has certain governance, management and operation oversight of Advocate Aurora Health, Inc. through a Joint Operating Agreement structure, it is also included as a co-applicant. Advocate Aurora Health, Inc. and Atrium Health, Inc. are the Corporate Members of Advocate Health, Inc.



☐ = Not for Profit  
100% Ownership Unless Otherwise Noted.

January 25, 2023

## 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

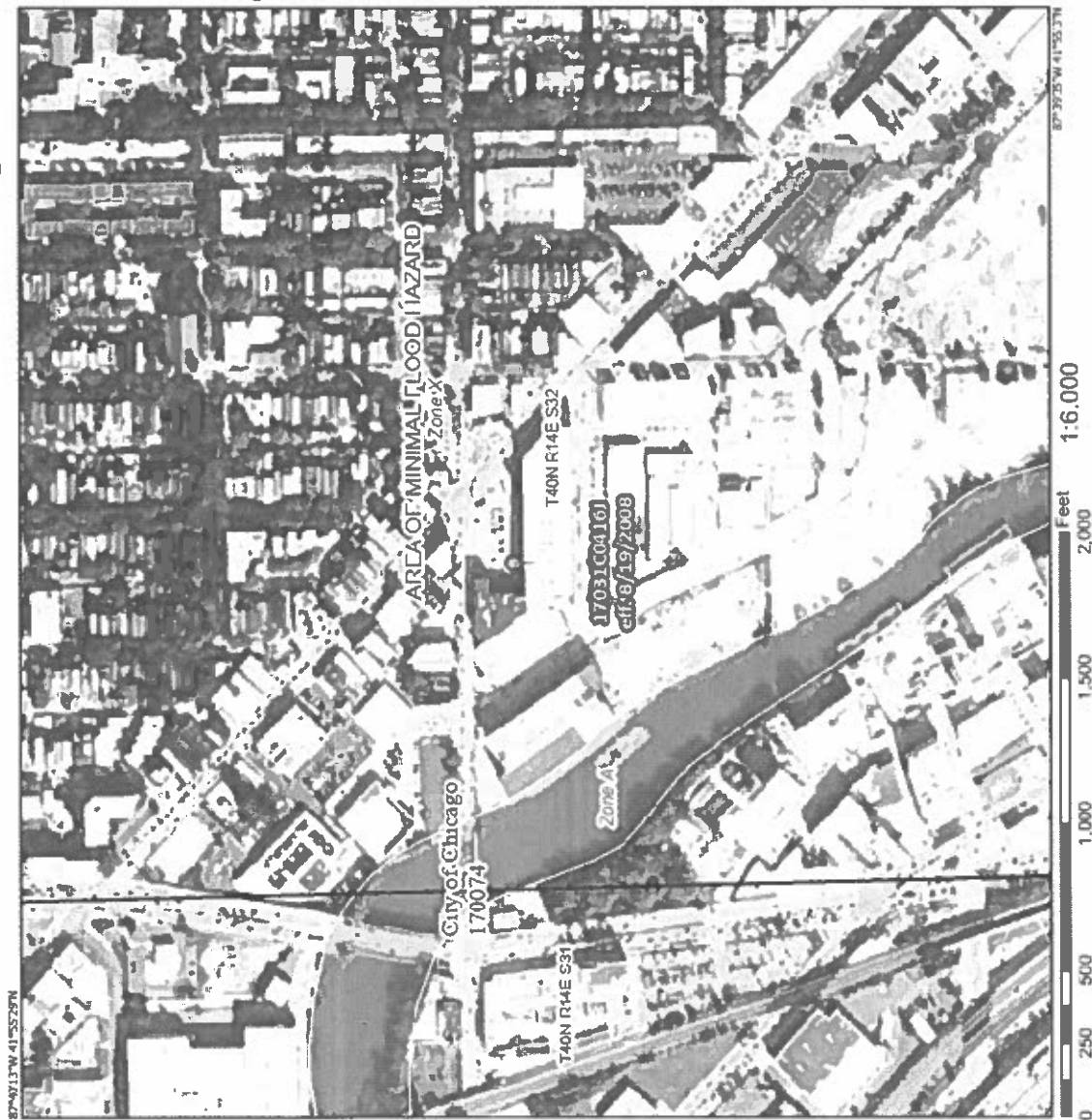
**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

By their signatures on the certifications, the Applicants certify that the site for the proposed project is located in an area of minimal flood hazard, as shown in the interactive map for Panel 17031C0729J from the FEMA Flood Map Service Center.

See Attachment #5, Exhibit 1

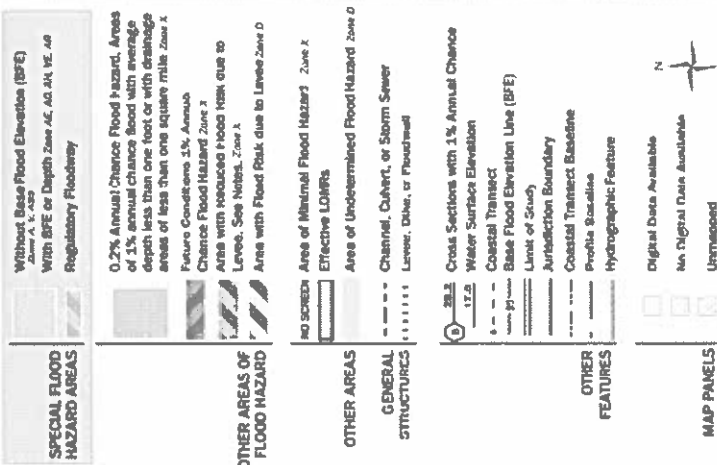


## National Flood Hazard Layer FIRMette



## Legend

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR PRINT PANEL LAYOUT



The map displayed on the map is an approximate point selected by the user and does not represent 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 generated on 10/31/2023 at 12:22 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 is valid 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, panel number, and PRM effective date. Map images for unmapped and unincorporated areas cannot be used for regulatory purposes.

**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.**

The location of the project is 1435-1471 W. Webster Avenue, Chicago, IL. The attached letter from the Illinois Historic Preservation Agency is provided.

See Attachment #6, Exhibit 1.



## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
[www.dnr.illinois.gov](http://www.dnr.illinois.gov)

JB Pritzker, Governor  
Colleen Callahan, Director

**Cook County  
Chicago**

**Rehabilitation to Establish a Medical Office Building, Advocate Aurora Health  
1435-1471 W. Webster Ave.  
SHPO Log #008102622**

**November 3, 2022**

**Anne Cooper  
Polsinelli  
150 N. Riverside Plaza, Suite 3000  
Chicago, IL 60606-1599**

**Dear Ms. Cooper:**

**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 contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at [Rita.E.Baker@illinois.gov](mailto:Rita.E.Baker@illinois.gov).**

**Sincerely,**

A handwritten signature in cursive script that reads "Carey L. Mayer".

**Carey L. Mayer, AIA  
Deputy State Historic  
Preservation Officer**

**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	\$123,172	\$48,828	\$172,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$8,618,737	\$2,198,483	\$10,817,220
Modernization Contracts			
Contingencies	\$644,505	\$255,495	\$900,000
Architectural/Engineering Fees	\$655,614	\$259,898	\$915,512
Consulting and Other Fees	\$211,971	\$84,029	\$296,000
Movable or Other Equipment (not in construction contracts)	\$8,495,389	\$40,000	\$8,535,389
Bond Issuance Expense (project related)	\$105,544	\$41,839	\$147,383
Net Interest Expense During Construction (project related)	\$318,066	\$126,087	\$444,153
Fair Market Value of Leased Space or Equipment	\$9,403,085	\$3,727,565	\$13,130,650
Other Costs to Be Capitalized	\$1,144,223	\$453,592	\$1,597,815
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$29,720,305</b>	<b>\$7,235,817</b>	<b>\$36,956,122</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$21,171,268	\$3,846,812	\$25,018,080
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$8,549,037	\$3,389,005	\$11,938,042
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$29,720,305</b>	<b>\$7,235,817</b>	<b>\$36,956,122</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Itemization of Project Costs**

Items	
<b>Preplanning Costs</b>	<b>\$172,000</b>
Concept and Programming	\$82,000
Pre-Construction Services	\$90,000
<b>New Construction Contracts</b>	<b>\$10,817,220</b>
<b>Contingencies</b>	<b>\$900,000</b>
<b>Architectural/Engineering Fees</b>	<b>\$915,512</b>
<b>Consulting and Other Fees</b>	<b>\$296,000</b>
CON Application & Fees	\$100,000
Commissioning	\$35,000
Permits / Testing	\$120,000
Shielding Consultant and Photo documentation	\$15,000
Project Management	\$26,000
<b>Movable and Other Equipment: (not in construction contracts)</b>	<b>\$8,535,389</b>
Major Medical	\$6,977,210
Minor Medical	\$1,558,179
<b>Fair Market Value Lease Space:</b>	<b>\$13,130,650</b>
<b>Bond Issuance Expense</b>	<b>\$147,383</b>
<b>Net Interest Expense During Construction</b>	<b>\$444,153</b>
<b>Other Costs to be Capitalized</b>	<b>\$1,597,815</b>
Furnishings	\$545,045
Signage	\$88,567
Owner Project Contingency	\$200,000
IS/Telecommunications	764,203
<b>TOTAL</b>	<b>\$36,956,122</b>

Chicago Webster ASTC Equipment	
	Quantity
<b>Alcove - Blanket Warmer - ASC</b>	<b>3</b>
Cabinet, Warming	3
<b>Alcove - Crash Cart - ASC</b>	<b>6</b>
Cart, Procedure	2
Defibrillator	2
Pump, Suction/Aspirator	2
<b>Alcove - Mobile Equipment - ASC</b>	<b>4</b>
Ultrasound, Imaging	1
X-Ray Unit	1
X-Ray Unit, C-Arm	2
<b>Alcove - Ortho Rehab - ASC</b>	<b>2</b>
Lift, Patient	1
Stairs	1
<b>Alcove - PPE - ASC</b>	<b>4</b>
Dispenser	2
Waste Can	2
<b>Alcove - Scrub Sink - ASC</b>	<b>6</b>
Dispenser	2
Sink	2
Waste Can	2
<b>Alcove - Storage Tissue/Specimen - ASC</b>	<b>1</b>
Freezer	1
<b>Alcove - Wheelchair Scale - ASC</b>	<b>2</b>
Scale, Clinical	1
Stadiometer	1
<b>Anesthesia Work Room - ASC</b>	<b>3</b>
Dispenser	1
Waste Can	2
<b>Ante Room - ASC</b>	<b>7</b>
Cart, Utility	1
Dispenser	3
Dispenser, Glove	1
Waste Can	2
<b>Breakroom - ASC</b>	<b>11</b>
Coffee Maker	1
Dispenser	3
Dispenser, Water	1
Oven	2
Refrigerator	2
Waste Can	2
<b>Clean Supply - ASC</b>	<b>16</b>
Cabinet, Storage, Clinical	1
Cart, Supply	10
Cart, Utility	1

Dispenser	1
Rack	1
Stool	1
Waste Can	1
<b>Dictation - ASC</b>	<b>4</b>
Dispenser	1
Waste Can	3
<b>Equipment Storage - ASC</b>	<b>28</b>
Ablation System	1
Allowance	3
Cart, Equipment	3
Cart, Procedure	1
Cart, Supply	1
Driver	1
Endoscope	6
Fluid Management System	1
Light Source	1
Microscope	1
Morcellator	1
Stirrups	2
Table, Surgical	1
Tourniquet System	2
Video System	1
Warmer	2
<b>EVS - ASC</b>	<b>8</b>
Dispenser	4
Rack	2
Waste Can	2
<b>GI Procedure - ASC</b>	<b>40</b>
Bracket	2
Cart, Anesthesia	2
Cart, Procedure	2
Cart, Supply	2
Electrosurgical Unit	2
Insufflator	2
Light Source	2
Monitor, Physiologic	4
Pump	2
Pump, Infusion	2
Regulator	2
Stand, IV	2
Stand, Mayo	2
Stretcher	2
Table, Instrument	2
Table, Utility	4
Video System	2
Waste Can	2

<b>GI Storage - ASC</b>	<b>10</b>
Cart, Supply	6
Cart, Utility	1
Dispenser	1
Stool	1
Waste Can	1
<b>High Level Disinfection - ASC</b>	<b>9</b>
Cart, Supply	1
Dispenser	4
Dispenser, Glove	1
Stool	1
Washer/Disinfector	2
<b>Instrument Assembly and Sterilization - ASC</b>	<b>14</b>
Cart, Supply	1
Cart, Utility	1
Incubator, Lab	1
Sealer	2
Shelving	2
Sterilizer	4
Stool	1
Table, Instrument	2
<b>Locker Room - ASC</b>	<b>26</b>
Cart, Supply	2
Dispenser	16
Hamper	6
Waste Can	2
<b>Meds - ASC</b>	<b>13</b>
Dispenser	4
Dispenser, Glove	1
Dispenser, Medication	3
Disposal, Sharps	1
Freezer	1
Mat, Floor	1
Refrigerator	1
Waste Can	1
<b>Nourishment - ASC</b>	<b>6</b>
Coffee Maker	1
Dispenser	1
Ice Machine	1
Refrigerator	2
Waste Can	1
<b>Office - ASC</b>	<b>12</b>
Dispenser	3
Waste Can	9
<b>Operating Room - ASC</b>	<b>104</b>
Anesthesia Machine	2
Apron	2
Boom	2



Bracket	4
Bucket	4
Camera	8
Cart, Anesthesia	2
Cart, Supply	4
Compression Unit	4
Electrosurgical Unit	2
Hamper	2
Headlight	2
Insufflator	2
Light Source	2
Light, Surgical	2
Monitor, Physiologic	4
Positioning System	2
Pump, Infusion	10
Rack	4
Regulator	2
Stand, Basin	4
Stand, IV	6
Stand, Mayo	2
Stool	10
Table, Instrument	4
Table, Surgical	2
Table, Utility	4
Warmer	2
Waste Can	2
Waste Disposal	2
<b>OR Control - ASC</b>	<b>4</b>
Dispenser	1
Waste Can	3
<b>PACU - ASC</b>	<b>72</b>
Bracket	3
Cart, Supply	3
Dispenser	12
Dispenser, Glove	3
Disposal, Sharps	3
Flowmeter	6
Hamper	3
Monitor, Physiologic	6
Regulator	6
Stool	6
Stretcher	3
Table, Overbed	6
Thermometer	6
Waste Can	6
<b>Philips Monitoring Allowance</b>	<b>1</b>
Allowance	1

<b>Phone Room - ASC</b>	<b>2</b>
Dispenser	1
Waste Can	1
<b>Prep/Recovery - ASC</b>	<b>240</b>
Bracket	10
Cart, Supply	10
Dispenser	40
Dispenser, Glove	10
Disposal, Sharps	10
Flowmeter	20
Hamper	10
Monitor, Physiologic	20
Regulator	20
Stool	20
Stretcher	10
Table, Overbed	20
Thermometer	20
Waste Can	20
<b>Prep/Recovery/PACU - ASC</b>	<b>48</b>
Bracket	2
Cart, Supply	2
Dispenser	8
Dispenser, Glove	2
Disposal, Sharps	2
Flowmeter	4
Hamper	2
Monitor, Physiologic	4
Regulator	4
Stool	4
Stretcher	2
Table, Overbed	4
Thermometer	4
Waste Can	4
<b>Reception - ASC</b>	<b>2</b>
Waste Can	2
<b>Scope Processing - ASC</b>	<b>9</b>
Cart, Transport	1
Dispenser	4
Dispenser, Glove	1
Pump	1
Sink	1
Tester	1
<b>Scope Storage - ASC</b>	<b>6</b>
Cabinet, Storage, Clinical	2
Cart, Transport	1
Cart, Utility	1
Dispenser, Glove	1
Endoscope	1

<b>Soiled - ASC</b>	<b>8</b>
Cart / Truck	2
Dispenser	2
Dispenser, Glove	1
Waste Can	3
<b>Soiled - Neptune Dock - ASC</b>	<b>8</b>
Dispenser	2
Dispenser, Glove	1
Shelving	1
Waste Can	3
Waste Disposal	1
<b>Soiled Receiving - ASC</b>	<b>22</b>
Cart, Washer/Disinfector	4
Dispenser	5
Dispenser, Chemistry	2
Dryer	1
Shelving	2
Sink	2
Ultrasonic Cleaner	1
Washer/Disinfector	2
Waste Can	3
<b>Sterile Stores - ASC</b>	<b>54</b>
Cart, Case	16
Dispenser	2
Shelving	35
Stool	1
<b>Team Work - ASC</b>	<b>8</b>
Dispenser	2
Monitor, Central Station	2
Waste Can	4
<b>Toilet - Patient - ASC</b>	<b>15</b>
Dispenser	12
Waste Can	3
<b>Toilet - Staff - ASC</b>	<b>15</b>
Dispenser	12
Waste Can	3
<b>Touchdown - ASC</b>	<b>3</b>
Dispenser	1
Waste Can	2
<b>Waiting - ASC</b>	<b>2</b>
Dispenser	1
Waste Can	1
<b>Grand Total</b>	<b>858</b>

The equipment proposed for the ASTC is a part of the Advocate room standards for procedural areas across the enterprise with the intention to drive the best outcomes and safest environment for patients.

This includes the following:

1. A Sterile Processing Department (SPD) is included to support Ortho, OBGYN, GI, ENT as well as general surgical procedures, at a total cost of \$1.523MM including the following equipment:
  - a. Two wash sinks
  - b. Two automatic washers
  - c. One ultrasonic cleaner
  - d. Two large steam sterilizers
  - e. One small steam sterilizer
  - f. One low temp sterilizer
  - g. Prep/pack tables and ancillary equipment for preparing surgical trays
  - h. All ancillary equipment for handling surgical items from soiled through sterile processing procedures
  - i. Sterile stores with racks designed to keep surgical trays organized and minimize handling between sterilization and procedure use
2. Patient physiological bedside monitoring to be incorporated at all Prep/Recovery rooms and Post Anesthesia Recovery Unit (PACU) bays with central monitoring at team workstations for codes and alarms, as well as physiological monitors with the OR and GI procedure rooms totaling at \$1.32MM. This includes the following:
  - a. All software licenses and networking
  - b. Multiparameter physiological monitoring from Prep, through procedure and into recovery area with data logged into the Electronic Medical Records (EMR)
  - c. 10 Prep/Recovery bays outfitted to handle lower acuity patients
  - d. 2 Prep/Recovery/PACU and 3 PACU bays outfitted to handle higher acuity patients
  - e. Physiological monitors in the OR connected to the Anesthesia machines to monitor patients under deep sedation and general anesthesia
  - f. Physiological monitors in the GI Procedure to monitor patients under minimal sedation
3. Specialty specific equipment to support ENT, Ortho, OBGYN in two ORs totaling \$950,000. This includes the following:
  - a. Ortho specific surgical table and accessories for patient positioning during procedure
  - b. Ortho large power equipment for large bone procedures
  - c. Ortho small power equipment for small bone procedures
  - d. ENT tower and scopes for adult and pediatric procedures
  - e. OBGYN equipment specific for hysteroscopic procedures
  - f. Surgical microscopy that is designed to be ENT and Orthocentric
4. GI Procedure equipment tower and scopes, as well as reprocessing equipment for scope sterilization and cleaning totaling at \$840,000. This includes:
  - a. Adult and pediatric scopes for colonoscopy and esophagogastroduodenoscopy
  - b. Light sources, video processors, insufflators, and monitors for viewing procedures
  - c. Scope cleaning, testing and reprocessing/sterilization equipment
5. Mobile imaging needed to support multiple procedures with prime use in Orthopedics totaling at \$575,000. This includes
  - a. Full sized C-arm
  - b. Mini C-arm
  - c. Portable X-ray
  - d. Point of care ultrasound for pre procedure prep used by anesthesia as well as general surgical team
6. Controlled access medication distribution as requested through Pharmacy and Anesthesia totaling at \$170,000. This includes:
  - a. One controlled access anesthesia cart in each ORs and GI Procedure rooms
  - b. One host (main) medication dispenser for the entire Prep/Recovery/PACU area
  - c. One auxiliary tower for the entire Prep/Recovery/PACU area
  - d. One auxiliary fridge with medication lock module for the entire Prep/Recovery/PACU area
7. The ORs will be equipped with surgical fluid collection/waste disposal/ smoke evacuation equipment totaling in around \$45,000

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <b><u>April 30, 2025</u></b>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input checked="" type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> 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 <input type="checkbox"/> Financial Commitment will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

The following CON/COE applications have received permits from the HFSRB and are in process of development. These projects are expected to be completed on time and within budget without any changes in scope.

Advocate Christ Medical Center	#14-057
Advocate Condell Medical Center	#20-004
Advocate Lutheran General Hospital	#21-003
Advocate Illinois Masonic Medical Center	#22-009
Advocate South Suburban Hospital	#22-028
Advocate Christ Medical Center	#E-051-22

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

Dept. / Area	Cost	Department Gross Square Feet		Proposed Total Department Gross Square Feet			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL Reviewable</b>							
ASTC OR rooms (2 rooms)	\$13,599,123	0	5,471	5,471	0	0	0
ASTC GI procedure /endoscopy rooms (2 rooms)	\$4,858,818	0	2,042	2,042	0	0	0
PACU/prep/recovery (15 rooms)	\$11,006,682	0	6,954	6,954	0	0	0
<b>Total Clinical - Reviewable</b>	<b>\$29,464,622</b>	0	14,467	14,647	0	0	0

<b>CLINICAL Non-Reviewable</b>							
<b>Total Clinical – Non-Reviewable</b>		0	0	0	0	0	0

<b>NON-CLINICAL Non-Reviewable</b>							
Public, Circulation, Staff Support, Building Support	\$7,491,500	0	5,735	5,735	0	0	0
<b>Total Non-Clinical Non-Reviewable</b>	<b>\$7,491,500</b>	0	5,735	5,735	0	0	0
<b>TOTAL</b>	<b>\$36,956,122</b>	0	20,202	20,202	0	0	0

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

There is no vacated space in the project.

**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.**

See Attachment #11

- 1. For the following questions, please a listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Attachment 11, Exhibit 1, is the listing of all Illinois licensed health care facilities owned by the applicants.

- 2. 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.**

By the signatures on the Certification pages of this application, the applicants attest there has been no "adverse action" (as that term is defined in Section 1130.140 of the Illinois Health Facilities and Services Review Board (HFSRB) rules) against any Illinois health care facility owned and/or operated by the applicants, during the three-year period immediately prior to the filing of this application.

- 3. Authorization permitting HFSRB and DPH access to any documents necessary.**

The applicants hereby authorize the HFSRB and the Illinois Department of Public Health to access information that may be required in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the HFSRB or Illinois Department of Public Health find pertinent to this subsection.

- 4. 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**

All licensure and accreditation information required with this Attachment 11 is attached and the applicants are not relying on a previously filed application.

- 5. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**



Illinois Hospitals owned and operated by the applicants.			
Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St, Oak Lawn, IL 60453	315	PRJC-435588-2012-MSL-USA
Advocate Condell Medical Center	801 South Milwaukee Ave, Libertyville, IL 60048	5579	PRJC-492361-2013- AST-USA
Advocate Good Samaritan Hospital	3815 Highland Ave, Downers Grove, IL 60515	3384	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22, Barrington, IL 60010	3475	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave, Chicago, IL 60657	5165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St, Park Ridge, IL 60068	4796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd, Elgin, IL 60123	5884	PRJC-496379-2013-MSL-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave, Hazel Crest, IL 60429	4697	PRJC-409982-2012-MSL-USA
Advocate Trinity Hospital	2320 East 93rd St, Chicago, IL 60617	4176	PRJC-408213-2012-MSL-USA
Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAHC

*File Number*

1004-695-5



***To all to whom these Presents Shall Come, Greeting:***

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

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



Authentication #: 2230702658 verifiable until 11/03/2023  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE AURORA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE AURORA HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.

6645600 8300C

SR# 20223973842

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204813506

Date: 11-09-22

File Number 7155-851-7



***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*

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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.



Authentication #: 2230702624 verifiable until 11/03/2023

Authenticate at: <https://www.ilscs.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2022.



6784998 8300C

SR# 20223974042

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204813661

Date: 11-09-22

File Number

7376-313-4



***To all to whom these Presents Shall Come, Greeting:***

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

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022. 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.



Authentication #: 2231201844 verifiable until 11/08/2023  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2022 .***

*Jesse White*  
SECRETARY OF STATE

**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.

The Chicago Webster ASTC is the first ambulatory procedure center for Advocate Health Care in the city of Chicago. This effort represents Advocates commitment to growth in a market that is experiencing a healthcare delivery shift from inpatient to outpatient care. The Webster Chicago ASTC will be owned and operated by Advocate Health and Hospitals Corporation which is also the parent to Advocate Northside Health Network (Illinois Masonic Medical Center). While Advocate Illinois Masonic Medical Center is the anchor hospital in the market, the Chicago Webster location will serve as an extension of the procedural and surgical platform of Illinois Masonic offering patients a lower cost, more accessible setting for clinically appropriate procedures. Advocate is proud to serve the residents of the city of Chicago and believes that an investment in the ambulatory space shows our commitment for serving our patients where they want to be seen. While the acuity of patients on hospital campuses continues to rise, the ambulatory setting provides an opportunity to decompress the hospital campus while providing a more efficient, less costly experience for our patients.

**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***

The purpose of this proposed Project is to meet the current and future needs of the applicants' patients and community for access to high-quality, cost efficient, accessible surgical care. The applicants are proposing a facility that will allow procedures that are appropriate for an ASTC to be performed in a setting that is demonstrated to be less costly and more convenient for patients and their families.

The benefits of ambulatory surgical facilities have been well documented in applications before this board. They include:

**A. *Cost Savings: ASTCs can generate significant savings for patients, employers, and payers***

On average, Medicare currently reimburses hospital outpatient departments (HOPDs) twice as much as ASTCs for the same procedure<sup>1</sup>. While out-of-pocket savings can vary by plan and procedure, studies have shown consistently lower costs at ambulatory sites for patients<sup>2</sup>. Based on national averages for a Medicare enrolled patient in need of a diagnostic colonoscopy (CPT 45380), Medicare saves \$418 while the patient saves \$105 just by having the procedure performed in an ASTC instead of an HOPD.

<sup>1</sup> Study: Reducing Medicare Costs by Migrating Volume from HOPDs to ASCs - Advancing Surgical Care

<sup>2</sup> Richter DL and Diduch DR, "Cost comparison of outpatient versus inpatient unicompartamental knee arthroplasty," *Orthopaedic Journal of Sports Medicine*, 2017, Volume 5, Number 3, 2325967117694352.

Diagnostic Colonoscopy	HOPD	ASC	Difference
Doctor Fee	\$202	\$202	-

<b>Total Fees</b>	<b>\$1,261</b>	<b>\$738</b>	<b>-\$523</b>
Medicare Pays	\$1,009	\$591	-\$418
Patient Pays	\$252	\$147	-\$105

Source: [Procedure Price Lookup for Outpatient Services | Medicare.gov 45380](#)

Accessed 10/18/2022

### **B. Higher satisfaction for patients and providers**

In addition to being increasingly cost-conscious, consumers are demanding non-hospital locations for more efficient, convenient care. A study published in Health Affairs, determined that procedures performed in ASTCs take 25 percent less time than those performed in hospitals. This efficiency, and corresponding cost-effectiveness, is due largely to the ASTC's ability to focus on non-emergent cases<sup>3</sup>. The preference for non-hospital-based care has been heightened by the Covid-19 pandemic, with many consumers reporting that they are not comfortable returning to hospitals<sup>4</sup>.

These factors translate to higher patient and physician satisfaction with the care delivery in a setting that is accessible and convenient. Patients who delay care due to cost concerns, fear of a hospital setting, or needing to travel outside of their market put themselves at higher risk for more serious conditions. This project also allows patients to maintain their current healthcare relationships which focuses on meeting their needs while staying close to home. These factors combine to produce better continuity of care, avoid repeat testing, and improving timeliness to access to outpatient timely care.

This facility will provide patients who reside in the City of Chicago and recognize Advocate Aurora Health as their preferred provider for healthcare services, (whether through personal choice or directed by their insurance carrier) access to an ASTC facility for their outpatient surgical procedures or GI procedures. The ASTC experience can provide continuity of care, high-quality lower cost setting, as well as a less stressful experience than going to a large acute care hospital. This ASTC will provide a healthcare setting that is more specialized to a limited number of GI procedures such as EGD and Colonoscopy, as well as a more time efficient experience than a hospital setting due to not having their procedures delayed in order to provide emergent care to patients experiencing emergency distress.

<sup>3</sup> Munnich, E. L., & Parente, S. T. (2014). Procedures Take Less Time At Ambulatory Surgery Centers, Keeping Costs Down And Ability To Meet Demand Up. Health Affairs, 33(5), 764-769

<sup>4</sup> [Walking out of the hospital | McKinsey](#)



This facility will be in the same building with a growing number of Advocate Medical Group (AMG) surgeons in the Medical Office building. The proposed Medical Office building project consisting of onsite clinic space, lab, urgent care, and imaging, will increase the satisfaction of these physicians by creating a more efficient operating model that streamlines processes and eliminates scheduling delays due to emergency or trauma patients.

Over the last two years, the medical group has seen a large increase in the number of orders for the specialties included in this project. While the number of AMG patients requiring specialty care has increased, the procedural capacity at Illinois Masonic has not increased proportionally which has created a backlog of patients requiring surgical care.

The disparity between the number of orders generated by AMG primary care providers in the surrounding communities and the current facility's ability to accommodate this procedural volume results in:

- Patients traveling out of the market which negatively impacts continuity of care and cohesion of treatment plans. This can lead to delayed diagnosis and treatment as well as unnecessary repeat testing resulting in an overall higher cost of care.
- Patients deferring important preventative testing and non-compliance with therapeutic treatment plans that worsens quality, outcomes, and overall public health.

This ASTC would create an additional access point for patients to have general GI procedures performed. Currently average wait times can be between 5-12 weeks for a GI procedure, depending on the urgency of the procedure and the season. Because there are times where there are extended wait times to access a GI procedure, some patients are foregoing, deferring cancer screenings and preventative treatments or assessments of GI conditions. Increasing the number of facilities these patients have ready access to not only improves patient and provider satisfaction, but also the delivery and quality of their care.

#### ***C. Payer pressure: the growth of plans requiring use of non-hospital locations***

In addition, a growing number of commercial insurance companies, including United Healthcare, are now requiring that certain procedures be performed in an ASTC, or charging members more out of pocket when they do not obtain care at an ASTC<sup>5</sup>. This proposed ASTC creates the necessary access for a growing number of patients whose insurance plans require use of non-hospital settings. The United Health Care and Anthem site of care requirement documents are included in the Appendix.

## **2) Define the planning area or market area**

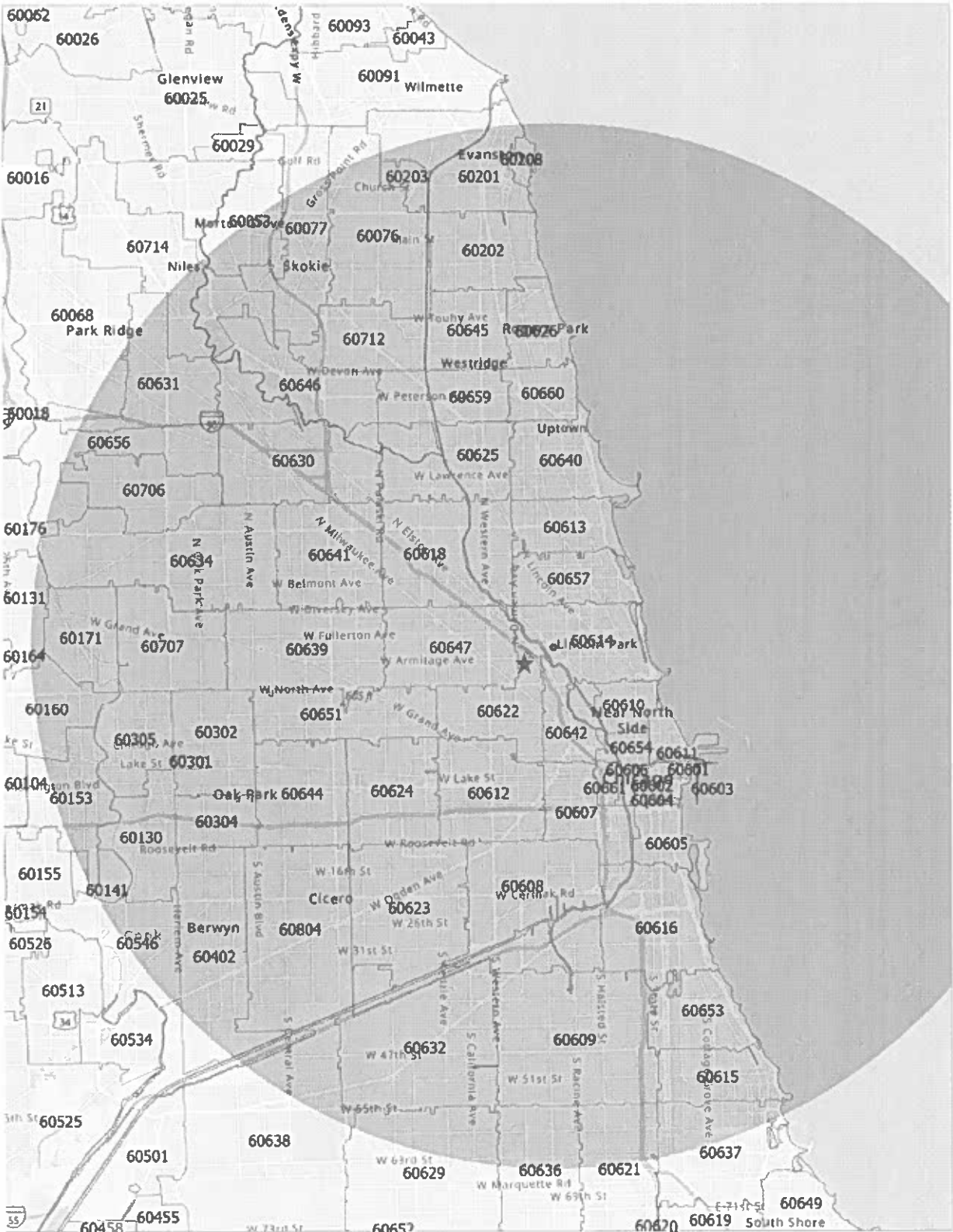
The project is planned to serve the residents of the north-east section of Chicago. The primary market area is defined by a ten-mile radius of the surgery center location as shown in the map below

**One hundred percent (100%)** of the committed surgical and endoscopic cases for this proposed project are currently being performed in the operating rooms at Advocate hospitals. Only procedures from within the defined market area zip codes were used to develop these estimates.

In accordance with 77 Illinois Admin Code Section 1110.235©(2)(8), we have included a list of all zip code areas in the GSA that are located within a 10-mile radius of the proposed site of the ASTC.

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<sup>5</sup> [UnitedHealthcare's policy will limit outpatient surgery payments to hospitals \(beckershospitalreview.com\)](https://www.beckershospitalreview.com/news/unitedhealthcare-will-limit-outpatient-surgery-payments-to-hospitals)



Zipcode	Town	2021 Population	2026 Population
60053	Morton Grove	22,437	22,065
60076	Skokie	32,464	31,815
60077	Skokie	26,791	26,751
60130	Forest Park	14,023	13,766
60141	Hines	217	214
60153	Maywood	22,850	22,386
60160	Melrose Park	25,395	25,041
60171	River Grove	10,320	10,173
60201	Evanston	42,472	42,682
60202	Evanston	30,915	30,510
60203	Evanston	3,895	3,785
60208	Evanston	3,122	3,119
60301	Oak Park	3,330	3,512
60302	Oak Park	30,773	30,118
60304	Oak Park	16,807	16,527
60305	River Forest	10,610	10,389
60402	Berwyn	63,177	62,221
60546	Riverside	14,993	14,685
60601	Chicago	13,825	16,073
60602	Chicago	1,910	1,974
60603	Chicago	1,027	1,150
60604	Chicago	1,081	1,195
60605	Chicago	32,120	34,956
60606	Chicago	2,393	2,618
60607	Chicago	27,635	30,136
60608	Chicago	75,780	76,384
60609	Chicago	65,567	65,071
60610	Chicago	42,960	44,944
60611	Chicago	34,471	36,644
60612	Chicago	34,409	34,248
60613	Chicago	49,220	48,732
60614	Chicago	65,725	65,993
60615	Chicago	41,913	41,908
60616	Chicago	53,999	54,164
60618	Chicago	92,618	91,591
60621	Chicago	32,586	31,701
60622	Chicago	53,517	53,503
60623	Chicago	98,783	97,065
60624	Chicago	37,236	36,714
60625	Chicago	75,409	74,178

60626	Chicago	50,148	49,309
60629	Chicago	114,322	112,701
60630	Chicago	54,519	53,710
60631	Chicago	27,898	27,333
60632	Chicago	91,750	90,965
60634	Chicago	73,079	71,934
60636	Chicago	36,588	35,115
60637	Chicago	51,153	51,152
60638	Chicago	54,956	54,207
60639	Chicago	90,154	89,321
60640	Chicago	67,321	67,451
60641	Chicago	70,685	69,648
60642	Chicago	21,683	22,125
60644	Chicago	46,976	46,088
60645	Chicago	44,510	43,973
60646	Chicago	25,268	24,747
60647	Chicago	90,875	91,805
60651	Chicago	62,633	61,475
60653	Chicago	31,196	31,126
60654	Chicago	21,861	24,307
60656	Chicago	26,844	26,307
60657	Chicago	68,492	68,467
60659	Chicago	37,658	37,077
60660	Chicago	41,463	41,293
60661	Chicago	12,120	13,221
60706	Harwood Heights	22,655	22,283
60707	Elmwood Park	42,484	41,840
60712	Lincolnwood	12,907	12,759
60714	Niles	28,772	28,203
60804	Cicero	84,569	83,610
<b>TOTAL</b>		<b>2,814,314</b>	<b>2,804,253</b>

Although the total population in the broader service area is anticipated to be consistent over the next 5 years, the growth in the 65+ population is projected to increase by 10% from 375,701 to 413,260.

Age Group		2021	2026
0-19		678,666	647,245
20-44		1,145,219	1,132,112
45-64		614,728	611,636
65+		375,701	413,260
<b>TOTAL</b>		<b>2,814,314</b>	<b>2,804,253</b>

Additionally, this area is projected to grow beyond outlined projections due to a large increase in economic growth from the expansive Lincoln Yards development and the expected increases in commerce, commercial real estate, employers, and jobs in this surrounding area. Lincoln Yards is a \$6 billion mixed-use project that will dramatically change 53 acres of land in the nearby Lincoln Park and West Town communities. The developers of Lincoln Yards – Sterling Bay – plan to include up to 6,000 residential units, create 23,000 permanent jobs, and provide numerous investments geared towards improving transportation and expanding recreational activities. The Lincoln Yards expansion project is outlined in the Appendix.

**3) Identify the existing problems or issues that need to be addressed.**

**A) Address the high utilization and projected demand for outpatient surgical services at Advocate Illinois Masonic Medical Center.**

As outlined Attachment 15, the surgical cases and hours support the need for 2 ORs and 2 GI procedure rooms in this ASTC. These will be patients that currently receive hospital-based surgical care at Advocate Illinois Masonic Medical Center and other Advocate hospitals. The surgical platform modernization that was part of the IMMC Bed Tower project (Project #22-009) determined that the total number of hospital operating rooms should remain, even though surgical hours projections indicated 24 OR rooms will be needed in the future. Internal analysis identified that a percentage of patients would be well served with a surgery center option.

For the Central Chicago service area, Sg2's Impact of Change is projecting 7.3% growth in total outpatient surgical cases that will be performed in the hospital outpatient and surgery centers over the next 5 years and 15% within 10 years.

This project offers convenient, lower cost ambulatory options in a market that has historically focused on hospital-only care allowing AAH to improve access to and affordability of healthcare across populations. Creating new, lower-cost, convenient access for gastroenterology services is especially important in improving overall colorectal cancer screening rates. Cook County falls in the lowest quartile for screening rates by county,<sup>6</sup> and screening rates are particularly low among racial and ethnic minorities. This project aims to reduce delays in or cost-barriers to accessing high-quality care as noted in <https://www.healthypeople.gov/2020/healthy-people-in-action/story/improving-colorectal-cancer-screening-rates-in-illinois>

Colorectal cancer is the second leading cause of cancer deaths in the United States.<sup>1</sup> The U.S. Preventive Services Task Force recommends that all adults ages 45 to 75 get screened for the disease.<sup>2</sup> But in 2015, only about 62% of adults in the United States were screened according to the guidelines.<sup>3</sup>

The IDPH colorectal cancer screening statistics as well as American Cancer Society information highlight the need for additional facilities to support increased access for these procedures.

- o IDPH: <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan/cancer-burden-illinois/colorectal-cancer.html>
- o American Cancer Society: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

In Illinois, the problem is even more pronounced. The state is in the highest quartile for incidence rates of colorectal cancer in the Nation,<sup>4</sup> and the lowest quartile for screening rates.<sup>5</sup> Colorectal cancer is the fourth leading cause of cancer deaths in Illinois (IDPH) . Within the state, *Cook County falls in the lowest quartile for screening rates by county,<sup>6</sup> and screening rates are particularly low among racial and ethnic minorities.* According to the American Cancer Society, Illinois only has a screening rate of 67%, falling far short of the national goal of 80% of eligible population screening for colorectal cancer. This ASTC will add additional procedural room access for the “gold standard” of colorectal cancer screening by providing space and support for a significant increase in colonoscopy procedures through specialized focus on general GI procedures like colonoscopy and an operationally efficient environment.

In 2021 the United States Preventative Services Task Force (USPSTF) decision in 2021 to lower the age for colorectal cancer screening from 50 years to 45 years old created a significantly higher demand and need for colonoscopy procedures to screen for colorectal cancer. This increased the need for facilities to expand to increase access.

In addition, this service area is known to have a large number of LGBTQ individuals in need of culturally and clinical affirming care. Expanded LGBTQ affirming care is provided by AAH physicians and staff as part of the history of Health Equality Index, a volunteer benchmark survey AIMMC and its clinics have participated for the last 15 years and 13 iterations of the survey. The accreditation validates policies and procedures, outreach and activities that align with the needs of LGBTQ patients to receive culturally and clinically competent care. The project will expand LGBTQ affirming care most prominently in Primary Care and Digestive Health.

This ASTC will add additional procedural room access for the “gold standard” of colorectal cancer screening by providing space and support for a significant increase in colonoscopy procedures through specialized focus on general GI procedures like colonoscopy and an operationally efficient environment.

**B) *Meet the community need for access to non-hospital care across multiple specialties and provider groups.***

Advances in surgical and pain control techniques and technology will continue to create opportunities to shift more care to the outpatient setting. Healthcare intelligence firm Sg2 projects that 85% of all healthcare procedures will be performed outpatient by 2028<sup>6</sup>.

The physicians that will practice at the ASTC are significant providers of procedural cases for people that live in this community and the patients have a long-established pattern of coming to Advocate Health for their comprehensive care. This ASTC will allow these patients who need or want to choose an ASTC to come to this location without disrupting continuity of their care. As noted above, certain insurance companies are requiring use of non-hospital-based locations. This will avoid patients having to disrupt their care and possibly be exposed to duplicate services in order to receive needed care.

**C) *Provide ambulatory surgical time for pediatric and public aid surgeries***

Unlike other ASTC in this service area, this proposed ASTC will follow the Advocate Aurora charity care policy and provide services to Medicaid and charity care patients of all ages.

AAH's proposed, non-profit ASTC will follow the same charity care policies as Advocate Illinois hospitals committed to serving the entire market's needs.

**D) *Cite the sources of the documentation.***

Information used in this application included reports submitted to the State and various credentialing organizations, AAH Strategic and business plans, analysis done by external planners, architects, and engineers. Physician experts were consulted as well as independent professionals in relevant disciplines.

- Sg2 - Impact of Change data, market estimates and publications - 2022
- Advocate Aurora internal patient care statistics and business planning
- Illinois Department of Public Health Hospital Licensing Code
- Illinois Health Facilities and Services Review Board (HFSRB) Administrative Rules
- Illinois Health Facilities and Services Review Board (HFSRB) Ambulatory Surgical Treatment Center Facility Data Profiles – 2019
- IHA Compdata
- Esri Population 2022 and the US Census Bureau
- Research articles as noted above
- AIA/FGI Guidelines for Design and Construction of Health Care Facilities
- United Health Care Procedure documents- site of care
- Anthem Site of Service Medical Necessity Policy Guidelines
- Sterling Bay Lincoln yards development articles
- IDPH colorectal cancer screening statistics
- American Cancer Society

<sup>6</sup> Olderog, A., Slama, L. (2018). Predicting Health Care Utilization Over the Decade. Presented at the 2018 Evolution of Surgery Summit, Washington DC. <https://www.ascassociation.org/2018-sg2-report>

**E) *Detail how the project will address or improve the previously referenced issues, as well as the populations health status and well-being***

The primary purpose of this project is to meet the current and future needs of this community by offering a high quality, cost effective and assessable alternative location for outpatient surgery for the appropriate patients.

Advocate Illinois Masonic Medical Center outlined that the hospital operating rooms will operate above capacity if no additional access is created. Instead of building this capacity at the hospital, this project proposes to create the needed capacity in the form of an ASTC to better serve the future needs of our community.

The addition of the ASTC/Endoscopy center will further support the initiatives of the Digestive Health Program at Advocate Illinois Masonic Medical center. The program highlights are provided in Attachment 12 Exhibit 1.

The proposed ASTC will implement a charity care policy to mirror the charity care policies of AAH. This includes seeing Medicare, Medicaid, and charity care patients. This proposed ASTC continues building the necessary future infrastructure for care coordination and aims to improve access to low-cost options for Advocate patients and physicians in this community.

**F) *Provide goals for the proposed project***

The proposed Project allows for Advocate Health to continue providing quality health care to residents in its geographic area. The goals for this project include:

- Improving access to care in a non-hospital setting for existing AHHC patients across multiple specialties. New surgical procedures in the ASTC are expected to reach 1,083 cases by the second year of operation. GI procedures in the ASTC are expected to reach 2,694 cases by the second year of operation.
- Offering a lower cost setting for patients in the community needing access to outpatient tests, screenings, and health care
- Continuing to serve the diverse patient population on Chicago's North side while expanding outpatient care with providers who provide culturally competent care
- Occupancy of the new facility to be completed by April 30, 2025.
- Increasing colorectal screening rates in the Central Chicago patient community



***Digestive Health Program at Illinois Masonic Highlights***

- The Digestive Health program at Advocate Illinois Masonic Medical Center (IMMC) provides innovative community outreach to address economic and racial disparities in colon cancer screening. Through financial and clinician support, the Digestive Health program at IMMC has worked with local community organizations such as churches and schools to provide education on colorectal cancer prevention, how to screen, as well as free Fecal Immunochemical Testing for at-home screening for colon cancer in communities that are majority minority and who do not speak English as a first language. Bilingual clinicians have provided education sessions and health counseling in both Spanish and Mandarin Chinese.
- IMMC operates Direct Access Screening Colonoscopy Program (DASC). This program allows patients who are over 45 years of age with minimal co-morbidities to schedule a colonoscopy directly with a physician instead of having to go through the traditional clinic visit prior to scheduling a screening colonoscopy. This can decrease patients time from referral for a colonoscopy from their PCP to completing the procedure by up to 8-16 weeks because of their ability to bypass a GI clinic consult visit. This also saves patients and insurers money by removing the cost of a traditional E&M visit. This unique program was recognized as the Grand Prize winner for the 2017 "80% by 2018 National Achievement Award" by the National Colon Cancer Roundtable because of the programs innovation of removing the barriers of a clinical consult visit from many patients to schedule and receive a colonoscopy for colorectal cancer screening.
- IMMC Digestive Health was only the second hospital in Illinois to receive accreditation and national recognition with the "National Accreditation Program for Rectal Cancer (NAPRC)" award from the American College of Surgeons. This accreditation program recognizes high quality care for patients with rectal cancer, standardization of care delivery and interventions, as well as a focus on continuous improvement. IMMC is the only hospital in the City of Chicago that currently has an NAPRC accredited program.
  - This program is led by the Director of Rectal Cancer Program at IMMC and the Clinical Nurse Specialist. They lead and direct bi-weekly multidisciplinary care meetings, prospective clinical case reviews, patient outcome tracking and follow up. This program benefits patients by standardizing care for those diagnosed with colorectal cancer and ensures multidisciplinary care planning and a focus on quality improvement.
- The Digestive Health program at IMMC provides Digestive Health Navigation for patients through 2 Registered Nurse Navigators and 2 Clinical Coordinators. These team members support patients who have complex medical conditions including liver diseases, GI cancers, Inflammatory Bowel Disease, chronic continence issues, etc. These navigators and coordinators help connect and coordinate patient clinical visits, resources for charity care, second opinions, mental health support, and any other clinical or social factors affecting their health or are causing patients concerns. This helps alleviate stress and reduce barriers of access for patients.

- The Inflammatory Bowel Disease Program at IMMC is supported by a Medical Director of Inflammatory Bowel Disease and a Nurse Navigator. This program focuses on helping patients navigate this chronic and life altering GI condition to minimize the life limitations and high utilization of healthcare resources, including emergency rooms visits for flare ups. The IBD program coordinates care for follow up and surveillance, symptom tracking and management, and multidisciplinary case reviews and care plans at monthly care meetings. IBD patients would use the ASTC facility for surveillance colonoscopy procedures and ambulatory care visits in the clinic. Since IBD patients may have surveillance colonoscopy every 1-2 years, it is important for this population to have easy access to GI services in a lower cost environment. Being able to access an ASTC with their Advocate doctor ensures continuity of care, decreased administrative costs of going to an independent ASTC, and reduction of duplicative testing.
- The Comprehensive Continence Program at IMMC is nationally unique in that it provides a dedicated coordinator that exclusively works with patients through in-person and virtual spaces to address chronic and acute continence issues. This coordinator provides community outreach to Chicago Housing Authority residents, senior living centers, LGBTQ seniors, new moms, and other populations that are at increased risk for incontinence. This program brings together GI, Colorectal Surgery, Urology, Physical Therapy, Nutrition, and Behavioral Health to provide comprehensive support to individuals to achieve their lifestyle and health goals related to continence issues. This ASTC would provide one stop location for patients who require GI clinical and procedural interventions as well as minor surgical interventions with colorectal surgery and urology.
- IMMC Digestive Health also has an Interventional Endoscopy program that focuses on complex non-surgical GI procedures to treat liver and biliary diseases, palliative disease management, non-surgical treatment of heartburn acid reflux with TIF procedures, cancer staging with endoscopic ultrasounds, and numerous other procedures. An ASTC facility would move some non-complex procedures out of the GI Lab at IMMC, which would provide greater access to procedure rooms with anesthesia support. This would reduce wait times to schedule these longer, more complex GI procedures in the hospital setting where they are clinically required to be performed. This might be due to the acute and complex nature of the procedures and a requirement for them to be performed under general anesthesia. At times these require an inpatient admission post procedure for post-procedural care and observation.

**ALTERNATIVES**

- 1) Identify **ALL** 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.**

**ALTERNATIVES**

- 1) Identify **ALL** 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.
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- 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.**

The proposed project will increase access for outpatient surgical services to Advocate Aurora Health (AAH) patients by providing a multispecialty ASTC for this geography.

The applicants considered a number of alternatives to improve access to support the needs of this community. The following alternatives were considered in the development of this ambulatory surgery center to determine the location, size, and scope needed for the residents of this service area.

**Alternative #1: Maintain current services: (Cost: \$0)**

This option would continue to perform all outpatient surgery and GI endoscopy procedures at Advocate Illinois Masonic Medical Center and other Advocate hospitals. As a tertiary teaching hospital and a Level 1 Trauma Center, Illinois Masonic's surgical volumes have continued to increase. Due to the fixed costs in a hospital setting as well as trends with insurance providers and increasing patient preference, it was determined to be important to provide an alternative option for AAH patients in an outpatient ambulatory surgery center.

**Alternative #2: Utilizing other health care facilities to serve the population (Cost: \$ No construction cost but would experience loss of patients and lack of continuity of care.)**

As one of the largest accountable care organizations and a leader in population health, Advocate IMMC and their patients are looking for a high quality, cost appropriate setting for outpatient procedures. The physicians seeing these patients are principally located nearby and are on staff at Advocate Illinois Masonic Medical Center. Patients in this community have a long-established pattern of coming to these physicians for their comprehensive care and requiring use of other facilities could result in delays in access to care, repeat tests and disrupt continuity of care.

**Alternative #3: Develop a Project of lesser scope and cost (Cost: \$18,300,000)**

This option to develop an ASTC that is not a multispecialty surgery center or with limited specialties would not reflect the needs identified for this service area. Many of these specialties are not available at an ASTC location in this service area. To develop only the 2 ORS for the surgical procedures and not include the 2 GI procedure rooms would not meet the needs of the GI physicians and patients who are seeking an outpatient endoscopy location due to insurance requirement or preference. It would be a challenge to prioritize one specialty over others and would be significantly more cost to develop another ASTC location in the future.

**Alternative #4: Acquire or joint venture with an existing ASTC (Cost: Unknown)**

Although this would lower the upfront investment cost to Advocate Health Care, there are no surgery centers in this service area that have expressed interest in being acquired or to participate in this type of partnership. Additionally, the financial and quality policies of AAH would be a requirement of any facility owned by AAH.

**Alternative #5: Build a multidisciplinary ambulatory surgery treatment center including operating and procedural rooms (Cost: \$36,956,122) - Project selected**

This option was selected as it provides an outpatient location for appropriate surgical procedures for Advocate patients in the service area. Key reasons to develop a multidisciplinary ambulatory surgery treatment center at this location include:

- Provides patients access to a high-quality, lower cost care in an appropriate setting for outpatient procedures while maintaining current health care relationships in their service area. This will increase access and patient satisfaction, focusing on the needs of the patient.
- Increases physician satisfaction with an efficient operating model, streamlines processes and improves scheduling without trauma or emergency patients.
- Capital cost are lower to build an ASTC compared with expanding the hospital surgical suite.
- Offers ASTC services at the same location as AAH Medical Group's office building. The medical office building provides clinics and ancillary services increasing continuity of care and access to high quality medical services in the service area.

**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

4. 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.**
5. 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?

The project proposes to establish an ASTC with 2 ORs and 2 GI procedure rooms. The project will include 15 recovery stations to support the operating and procedure rooms.

As outlined in Section 1110 of the Administrative Code, the state standard for operating rooms in an ASTC is 2,075-2,750 gross square feet per operating room, with 4,150-5,500 gsf for 2 ASTC operating rooms. The state standard for procedure rooms in an ASTC is 1,660-2,200 gross square feet per procedure room, with 3,320-4,400 for 2 ASTC procedure rooms.

The gross square footage of the proposed ASTC and procedure rooms meet the state standards and is outlined below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Clinical/Reviewable				
ASTC OR rooms (2 rooms)	5,471	2,075-2750 dgsf/ Operating Room (2 x 2,075-2,750 = 4,150-5,500)	29	Yes
ASTC GI procedure (2 rooms) rooms/endoscopy rooms	2,042	1,660-2,200 dgsf/ Procedure Room (2 x 1,660-2,200 = 3,320-4,400)	2,358	Yes
PACU/prep/recovery (15 rooms)	6,954		NA	
<b>TOTAL CLINICAL</b>	<b>14,467</b>			

<b>Non-Clinical/ Non-Reviewable</b>				
Public, Circulation, Staff Support, Building Support	5,735			
<b>TOTAL</b>	<b>20,202</b>			

### **Clinical Components**

The proposed square footage of 5,471 DGSF for the OR rooms, 2,042 DGSF for GI Procedure rooms, and 6,954 DGSF for PACU/prep/recovery and are below the State guidelines for ASTC service areas and the necessary support space for these services.

#### **ASTC Operating Rooms**

- The proposed project includes Operating Rooms (2 Rooms) and support spaces with 5,471 DGSF.

#### **ASTC Procedure Rooms**

- The proposed project includes 2 GI Procedure Rooms and support spaces with 2,042 DGSF.

#### **PACU/Prep/Recovery**

- The 15 rooms in the proposed includes PACU (3 Rooms) and Prep/Recovery (12 Rooms), Prep/Recovery Office (1 Room), Prep/Recovery Storage (2 Rooms), and support spaces with 6,954 DGSF.

### **Non-Clinical Components**

The Non-clinical components of the project total 5,735 DGSF of space.

This includes staff support space, storage, public waiting, circulation, building support, and lobby.

There are no State Guidelines for the non-clinical components of the project.

**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.**

This project proposes the establishment of a multi-specialty ambulatory surgical treatment center ("ASTC") that includes 2 operating rooms, 2 GI procedure rooms, 15 recovery rooms and appropriate clinical and non-clinical support space.

The proposed ASTC will be multi-specialty, offering the following specialties:

- Cardiovascular
- Colon and Rectal Surgery
- General Surgery (including Vascular)
- Gastroenterology
- Neurological Surgery/Spine
- Obstetrics/Gynecology
- Orthopedic Surgery
- Otolaryngology (ENT)
- Plastic Surgery
- Podiatric Surgery
- Urology

A total of 1,072 surgical cases or 1,642 surgical hours and 2,667 GI procedures or 1,601 GI procedure hours have been committed to this ASTC by physicians on the medical staff at Advocate Illinois Masonic Medical Center and other Advocate hospitals.

The proposed Project includes the following Clinical Departments/Services for which the Illinois Health Facilities and Services Review Board has established standards:

- 2 Operating Rooms
- 2 GI Procedure Rooms
- 15 Recovery Rooms



The projected utilization is outlined for years 1 and 2 in the chart below.

The 1,642 Surgical hours and 1,601 GI procedure hours for year 1 are based on the physician case referrals and support the need for the 2 operating rooms and 2 procedure rooms in the project.

The referral letters from the physicians that will be performing outpatient surgical procedures at this location are include in Attachment 25 Exhibit 1.

The referral letters from the physicians that will be performing outpatient GI/endoscopy procedures at this location are include in Attachment 25 Exhibit 2.

As outlined:

- 1,642 Surgical hours ÷ 1,500 hrs per OR = 1.1 ORs, rounded to 2 ORs.
- 1,601 GI procedure hours ÷ 1,500 hrs per procedure room = 1.1 proc. rms, rounded to 2 proc rms.

DEPT./SERVICE	PROJECTED UTILIZATION (PATIENT DAYS) (TREATMENTS)		STATE STANDARD	MEET STANDARD?
	Year 1	Year 2		
Operating Rooms (2 rms)	1,072 cases	1,083 cases		
	1,642 hours	1,658 hours	1,500 hrs per operating/procedure rm	Yes
GI Procedure Rooms (2 rms)	2,667 cases	2,694 cases		
	1,601 hours	1,617 hours	1,500 hrs per operating/procedure rm	Yes

As a newly established ASTC, there is no historic utilization for the facility. The projections for the number of Operating Rooms and Procedure rooms in year 2 were based on the historical growth for outpatient surgical hours at Illinois Masonic and the Sg2 Impact of change for this service area. The outpatient hours for outpatient surgery are projected to increase by 1% per year and 1% for GI procedures per year.

Based on the projected utilization in year 2, the surgical and procedural hours support the need for 2 operating rooms and the 2 procedural rooms.

**Attachment 15 Exhibit 1 - Surgical Hours**

<b>Physician Referrals to ASTC</b>				
<b>Physician</b>	<b>Cases Referred to ASTC</b>	<b>Specialty</b>	<b>Avg OR Hours/Case inc set up and clean up*</b>	<b>Hours</b>
LEVI GABRIEL STEVEN	30	Orthopedics	1.54	46.20
SAPER DAVID	20	Orthopedics	1.54	30.80
KAMINSKI JAN P	38	General Surgery	1.37	52.06
LAI YING HAO	118	General Surgery	1.37	161.66
KELDAHL MARK L	80	General Surgery	1.37	109.60
DALLAS NIKOLAOS A	68	General Surgery	1.37	93.16
CRUZ CELESTE G	80	General Surgery	1.37	109.60
MAKER VIJAY K	18	General Surgery	1.37	24.66
BOYER JERREL H	15	Neurosurgery	2.15	32.25
BICALHO SILVIA	20	Gynecology	1.77	35.40
BRANCH RIVA N	20	Gynecology	1.77	35.40
STARR ROSALLY	17	Gynecology	1.77	30.09
REIS BRADY J	18	Gynecology	1.77	31.86
SODINI IRMA	10	Gynecology	1.77	17.70
DELFINADO LEAH N	11	Gynecology	1.77	19.47
SHUBER HEIDER	8	Gynecology	1.77	14.16
TAM MARIA TERESA	3	Gynecology	1.77	5.31
BECK TRACI P	25	Urology	1.33	33.25
SHASHOUA ABRAHAM	99	Urology	1.33	131.67
GEORGE SEAN	61	Urology	1.33	81.13
COLMAN KATHRYN L	62	ENT	1.59	98.58
VENKATESAN T K	57	ENT	1.59	90.63
ALLEGRETTI JOSEPH P	11	ENT	1.59	17.49
FRIEDMAN MICHAEL	71	ENT	1.59	112.89
LEVY ADAM J	42	ENT	1.59	66.78
BAKER TODD A	30	Plastic Surgery	2.56	76.80
BAKER JEFFREY R	15	Podiatry	2.08	31.20
FLEISCHER ADAM	10	Podiatry	2.08	20.80
ALAMEDA JR DAVID	15	Podiatry	2.08	31.20
<b>TOTAL</b>	<b>1,072</b>		<b>1.53</b>	<b>1,641.80</b>

\* The hours per case are based on state reported data in 2021 for outpatient surgical cases performed at Illinois Masonic Medical Center and Lutheran General Hospital (Plastic Surgery only).

**Attachment 15 Exhibit 2 - GI Procedure Hours**

<b>Physician Referrals to ASTC</b>				
<b>PHYSICIAN</b>	<b>Cases Referred to ASTC</b>	<b>Specialty</b>	<b>Avg OR Hours/Case inc set up and clean up*</b>	<b>Hours</b>
MURAD FARIS M	388	Gastroenterology	0.6	232.8
ESTRADA JOAQUIN J	518	Gastroenterology	0.6	310.8
KAMINSKI JAN P	401	Gastroenterology	0.6	240.6
HISTROV ALEXANDER	47	Gastroenterology	0.6	28.2
PAJOT GREGORY	8	Gastroenterology	0.6	4.8
ALBERT ANDREW	170	Gastroenterology	0.6	102
FINE MARC	275	Gastroenterology	0.6	165
KAKODKAR SAMIR A	193	Gastroenterology	0.6	115.8
LAKHA ASIF M	187	Gastroenterology	0.6	112.2
PAMUDURTHY VIJETA R	120	Gastroenterology	0.6	72
SIGLIN SCOTT J	176	Gastroenterology	0.6	105.6
SILAS DEAN	184	Gastroenterology	0.6	110.4
<b>TOTAL</b>	<b>2,667</b>		<b>0.6</b>	<b>1600.2</b>

\* The hours per case was based on 2019 HFSRB reported data for the average GI procedure time in ASTCs. 2019 data was used due to the impact of COVID on 2020 data.

**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.**

Not Applicable – no shell space.

**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.**

Not Applicable – no shell space.

**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 checked="" type="checkbox"/> Cardiovascular
<input checked="" type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input checked="" type="checkbox"/> General Surgery including Vascular
<input checked="" type="checkbox"/> Gastroenterology
<input checked="" type="checkbox"/> Neurological Surgery/Spine
<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/> Orthopedic Surgery
<input checked="" type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/> Plastic Surgery
<input checked="" type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input checked="" 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 Patient		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	

110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
<b>APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

The proposed project is for the establishment of a new non-hospital based ambulatory surgical treatment center. The proposed ASTC will be located adjacent to the proposed Medical Office building project submitted to the Health Facilities and Services Review Board by Advocate Health and Hospitals Corporation's Medical Group that includes primary care and specialty care clinician offices and non-hospital-based outpatient services.

The location of these projects is designed to serve the north side Chicago residents and the Advocate Illinois Masonic patient population. The patient base will be those patients currently receiving outpatient surgical care at Illinois Masonic and other Advocate hospitals.

The proposed ASTC will be multi-specialty, offering the following specialties:

- Cardiovascular
- Colon and Rectal Surgery
- Gastroenterology
- General Surgery (including Vascular)
- Orthopedic Surgery
- Neurological Surgery/Spine
- Podiatric Surgery
- Otolaryngology (ENT)
- Urology
- Obstetrics/Gynecology
- Plastic Surgery

### **Criterion 1110.235(c)(2)(B) – Service to GSA Residents**

The ASTC is located in Chicago's North side and pursuant to Section 1110.510 (d), the Chicago Webster ASTC's service area (GSA) is defined by a radius of 10 miles surrounding the project. The zipcodes that comprise the service area (those within a 10-mile radius) includes a population of 2.3 million residents. The population by zipcode and town name are provided in Attachment 12.

40 physicians have committed to referring their appropriate outpatient surgical cases and GI endoscopy cases to the proposed project from the current patients that they have performed cases at Advocate Illinois Masonic and other Advocate hospitals that live in the defined service area.

The referral letters from the physicians that will be performing outpatient surgical procedures at this location are include in Attachment 25 Exhibit 1. The referral letters from the physicians that will be performing outpatient GI/endoscopy procedures at this location are also included in Attachment 25 Exhibit 1.

Attachment 25 Exhibit 3 shows ALL of the outpatient surgical cases performed by these physicians at IMMC including those outside of the GSA. As shown, 2,382 or 77% of their total patients over the last 12 months (Oct 2021- Sept 2022) were patients that live in the zipcodes of this geographic service area. (GSA).

Attachment 25 Exhibit 4 shows ALL of the outpatient GI cases performed by these physicians at IMMC and other Advocate hospitals including those outside of the GSA. As shown, 4,290 or 55% of their total patients over the last 12 months were patients that live in the zipcodes of this geographic service area. (GSA)





DISEASES AND SURGERY OF THE FOOT  
DIPL. (FRONT) AMERICAN BOARD OF PODIATRIC SURGERY

4959 W. BELMONT AVE.  
CHICAGO, IL 60641

PHONE: 773.237.1122  
FAX: 773.237.1222

Mr. John Knierly, Administrator  
Illinois Health Facilities and Services Review Board  
325 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Dear Mr. Knierly,

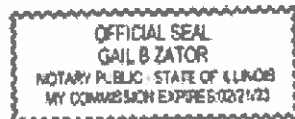
I am a physician specializing in Podiatry. I am writing in support of the establishment of the proposed ambulatory surgery treatment center (ASTC) on Webster Avenue in Chicago, IL. In the recent 12 months, I performed 34 outpatient procedures at Advocate Illinois Masonic Medical Center. Of those, 94% were from within the geographic service area for this proposed center. The table attached to this letter shows the specific patient origin for the outpatient procedures I have performed. I would expect to refer 15 of these patients to the proposed ASTC, all from my volume of work currently referred to Advocate Illinois Masonic Medical Center. I certify these referrals have not been used to support another pending or approved certificate of need application. The information provided in this letter is true and correct to the best of my knowledge.

Sincerely,

David Alameda DPM  
Alameda Foot Center, PC  
4959 West Belmont Ave  
Chicago, IL 60641

Subscribed and sworn before me this 21<sup>st</sup> day of DECEMBER, 2022

Notary Public





4959 W. BELMONT AVE.  
CHICAGO, IL 60641

PHONE: 773.237.1122  
FAX: 773.237.1222

**CON Application for proposed Ambulatory Surgery Treatment Center on Webster Avenue in Chicago**

**Referring Physician: David Alameda DPM Time Period: October 2021 – September 2022**

**Outpatient Surgical patients seen at Advocate Illinois Masonic Medical Center in recent 12 month period are shown in the table below**

Zip Code Origin of Patients	% of OP Cases in Reporting Period
60641	17.6%
60618	11.8%
60651	8.8%
60613	5.9%
60640	5.9%
60639	5.9%
60622	5.9%
60634	5.9%
60645	2.9%
60629	2.9%



4959 W. BELMONT AVE.  
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60657	2.9%
60153	2.9%
60644	2.9%
60614	2.9%
60625	2.9%
60513	2.9%
60660	2.9%
60176	2.9%
60642	2.9%



December 16, 2022

Mr. John Knierly, Administrator

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Knierly,

I am a physician specializing in Gastroenterology. I am writing in support of the establishment of the proposed ambulatory surgery treatment center (ASTC) on Webster Avenue in Chicago, IL. In the recent 12 months, I performed 348 outpatient procedures at Advocate Illinois Masonic Medical Center. Of those, 90% were from within the geographic service area for this proposed center. The table attached to this letter shows the specific patient origin for the outpatient procedures I have performed.

I expect to refer at least 170 patients to the proposed ASTC, all from my volume of work currently referred to Advocate Illinois Masonic Medical Center.

I certify these referrals have not been used to support another pending or approved certificate of need application. The information provided in this letter is true and correct to the best of my knowledge.

Sincerely,

  
Andrew Albert, M.D., M.P.H. -Chicago Gastro

2835 N. Sheffield Ave., #303

Chicago, IL 60657

Subscribed and sworn before me this 19<sup>th</sup> day of DECEMBER, 2022

  
Notary Public



2835 N. SHEFFIELD, SUITE 303 • CHICAGO, IL • 60657  
PHONE: 773.348.3164 • FAX: 312.327.4452

CON Application for proposed Ambulatory Surgery Treatment Center on Webster Avenue in Chicago

Referring Physician Dr. Andrew Albert

Time Period: October 2021 – September 2022

Outpatient Surgical patients seen at IMMC in past 12 month period are shown below

Zip Code Origin of Patients	% of OP Cases in Reporting Period
60540	0.6%
60619	0.6%
60612	0.6%
60638	0.6%
60423	0.6%
60615	0.6%
60160	0.3%
46616	0.3%
60302	0.3%
60623	0.3%
60419	0.3%
60440	0.3%
60181	0.3%
60457	0.3%
60045	0.3%
60628	0.3%
60415	0.3%
60510	0.3%
60435	0.3%
60631	0.3%
60643	0.3%