ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rush University Medical Center (Discontinuation of Comprehensive Rehabilitation Beds)
Street Address: 1620 West Harrison Street
City and Zip Code: Chicago 60612
County: Cook Health Service Area: IV Health Planning Area: A-02

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

Exact Legal Name: Rush System for Health d/b/a Rush University System for Health
Street Address: 1725 West Harrison Street, Suite 364
City and Zip Code: Chicago 60612
Name of Registered Agent: Carl Bergetz
Registered Agent Street Address: 1725 West Harrison Street, Suite 364
Registered Agent City and Zip Code: Chicago 60612
Name of Chief Executive Officer: Omar B. Lateef, DO
CEO Street Address: 1700 West Van Buren Street, Suite 301
CEO City and Zip Code: Chicago 60612
CEO Telephone Number: 312-942-8715

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan and Aronoff, LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com, msilberman@beneschlaw.com
Fax Number: 312-767-9192

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

Name: Katherine B. Fishbein
Title: Assistant General Counsel
Company Name: Rush University Medical Center
Address: 1700 West Van Buren Street, Suite 301, Chicago, IL 60612
Telephone Number: 312-942-6886
E-mail Address: Katherine_Fishbein@rush.edu
Fax Number: 312-942-6886

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Address: 1700 West Van Buren Street, Suite 301, Chicago, IL 60612
Telephone Number: 312-942-6886
E-mail Address: Katherine_Fishbein@rush.edu
Fax Number: 312-942-4233

Post Exemption 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: Katherine B. Fishbein
Title: Assistant General Counsel
Company Name: Rush University Medical Center
Address: 1700 West Van Buren Street, Suite 301, Chicago, IL 60612
Telephone Number: 312-942-6886
E-mail Address: Katherine _Fishbein@rush.edu
Fax Number: 312-942-4233

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Rush University Medical Center
Address of Site Owner: 1700 West Van Buren, Suite 301, Chicago, IL 60612
Street Address or Legal Description of the Site: **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: Rush University Medical Center

Address: 1620 West Harrison Street, Chicago, IL 60612

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

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.

Rush University Medical Center is filing this Certificate of Need application to discontinue its existing 59-bed comprehensive rehabilitation unit. The discontinuation of its 59-bed unit is envisioned to be effective upon the licensing and opening of the proposed 100-bed Rush Specialty Hospital. The discontinuation of the unit is being delayed until the new hospital is opened so as to avoid any disruption in access to this necessary care.

Rush Specialty Hospital, LLC ("Rush Specialty Hospital" or "RSH") was approved by the Board pursuant to Project #21-026 for a 100-bed freestanding long-term acute care hospital (with a rehabilitation unit) located at the Northwest corner of Harrison Street and Loomis Avenue in Chicago, Illinois. Upon completion, RSH will be dedicated to providing long-term acute care and comprehensive inpatient rehabilitation services.

This is classified as a substantive project because it proposes the discontinuation of a category of service.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No ☐. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

- **Rush Specialty Hospital, Permit #21-06** - The project will be complete when the exemption that is the subject of this application is complete.
- **Rush Lisle Cancer Center, Permit #23**-01 - The project will not be complete when the exemption that is the subject of this application is complete.
- **Rush North Harlem MOB, Permit #23-023** - The project will not be complete when the exemption that is the subject of this application is complete.
- **Rush University Medical Center Ambulatory Care Building, Permit #18-**023 - The project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): Upon licensure and transfer of patients to Rush Specialty Hospital, Permit #21-06 or May 1, 2024

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Rush University Medical Center		**CITY: Chicago**			
REPORTING PERIOD DATES: From: January 1, 2022 To: December 31, 2022					
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	356	15293	89462	-	0
Obstetrics	34	2673	7381	-	0
Pediatrics	20	839	7381	-	0
Intensive Care	132	7337	43458	-	0
Comprehensive Physical Rehabilitation	59	889	11025	-	0
Acute/Chronic Mental Illness	54	850	6470	-	0
Neonatal Intensive Care	72	486	9847	-	0
General Long-Term Care	0	0	0	-	0
Specialized Long-Term Care	0	0	0	-	0
Long Term Acute Care	0	0	0	-	0
Other (Observation)	29	-	11,275	-	
TOTALS:	727	28,367	171,204	-	0

CERTIFICATION

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

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

This Application is filed on the behalf of Rush University System for Health and Rush University Medical Center, in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Omar B. Lateef, DO
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of APRIL, 2023

Signature of Notary

Seal

OFFICIAL SEAL
MARY F PANOSH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 1/15/25

SIGNATURE

Carl Bergetz, JD
PRINTED NAME

Chief Legal Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of April, 2023

Signature of Notary

Seal

"OFFICIAL SEAL"
Maritza Ramses
Notary Public, State of Illinois
My Commission Expires February 27, 2026

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

☒ Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [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 service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

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

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

SECTION V. CHARITY CARE INFORMATION

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 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

Attachment 1
Type of Ownership of Applicant

Included with this attachment are:

1. The Certificate of Good Standing for Rush System for Health d/b/a Rush University System for Health.
2. The Certificate of Good Standing Rush University Medical Center.

Attachment 1
Certificate of Good Standing

File Number 5852-111-6

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

RUSH SYSTEM FOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 22, 1995, ADOPTED THE ASSUMED NAME RUSH UNIVERSITY SYSTEM FOR HEALTH ON JANUARY 29, 2019, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2302601198 verifiable until 01/26/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 1
Certificate of Good Standing

File Number 0200-214-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2302503216 verifiable until 01/25/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 2
Site Ownership

This site is currently owned by Rush University Medical Center, an Illinois not for profit corporation. Attached as evidence is a copy of the most recent available property tax bill for the site.

Attachment 2
Site Ownership

TOTAL PAYMENT DUE

$0.00

By 07/01/23

2022 First Installment Property Tax Bill - Cook County Electronic Bill

Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
17-18-405-032-0000	594	77114	2022	(2023)	WEST CHICAGO	5-90

IF PAYING LATE, PLEASE PAY	07/02/2023 - 08/01/2023	08/02/2023 - 09/01/2023	09/02/2023 - 10/01/2023	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW
	$0.00	$0.00	$0.00	

TAXING DISTRICT DEBT AND FINANCIAL DATA

Your Taxing Districts	Money Owed by Your Taxing Districts	Pension and Healthcare Amounts Promised by Your Taxing Districts	Amount of Pension and Healthcare Shortage	% of Pension and Healthcare Costs Taxing Districts Can Pay
Metro Water Reclamation Dist of Chicago	$3,327,854,000	$3,020,080,000	$1,168,985,000	61.29%
Chicago Park District	$1,239,907,000	$2,096,450,000	$1,741,894,000	16.91%
Board of Education Chicago	$13,815,094,000	$29,286,255,000	$18,349,193,000	37.35%
Chicago Community College Dist	$498,542,277	$90,248,733	$90,248,733	0.00%
City of Chicago	$41,006,546,000	$46,652,035,168	$35,696,602,003	23.48%
Cook County Forest Preserve District	$233,103,051	$540,107,634	$328,420,280	39.19%
County of Cook	$8,019,310,814	$29,739,673,504	$17,090,063,066	42.53%
Total	$68,140,357,142	$111,424,850,039	$74,465,406,082	

For a more in-depth look at government finances and how they affect your taxes, visit *cookcountytreasurer.com*

PAY YOUR TAXES ONLINE
Pay at cookcountytreasurer.com from your bank account or credit card.

TAX CALCULATOR

2021 TOTAL TAX		293.35
2022 ESTIMATE	X	55%
2022 1st INSTALLMENT	=	161.34

The First Installment amount is 55% of last year's total taxes. All exemptions, such as homeowner and senior exemptions, will be reflected on your Second Installment tax bill.

IMPORTANT MESSAGES

PROPERTY LOCATION

1725 W HARRISON ST
CHICAGO IL 60612

MAILING ADDRESS

RUSH LEGAL AFFAIRS
1700 W VAN BUREN #301
CHICAGO IL 606125500

****** Please see 2022 First Installment Payment Coupon next page ******

Attachment 3
Operating Entity/Licensee

The operating entity is Rush University Medical Center. Attached as evidence of the entity's good standing is a Certification of Good Standing issued by the Illinois Secretary of State.

Attachment 3
Operating Entity/Licensee

File Number 0200-214-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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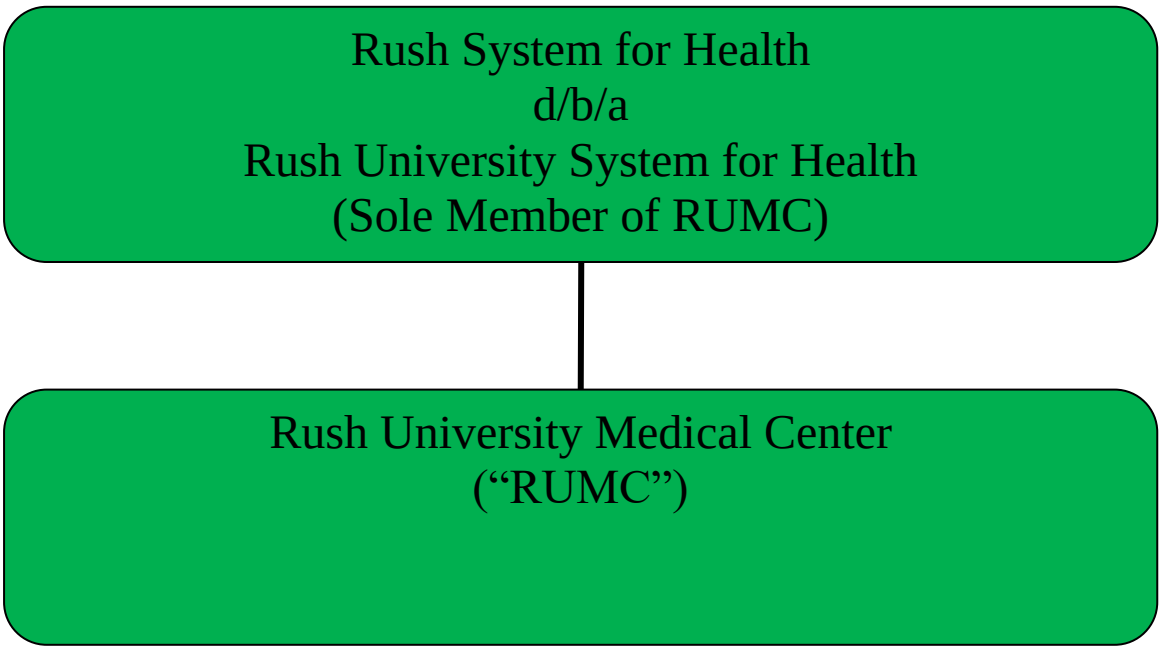
SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2302503216 verifiable until 01/25/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 4
Organizational Chart



Attachment 5
Discontinuation General Information Requirements

General:

1. **Categories of service and the number of beds, if any that are to be discontinued.**

   The applicant proposes to discontinue the comprehensive rehabilitation category of service currently offered in its 59-bed unit at Rush University Medical Center. There will be no other clinical services that are to be discontinued related to this project.

2. **Identify all the other clinical services that are to be discontinued.**

   There will be no other clinical services that are to be discontinued related to this project.

3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**

   The discontinuation of its 59-bed unit is envisioned to be effective upon licensing and transfer of existing patients to the Rush Specialty Hospital. This will be done so as to avoid any disruption in access to this necessary care. However, the ultimate impact of this proposed project will be to reduce the bed inventory for the comprehensive rehabilitation category of service by three beds.

4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**

   The anticipated use of the physical plant has not been determined and equipment will be evaluated to determine if it can be redeployed in other RUSH facilities.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.**

   The medical records of comprehensive rehab patients are maintained in an electronic health records information system that Rush University Medical Center utilizes. The records will be maintained in compliance with all applicable State and Federal laws pertaining to medical record storage, including the Illinois Hospital Licensing Act (210 ILCS 85/6.17) which generally requires licensed hospitals to preserve medical records for no less than 10 years.

6. **Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.**

   Included with this application is an attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. A copy of that notice is included.

7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application. Included in Attachment 7 are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district the health care facility is located, the Director of Public Health, and the Director of Healthcare and family Services.**

Attachment 5
Discontinuation General Information Requirements

Not Applicable.

8. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.**

Not Applicable.

Attachment 6
Reasons for Discontinuation

The reasons for discontinuation are that the provision of service at the current location will not be economically feasible, nor will there be demand for the service at Rush University Medical Center once the new Rush Specialty Hospital opens.

The reason for discontinuation of the facility is to allow for the orderly transition of comprehensive rehabilitation services currently provided at Rush University Medical Center to Rush Specialty Hospital.

It is axiomatic to the Certificate of Need process to focus on better utilization of existing facilities to maximize the stability of healthcare delivery. Given the establishment of the Rush Specialty Hospital and its planned 56 inpatient comprehensive rehabilitation beds, this proposal will better utilize these beds to the benefit of the healthcare community. This project makes sense from a healthcare delivery perspective and will, ultimately, improve access to care within the community by providing additional stability to inpatient comprehensive rehabilitation beds and allowing better utilization of necessary services at Rush University Medical Center.

Attachment 7
Discontinuation - Impact on Access

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.

The discontinuation will not have an adverse effect upon access of care for residents of the facility's market area. Upon completion of the Rush Specialty Hospital, the exact same services will be available on the RUSH Campus and less than one half mile away from the current location.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.

Included in Attachment 7 are copies of the notification letter sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

Attachment 7
Discontinuation - Media Notice

The applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on November 14, 2023. The Chicago Tribune has a print circulation of 439,731, and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook and DuPage County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

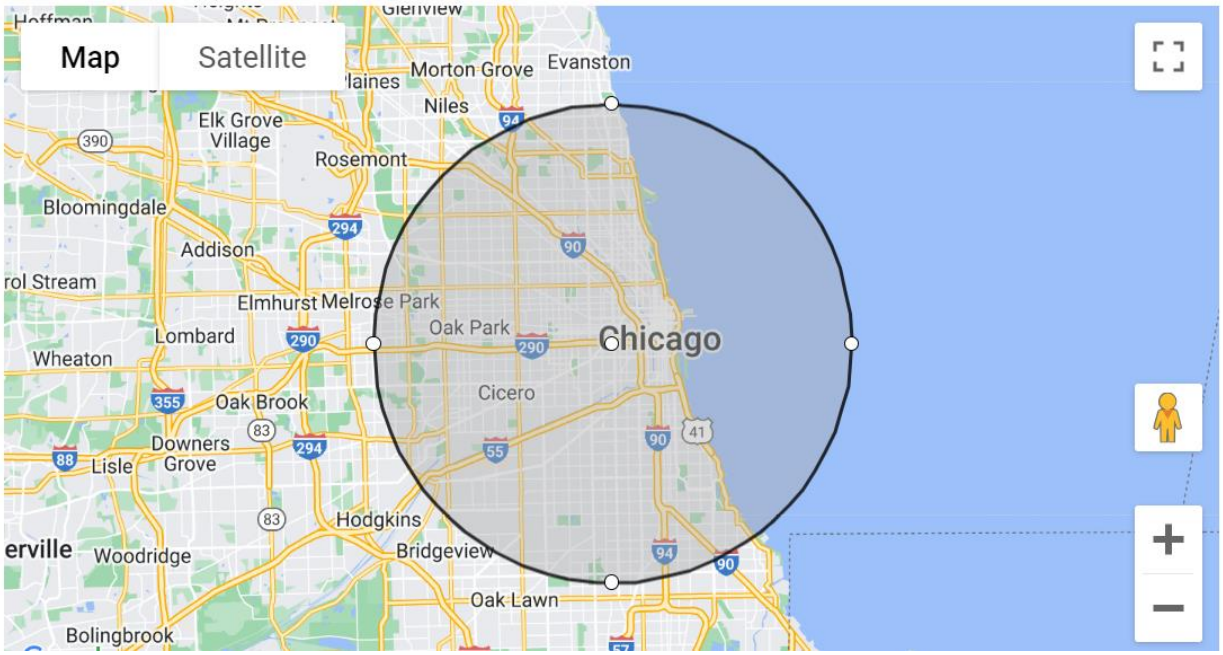
"Rush University Medical Center has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue a 59-bed comprehensive rehabilitation unit at the hospital located at 1620 West Harrison Street, Chicago IL 60612 in the second quarter of 2024. The facility proposes to relocate the services to their new Rush Specialty Hospital which is located at the corner of Harrison and Loomis, Chicago, IL 60612. After submission of the application to discontinue the facility to the HFSRB, the application for the proposed discontinuation may be found on the HFSRB website at https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx. If you are or have been a patient at Rush University Medical Center and have questions about accessing your medical records, please call 312-942-5000."

Attachment 7
Discontinuation - Notices to Area Facilities

The following notification letters were sent to area facilities that maintain a comprehensive rehabilitation inpatient unit within the geographic service area as determined by the distance and drive times to the facilities. Also listed on the following pages in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes and areas that are located within a 10-mile radius of the existing site of the comprehensive rehabilitation inpatient unit. The zip codes and area within a 10-mile radius of the unit is listed below. We have included a map of the multidirectional travel radii of the existing facility site.

Attachment 7
Discontinuation - Notices to Area Facilities

10 Mile Radius from 1620 West Harrison Street, Chicago, IL 60612



FACILITY NAME
Advocate Illinois Masonic Medical Center
Insight Hospital and Medical Center
Louis A Weiss Memorial Hospital
Presence Resurrection Medical Center
Presence Saint Joseph Hospital – Chicago
Presence Saint Mary of Nazareth Hospital
Schwab Rehabilitation Center
Shirley Ryan Ability Lab
Shriners Hospital for Children – Chicago
Swedish Hospital

Attachment 7
Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center
836 W. Wellington Avenue
Chicago, IL 60657

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

This letter is to notify you that Rush University Medical Center, located at 1620 West Harrison Street, Chicago Illinois 60612 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of its 59-bed comprehensive rehabilitation unit. The discontinuation is anticipated to occur upon issuance of license for the Rush Specialty Hospital to be located at the corner of Harrison and Loomis Street, Chicago, IL 60612. The new facility is expected to be completed by December 31, 2024.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at Rush University Medical Center as the Rush Specialty Hospital will be located less than a half mile away on Rush's campus.

Pursuant to the Health Facilities Planning Act, we are providing this notice and would ask that you respond in writing if you anticipate an adverse impact on your facility due to this proposed discontinuation at Rush University Medical Center.

Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities

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Susan Nordstrom Lopez, President
Advocate Illinois Masonic Medical Center
Street, Apt. No.; or PO Box No.
836 W. Wellington Avenue
City, State, ZIP+4
Chicago, Illinois 60657

PS Form 3800, June 2002

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center
836 W. Wellington Avenue
Chicago, Illinois 60657

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Susan Nordstrom Lopez, President
Advocate Illinois Masonic Medical Center
836 W. Wellington Avenue
Chicago, Illinois 60657

9590 9402 7700 2122 5366 72

2. Article Number (Transfer from service label)
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PS Form 3811, July 2020 PSN 7530-02-000-9053

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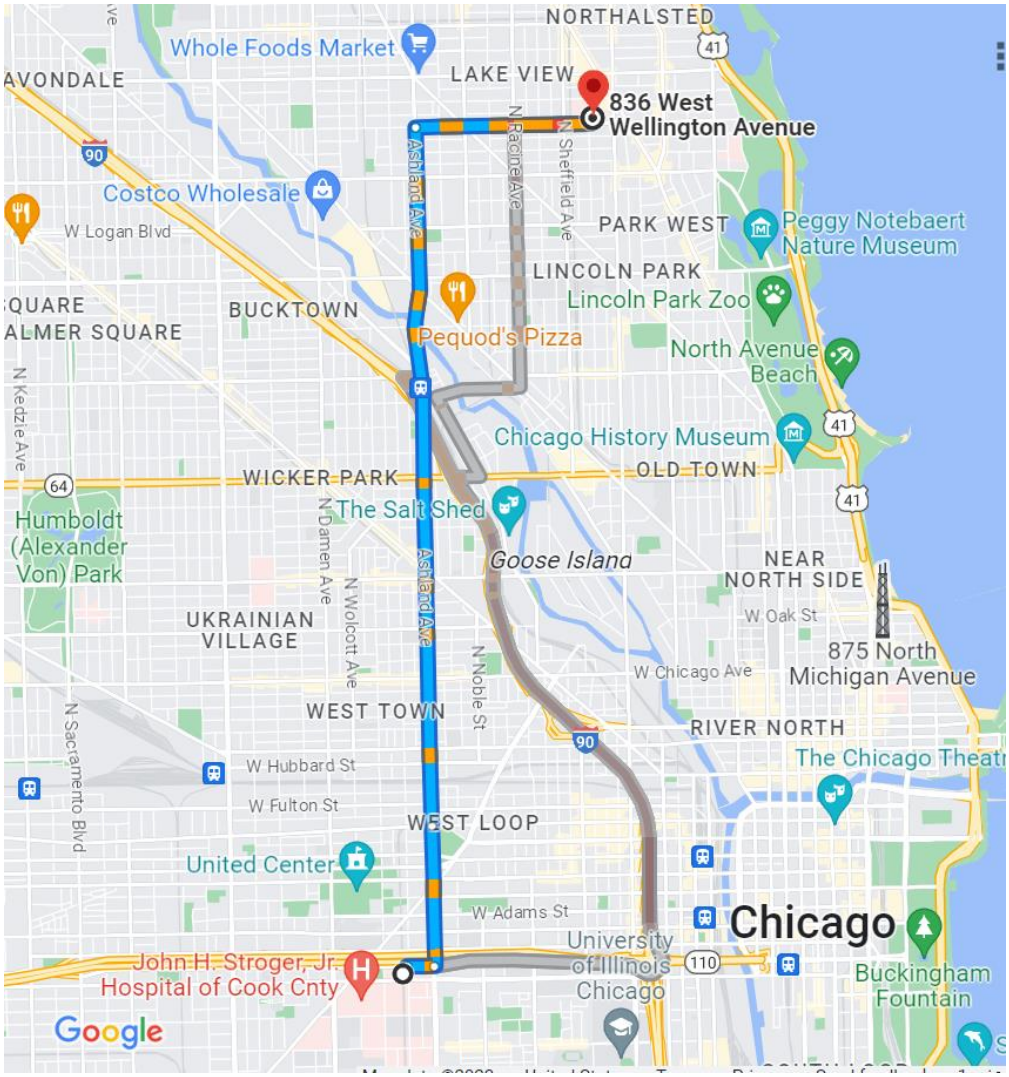
Discontinuation - Notices to Area Facilities



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Discontinuation - Notices to Area Facilities

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Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Atif Bawahab
Chief Executive Officer
Insight Hospital and Medical Center
2525 S. Michigan Avenue
Chicago, IL 60616

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

This letter is to notify you that Rush University Medical Center, located at 1620 West Harrison Street, Chicago Illinois 60612 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of its 59-bed comprehensive rehabilitation unit. The discontinuation is anticipated to occur upon issuance of license for the Rush Specialty Hospital to be located at the corner of Harrison and Loomis Street, Chicago, IL 60612. The new facility is expected to be completed by December 31, 2024.

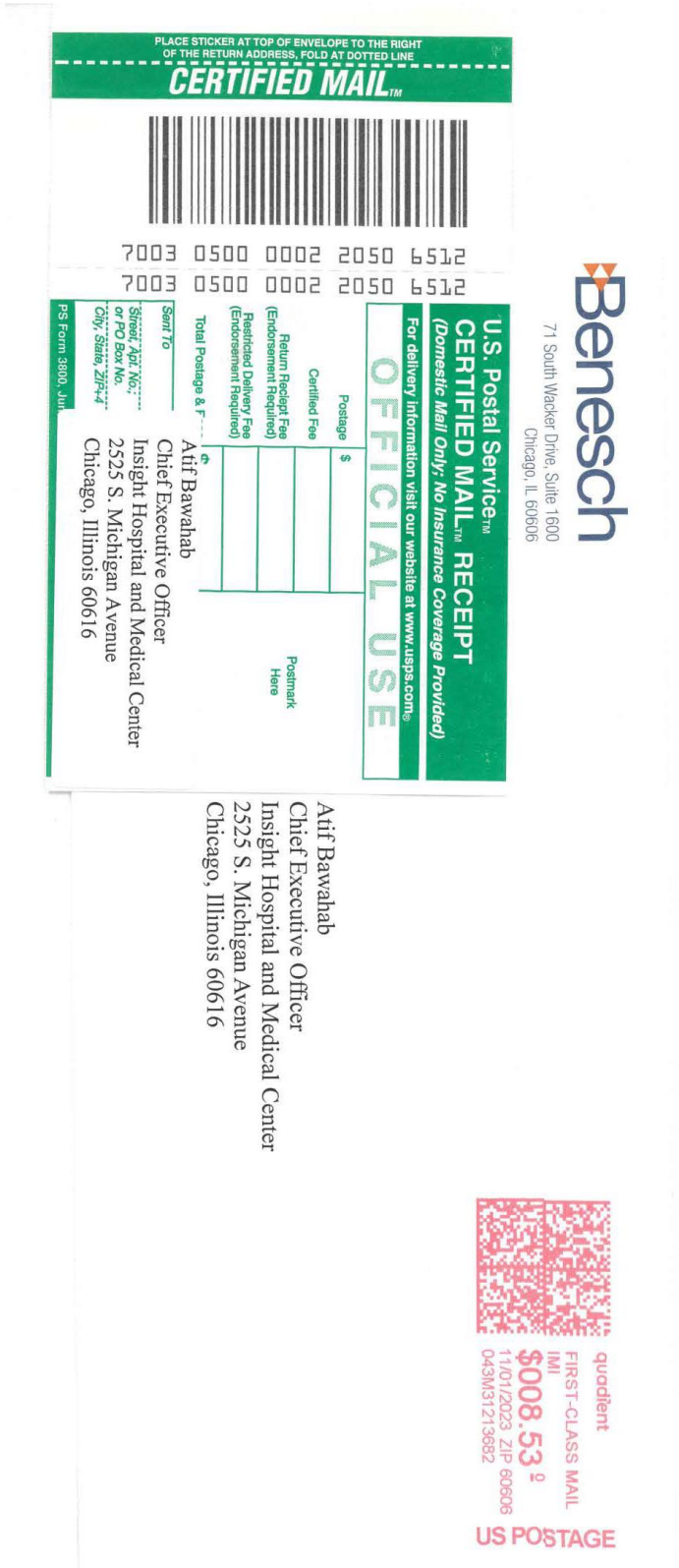
We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at Rush University Medical Center as the Rush Specialty Hospital will be located less than a half mile away on Rush's campus.

Pursuant to the Health Facilities Planning Act, we are providing this notice and would ask that you respond in writing if you anticipate an adverse impact on your facility due to this proposed discontinuation at Rush University Medical Center.

Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities



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Insight Hospital and Medical Center
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Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Atif Bawahab
Chief Executive Officer
Insight Hospital and Medical Center
2525 S. Michigan Avenue
Chicago, Illinois 60616

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Atif Bawahab
Chief Executive Officer
Insight Hospital and Medical Center
2525 S. Michigan Avenue
Chicago, Illinois 60616

9590 9402 7700 2122 5366 58

2. Article Number (Transfer from service label)
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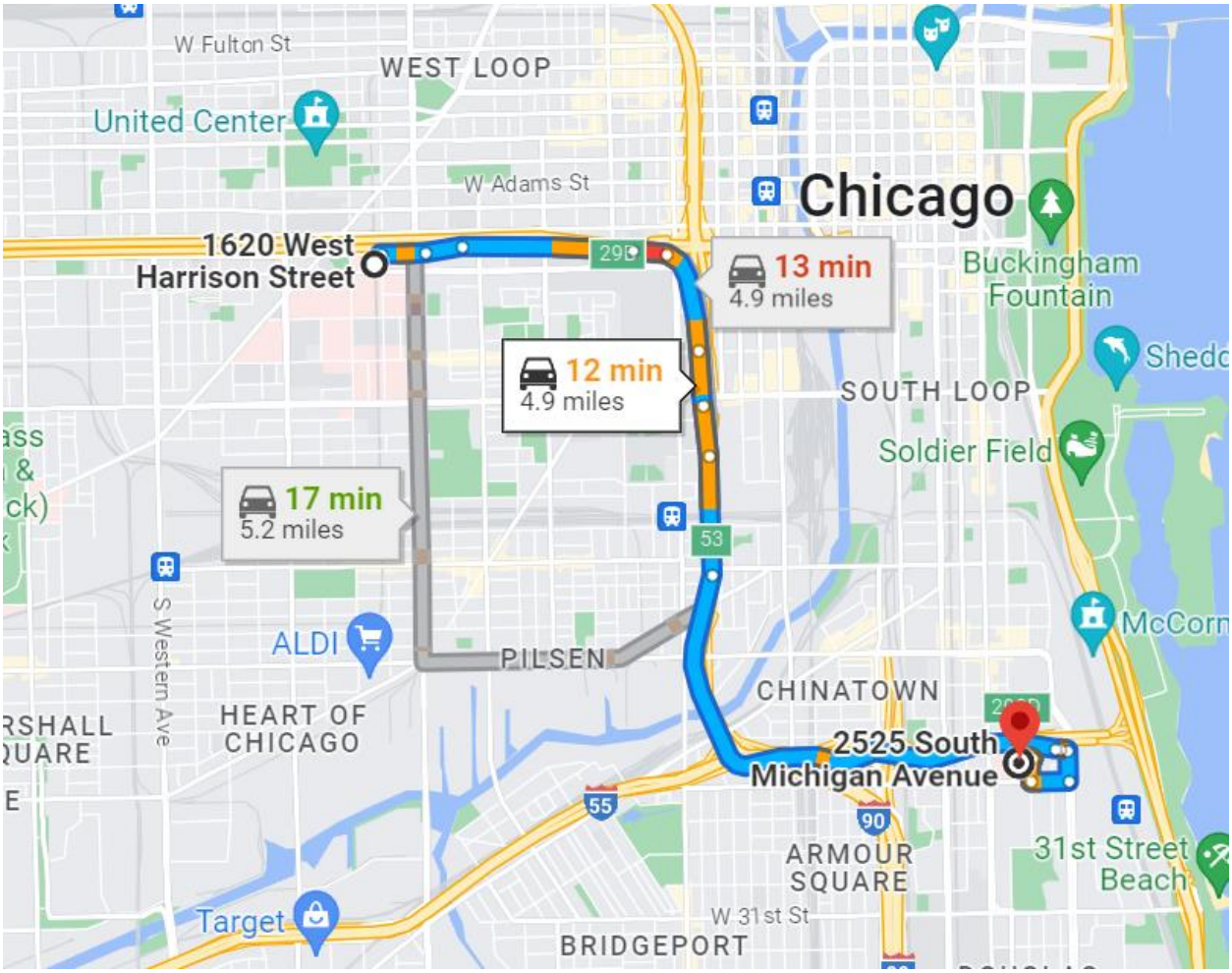
Discontinuation - Notices to Area Facilities



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Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Manoj K. Prasad, M.D.
Chief Executive Officer
Resilience Healthcare
Louis A. Weiss Memorial Hospital
4646 N. Marine Drive
Chicago, IL 60640

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

This letter is to notify you that Rush University Medical Center, located at 1620 West Harrison Street, Chicago Illinois 60612 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of its 59-bed comprehensive rehabilitation unit. The discontinuation is anticipated to occur upon issuance of license for the Rush Specialty Hospital to be located at the corner of Harrison and Loomis Street, Chicago, IL 60612. The new facility is expected to be completed by December 31, 2024.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at Rush University Medical Center as the Rush Specialty Hospital will be located less than a half mile away on Rush's campus.

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Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

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Discontinuation - Notices to Area Facilities

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Louis A. Weiss Memorial Hospital
4646 N. Marine Drive
Chicago, Illinois 60640

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Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Manoj K. Prasad, M.D.
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Resilience Healthcare
Louis A. Weiss Memorial Hospital
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Manoj K. Prasad, M.D., CEO
Resilience Healthcare
Louis A. Weiss Memorial Hospital
4646 N. Marine Drive
Chicago, Illinois 60640

9590 9402 7700 2122 5368 87

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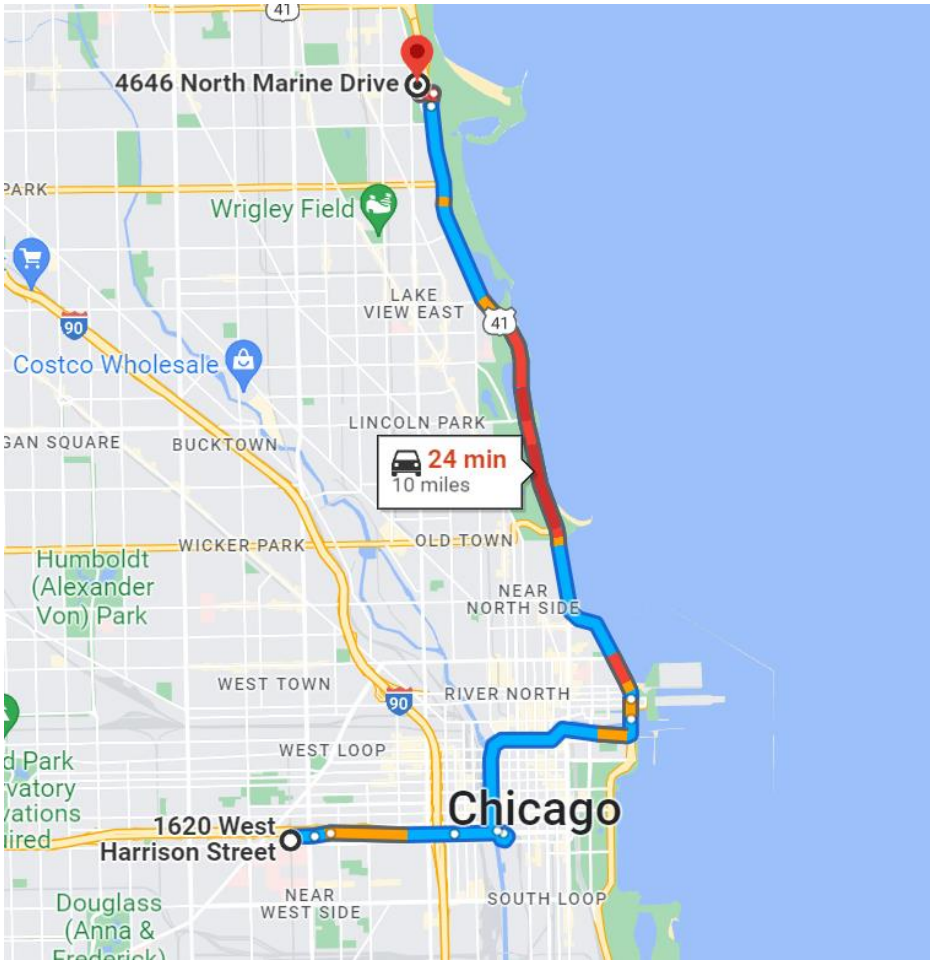
Discontinuation - Notices to Area Facilities



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Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Hospital Administrator
Ascension Resurrection Medical Center
7435 W Talcott Avenue
Chicago, IL 60631

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

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Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities

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Ascension Resurrection Medical Center
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Chicago, Illinois 60631

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Hospital Administrator
Ascension Resurrection Medical Center
7435 W. Talcott Avenue
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Hospital Administrator
Ascension Resurrection Medical Center
7435 W. Talcott Avenue
Chicago, Illinois 60631

9590 9402 7700 2122 5366 65

2. Article Number (Transfer from service label)
7003 0500 0002 2050 6451

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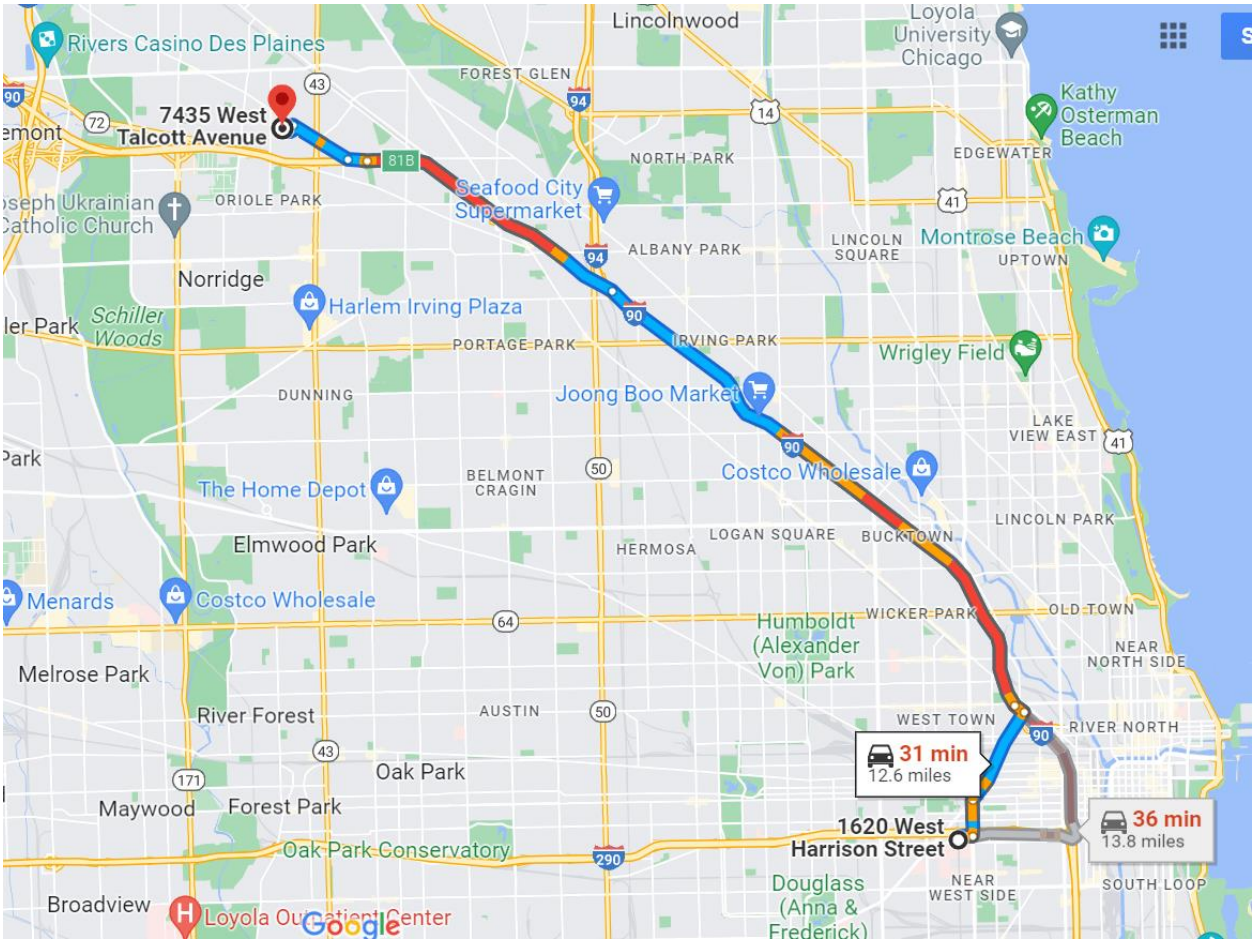

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Rush University Medical Center
Professional Office Building
1725 West Harrison Street
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Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
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RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

John Baird
Chief Executive Officer
Ascension Saint Joseph Hospital
2900 N. Lake Shore Drive
Chicago, IL 60657

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Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

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PS Form 3800, June

John Baird
Chief Executive Officer
Ascension Saint Joseph Hospital
2900 N. Lake Shore Drive
Chicago, Illinois 60657

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

John Baird
Chief Executive Officer
Ascension Saint Joseph Hospital
2900 N. Lake Shore Drive
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John Baird
Chief Executive Officer
Ascension Saint Joseph Hospital
2900 N. Lake Shore Drive
Chicago, Illinois 60657

9590 9402 7700 2122 5366 89

2. Article Number (Transfer from service label)

7003 0500 0002 2050 6482

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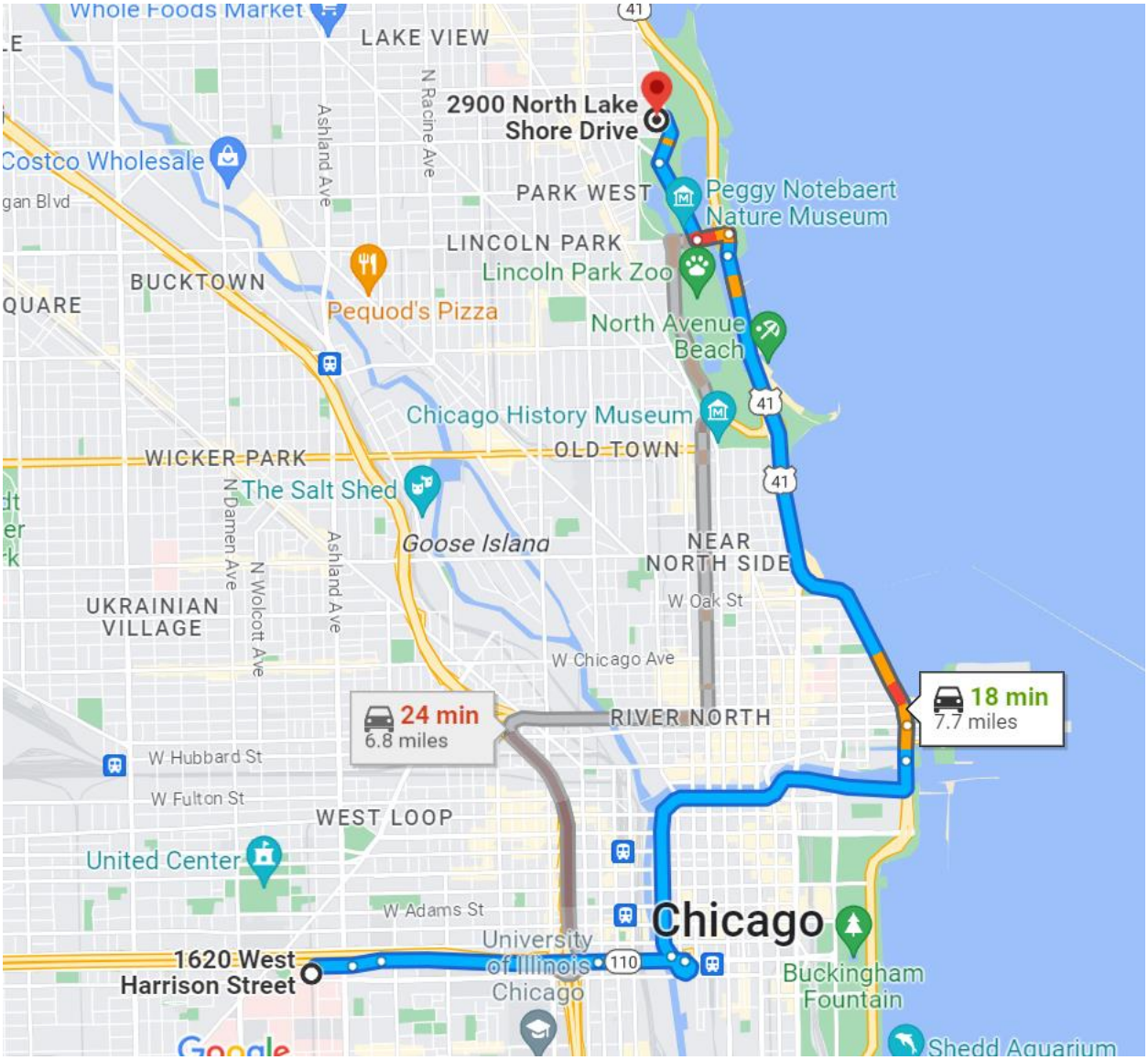

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RUSH

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Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Administrator
Ascension St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60657

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

This letter is to notify you that Rush University Medical Center, located at 1620 West Harrison Street, Chicago Illinois 60612 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of its 59-bed comprehensive rehabilitation unit. The discontinuation is anticipated to occur upon issuance of license for the Rush Specialty Hospital to be located at the corner of Harrison and Loomis Street, Chicago, IL 60612. The new facility is expected to be completed by December 31, 2024.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at Rush University Medical Center as the Rush Specialty Hospital will be located less than a half mile away on Rush's campus.

Pursuant to the Health Facilities Planning Act, we are providing this notice and would ask that you respond in writing if you anticipate an adverse impact on your facility due to this proposed discontinuation at Rush University Medical Center.

Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities

Benesch
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Chicago, IL 60606

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Chicago, Illinois 60657

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Ascension St. Mary of Nazareth Hospital
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Chicago, Illinois 60657

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Administrator
Ascension St. Mary of Nazareth Hospital
2233 W. Division Street
Chicago, Illinois 60657

9590 9402 7700 2122 5367 19

2. Article Number (Transfer from service label)
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PS Form 3811, July 2020 PSN 7530-02-000-9053

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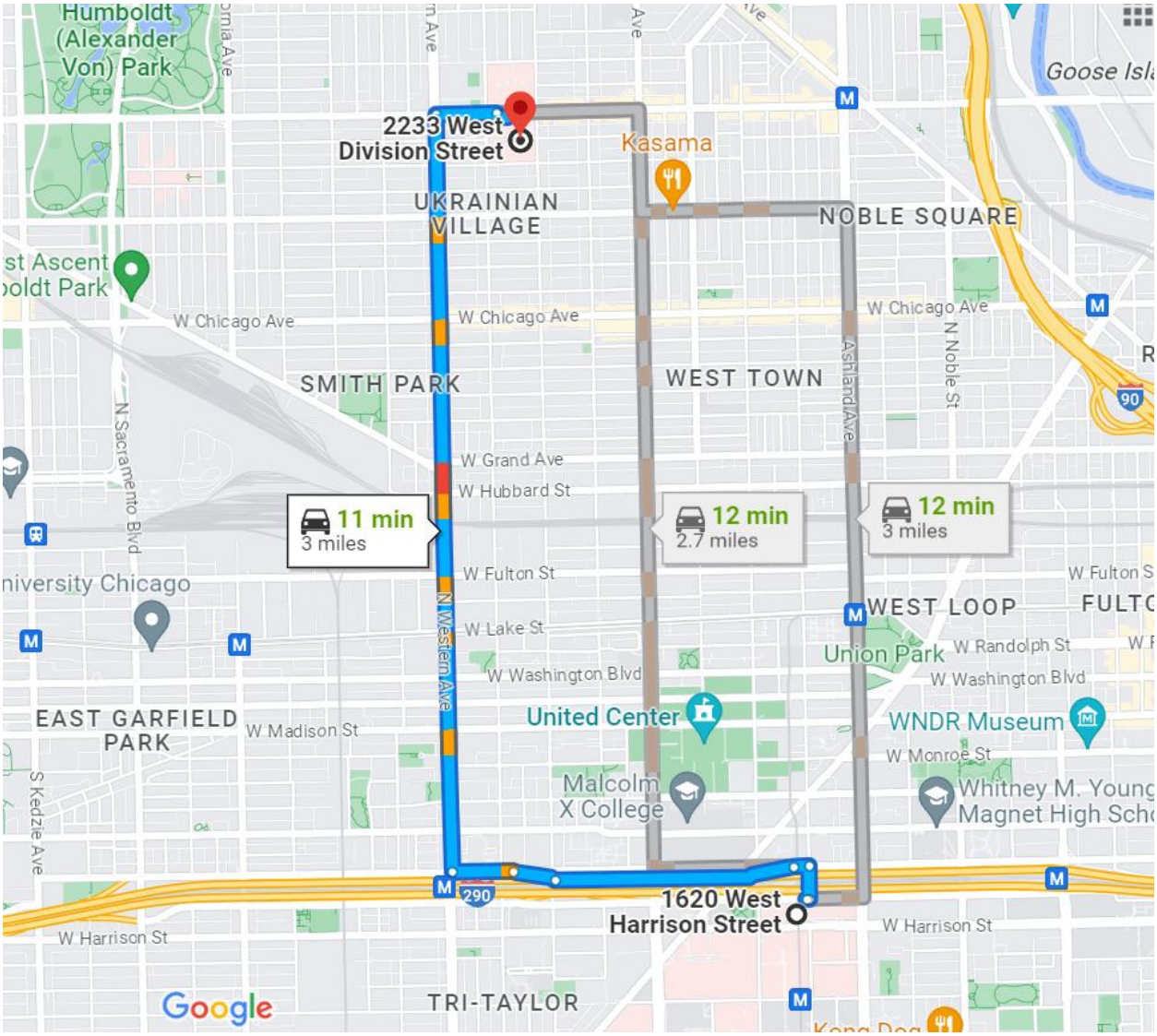
Attachment 7
Discontinuation - Notices to Area Facilities



Attachment 7
Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Julia Libcke
President
Schwab Rehabilitation Center
1401 S California Avenue
Chicago, IL 60608

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

This letter is to notify you that Rush University Medical Center, located at 1620 West Harrison Street, Chicago Illinois 60612 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of its 59-bed comprehensive rehabilitation unit. The discontinuation is anticipated to occur upon issuance of license for the Rush Specialty Hospital to be located at the corner of Harrison and Loomis Street, Chicago, IL 60612. The new facility is expected to be completed by December 31, 2024.

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Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities

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Julia Libcke
President
Schwab Rehabilitation Center
1401 S. California Avenue
Chicago, Illinois 60608

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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Julia Libcke
President
Schwab Rehabilitation Center
1401 S. California Avenue
Chicago, Illinois 60608

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
Julia Libcke
President
Schwab Rehabilitation Center
1401 S. California Avenue
Chicago, Illinois 60608

2. Article Number (Transfer from service label)
9590 9402 7700 2122 5367 02
7017 3380 0000 6193 8598

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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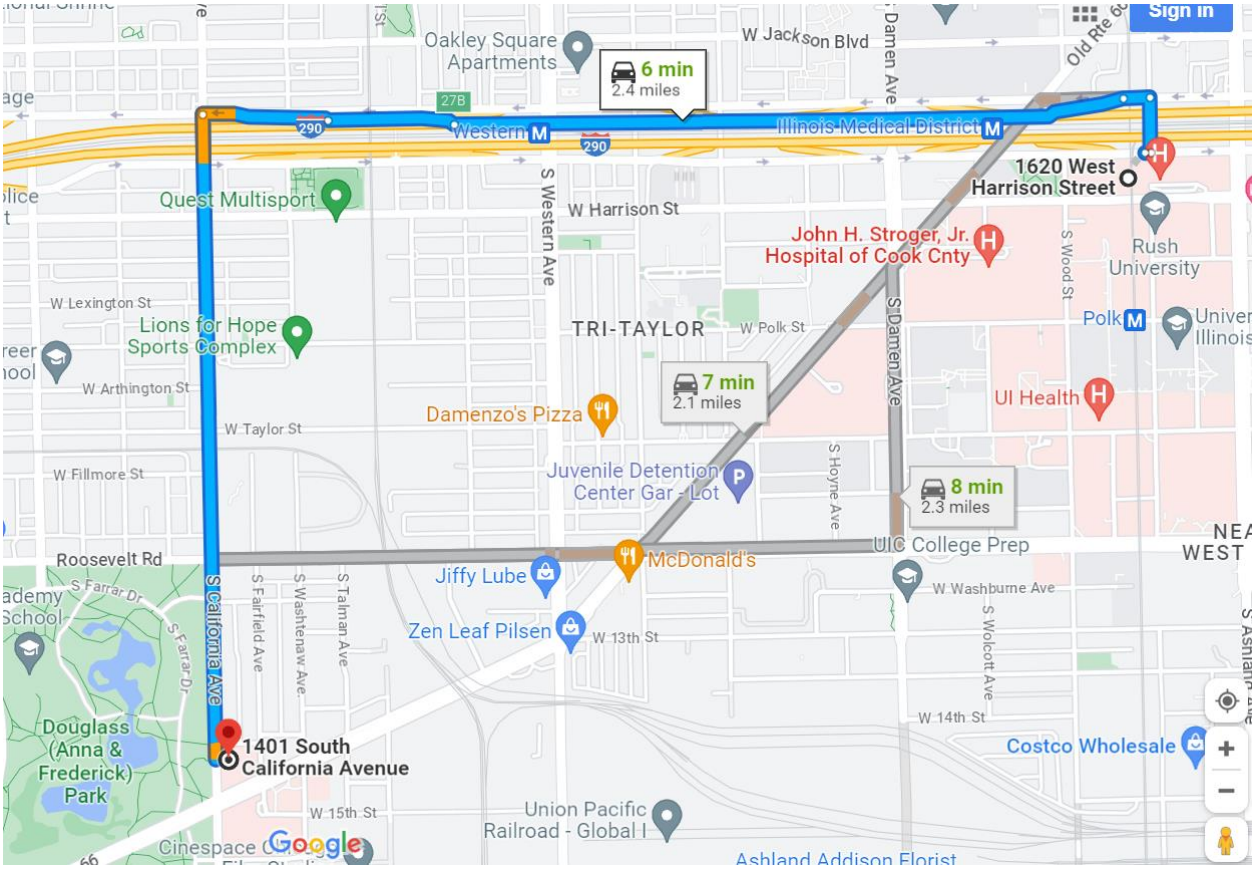
Discontinuation - Notices to Area Facilities



Attachment 7
Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Nancy E. Paridy
President & Chief Administrative Officer
Shirley Ryan Ability Lab
355 E. Erie Street
Chicago, IL 60611

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Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

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Discontinuation - Notices to Area Facilities

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Nancy E. Paridy
President & Chief Admin Officer
Shirley Ryan Ability Lab
355 E. Erie Street
Chicago, Illinois 60611

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Nancy E. Paridy
President and Chief Administrative Officer
Shirley Ryan Ability Lab
355 E. Erie Street
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71 South Wacker Drive
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Chicago, Illinois 60606

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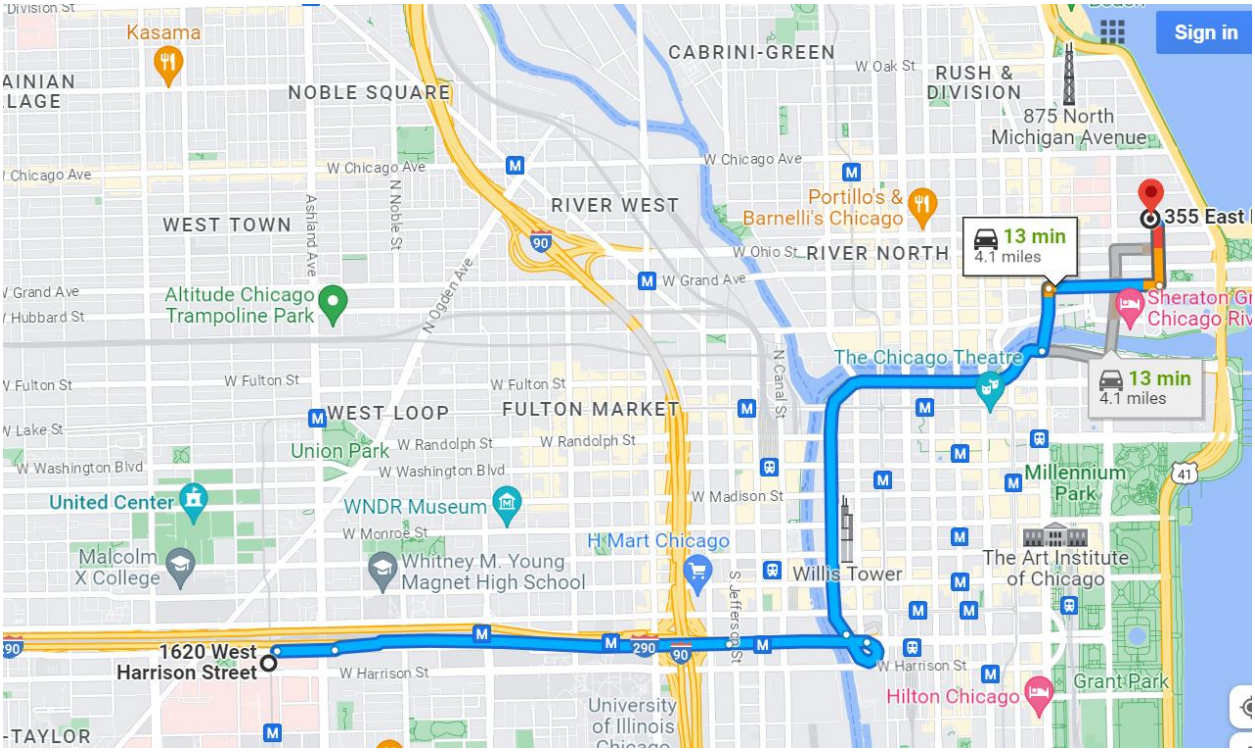
Discontinuation - Notices to Area Facilities



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1725 West Harrison Street
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Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Craig McGhee, MPT, MHA, FACHE
Administrator
Shriners Hospital for Children
2211 N. Oak Park Avenue
Chicago, IL 60707

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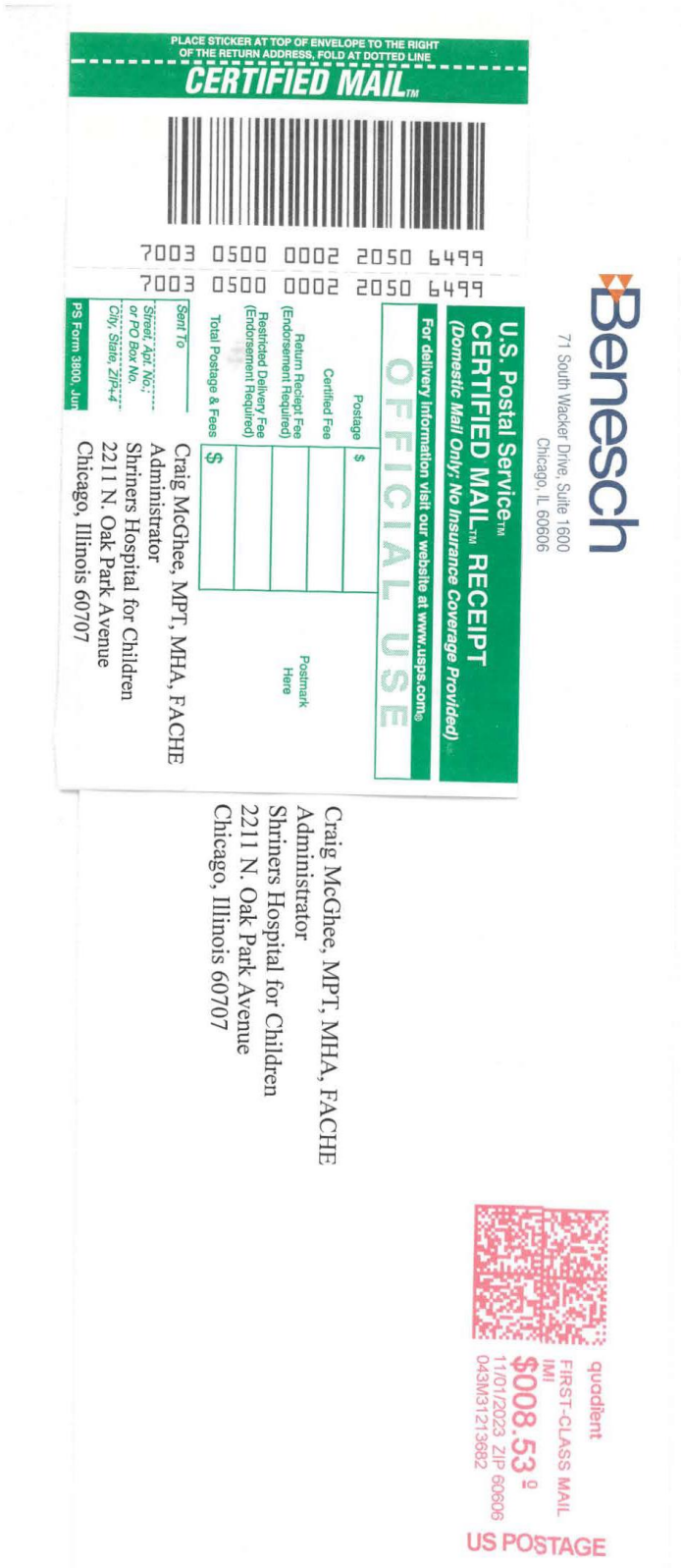

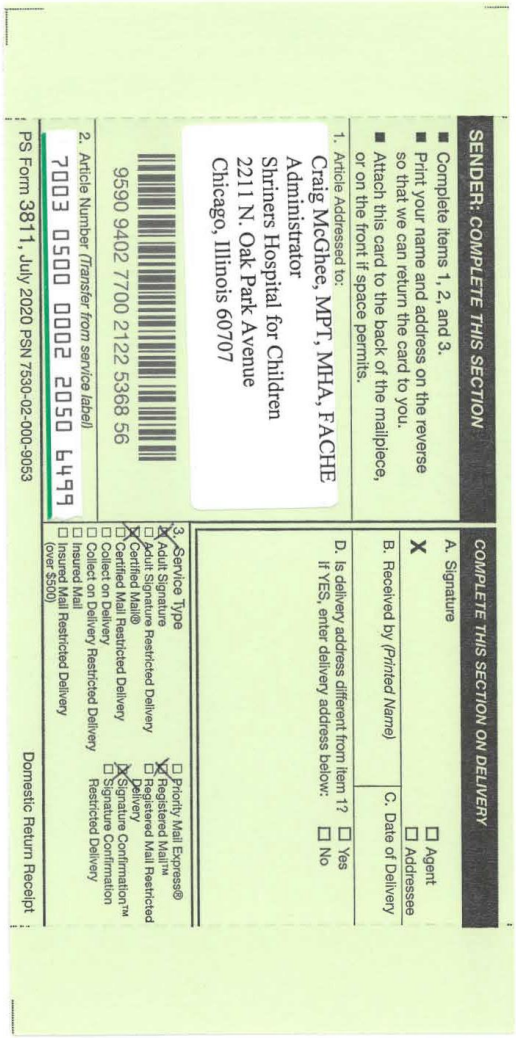

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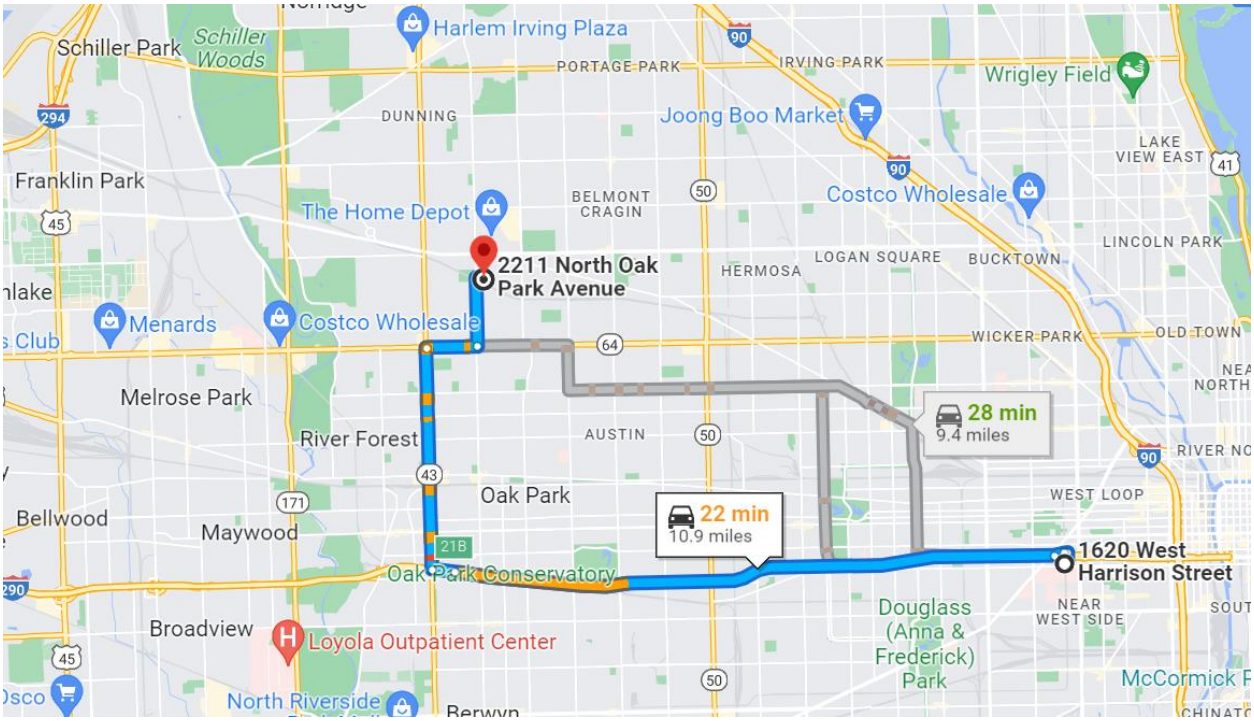

Attachment 7
Discontinuation - Notices to Area Facilities

Rush University System for Health
Rush University Medical Center
Professional Office Building
1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel: 312.942.8579
Fax: 312.942.2055
Omar_Lateef@rush.edu
rush.edu

RUSH

Dr. Omar Lateef
Rush University System for Health
President and Chief Executive Officer
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

October 23, 2023

Anthony Guaccio
President and Chief Executive Officer
Swedish Hospital
5140 N. California Avenue
Chicago, IL 60625

Re: Notice of Discontinuation of Rush University Medical Center Comprehensive Rehabilitation Beds

To Whom It May Concern:

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Sincerely,

Omar Lateef, DO
President and Chief Executive Officer
Rush University Medical Center

Attachment 7
Discontinuation - Notices to Area Facilities

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Sent To: Anthony Guaccio
Street and Apt. No., or P
City, State, ZIP+4®:
President & Chief Executive Officer
Swedish Hospital
5140 N. California Avenue
Chicago, Illinois 60625

PS Form 3800, April 2015

Benesch
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

Anthony Guaccio
President and Chief Executive Officer
Swedish Hospital
5140 N. California Avenue
Chicago, Illinois 60625

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1. Article Addressed to:
Anthony Guaccio
President & Chief Executive Officer
Swedish Hospital
5140 N. California Avenue
Chicago, Illinois 60625

9590 9402 7700 2122 5368 63

2. Article Number (Transfer from service label)
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PS Form 3811, July 2020 PSN 7530-02-000-9053

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☐ Agent
☐ Addressee

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☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
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☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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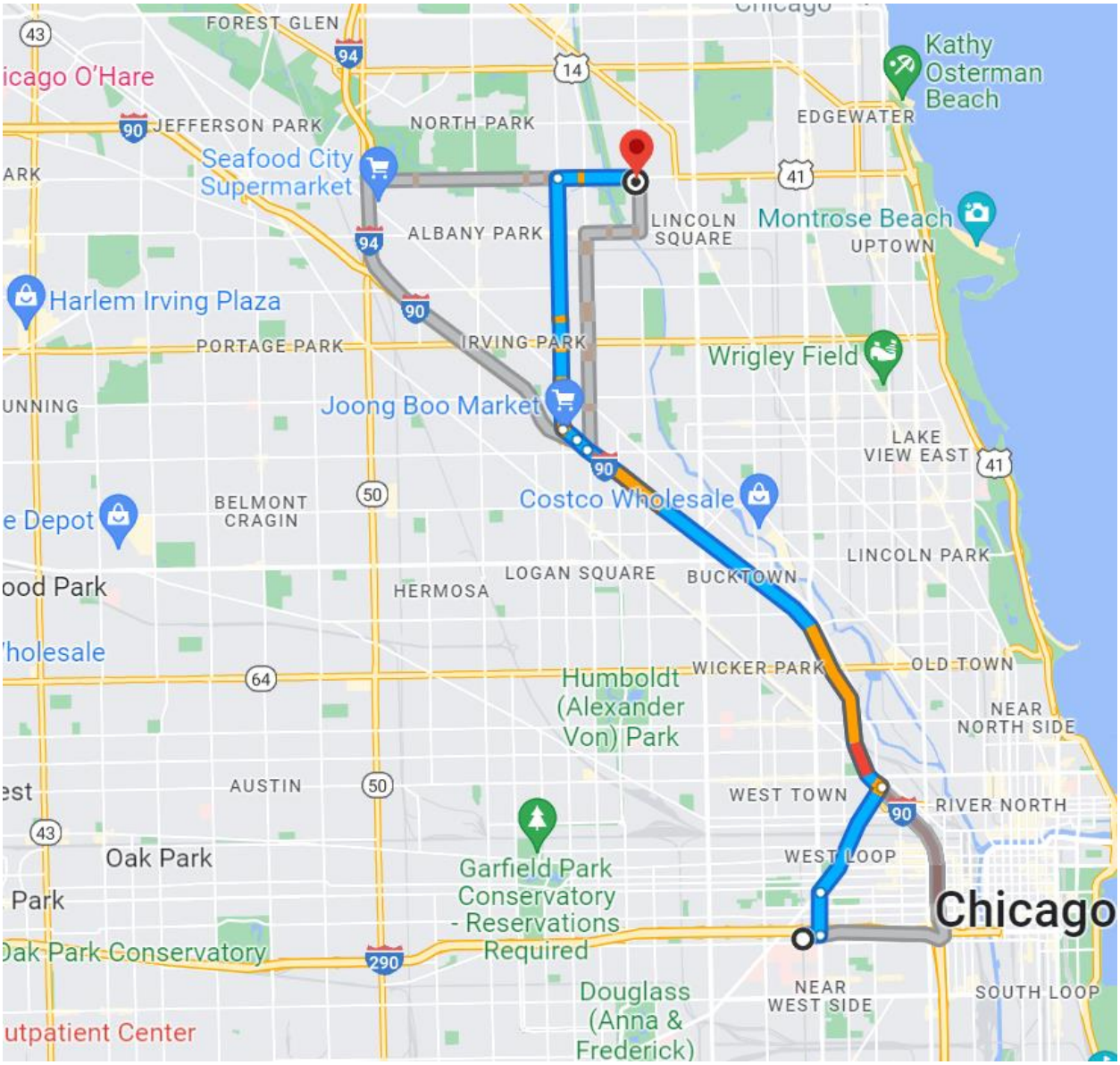
Discontinuation - Notices to Area Facilities



Attachment 8
Background of the Applicant

BACKGROUND OF APPLICANT

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

Included with this attachment is a letter outlining all health care facilities owned by the Applicants.

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.

Included with this attachment is a letter outlining all health care facilities owned by the Applicants.

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.

There has been no adverse action taken against any facility owned or operated by the Applicant during the last three years.

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.

Not Applicable.

c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

Not Applicable.

d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

Not Applicable.

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.

Not Applicable.

Attachment 8
Background of the Applicant

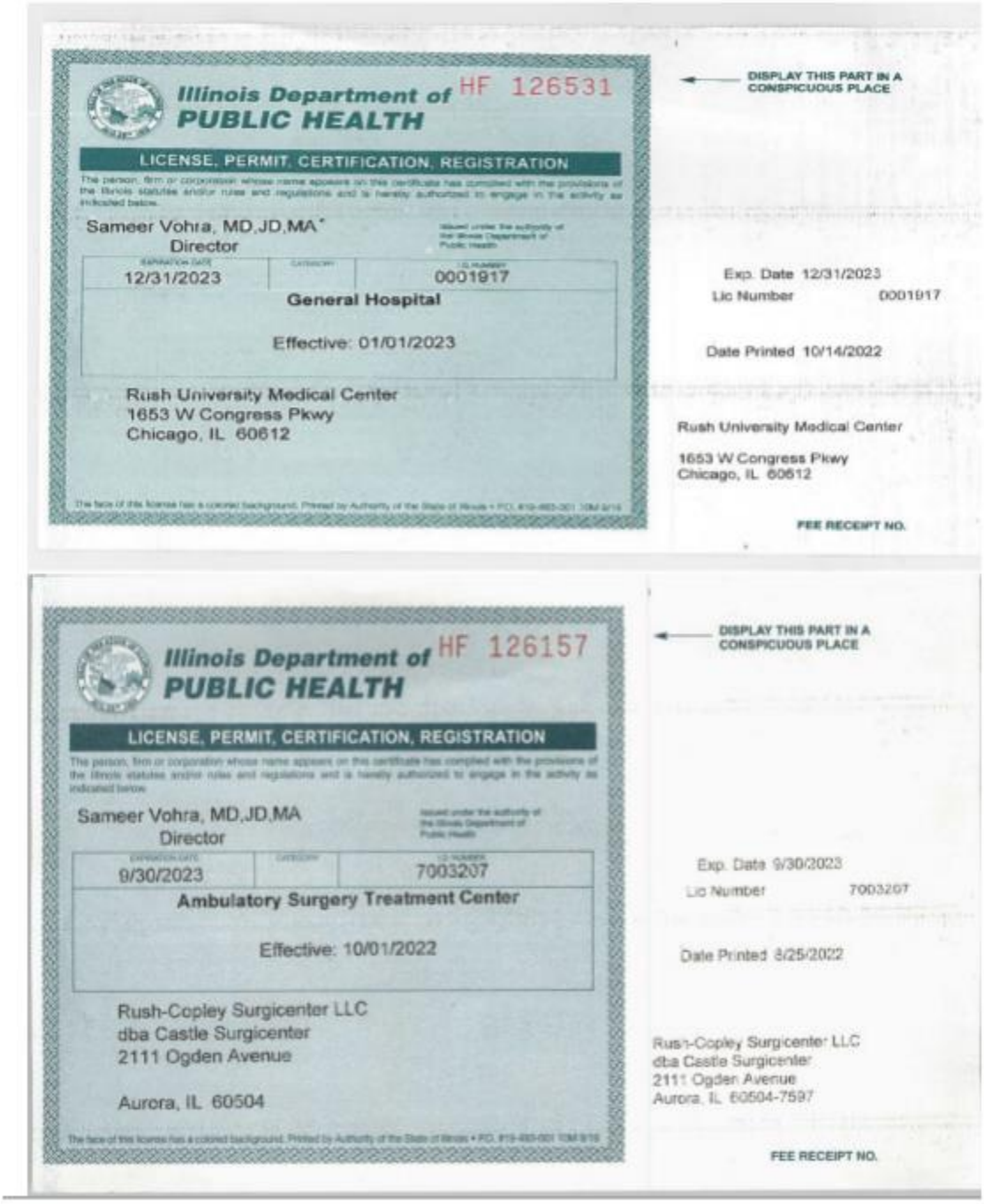
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

Included with this attachment is a letter authorizing HFSRB and DPH access to documents necessary to verify information related to health care facilities owned by the Applicants.

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.

The Applicants certify that the information provided for Rush Lisle Cancer Center, Project #23-001, Rush North and Harlem MOB, Project #23-023, Rush Specialty Hospital, E-014-23, and Rush Oak Park Hospital, E-019-23 are accurate and no changes have occurred regarding the information that has been previously provided.

Attachment 8
Background of the Applicant



Illinois Department of PUBLIC HEALTH

HF 126531

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Sameer Vohra, MD,JD,MA*
Director

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
12/31/2023		0001917

General Hospital

Effective: 01/01/2023

Rush University Medical Center
1653 W Congress Pkwy
Chicago, IL 60612

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2023
Lic Number 0001917

Date Printed 10/14/2022

Rush University Medical Center
1653 W Congress Pkwy
Chicago, IL 60612

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH

HF 126157

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Sameer Vohra, MD,JD,MA
Director

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
9/30/2023		7003207

Ambulatory Surgery Treatment Center

Effective: 10/01/2022

Rush-Copley Surgicenter LLC
dba Castle Surgicenter
2111 Ogden Avenue

Aurora, IL 60504

DISPLAY THIS PART IN A CONSPICUOUS PLACE

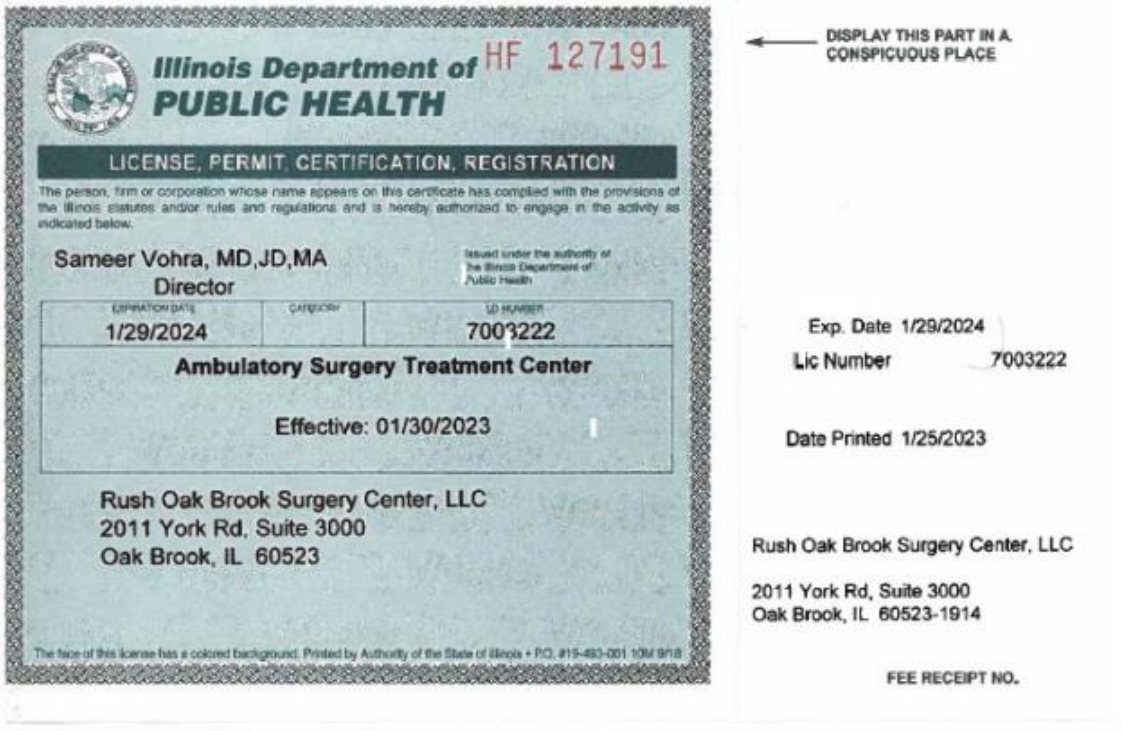
Exp. Date 9/30/2023
Lic Number 7003207

Date Printed 8/25/2022

Rush-Copley Surgicenter LLC
dba Castle Surgicenter
2111 Ogden Avenue
Aurora, IL 60504-7597

FEE RECEIPT NO.

Attachment 8
Background of the Applicant



Illinois Department of PUBLIC HEALTH

HF 127191

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
1/29/2024		7003222

Ambulatory Surgery Treatment Center

Effective: 01/30/2023

Rush Oak Brook Surgery Center, LLC
2011 York Rd, Suite 3000
Oak Brook, IL 60523

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Exp. Date 1/29/2024
Lic Number 7003222

Date Printed 1/25/2023

Rush Oak Brook Surgery Center, LLC

2011 York Rd, Suite 3000
Oak Brook, IL 60523-1914

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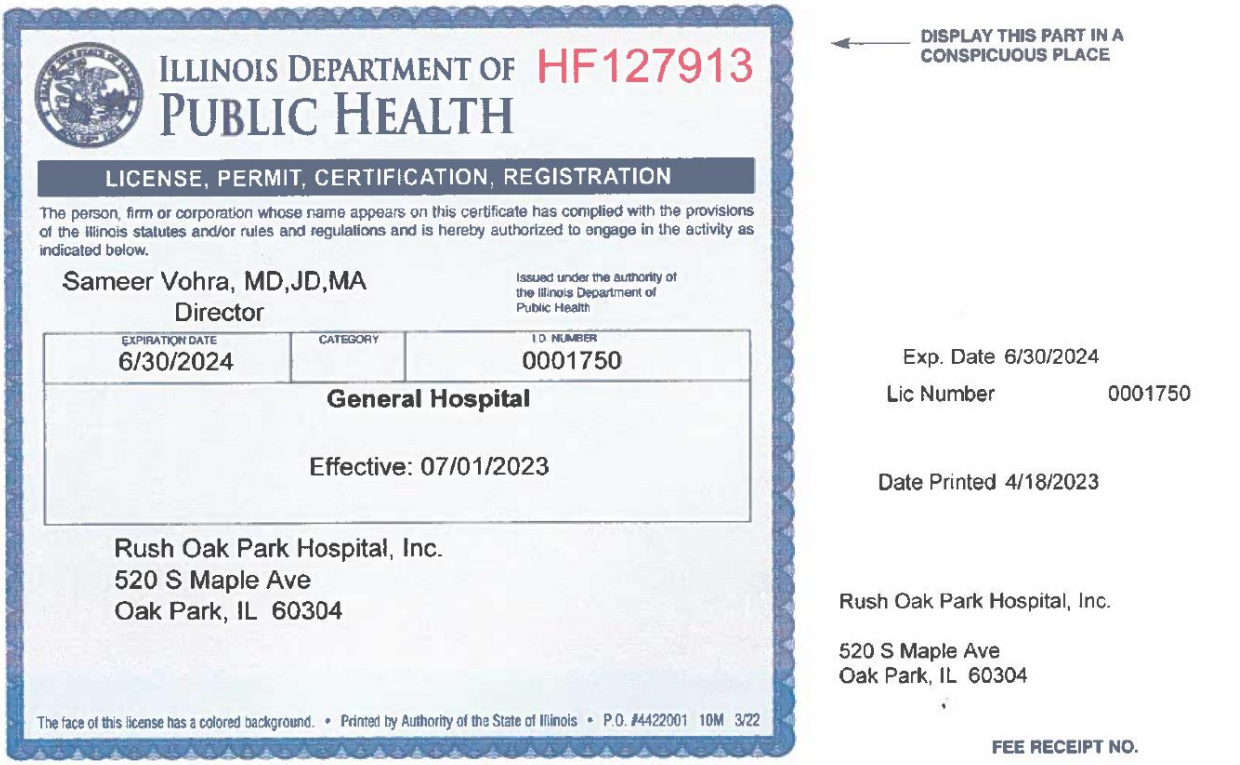

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF127913

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2024		0001750

General Hospital

Effective: 07/01/2023

Rush Oak Park Hospital, Inc.
520 S Maple Ave
Oak Park, IL 60304

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Exp. Date 6/30/2024
Lic Number 0001750

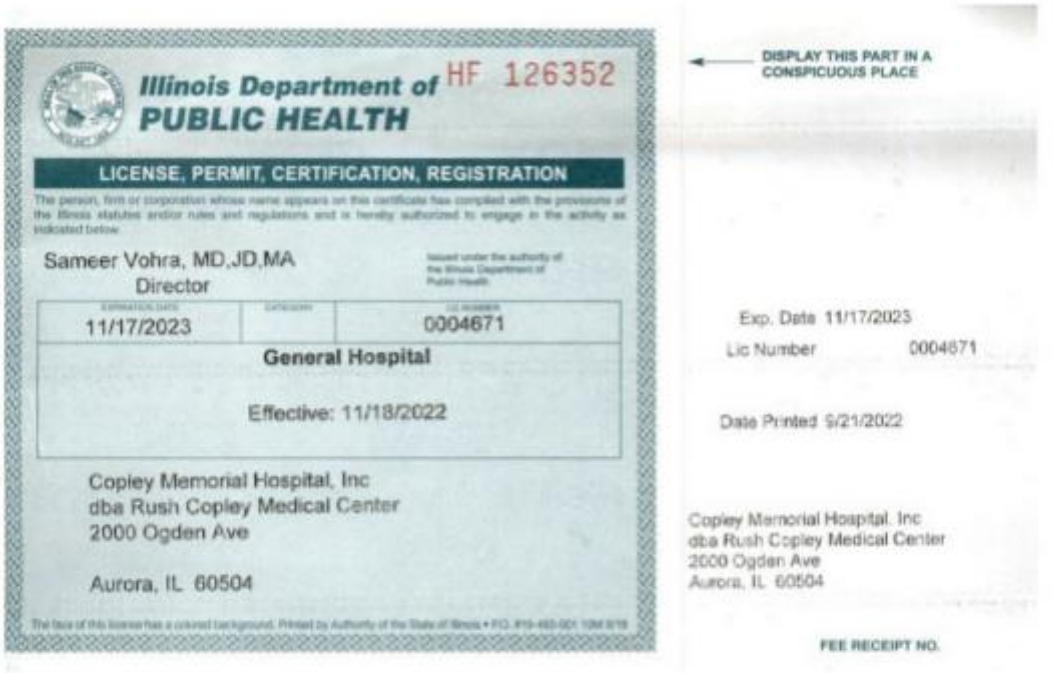
Date Printed 4/18/2023

Rush Oak Park Hospital, Inc.

520 S Maple Ave
Oak Park, IL 60304

FEE RECEIPT NO.

Attachment 8
Background of the Applicant



Illinois Department of PUBLIC HEALTH

HF 126352

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Sameer Vohra, MD,JD,MA
Director

EXPIRATION DATE	CATEGORY	LIC NUMBER
11/17/2023		0004671

General Hospital

Effective: 11/18/2022

Copley Memorial Hospital, Inc
dba Rush Copley Medical Center
2000 Ogden Ave

Aurora, IL 60504

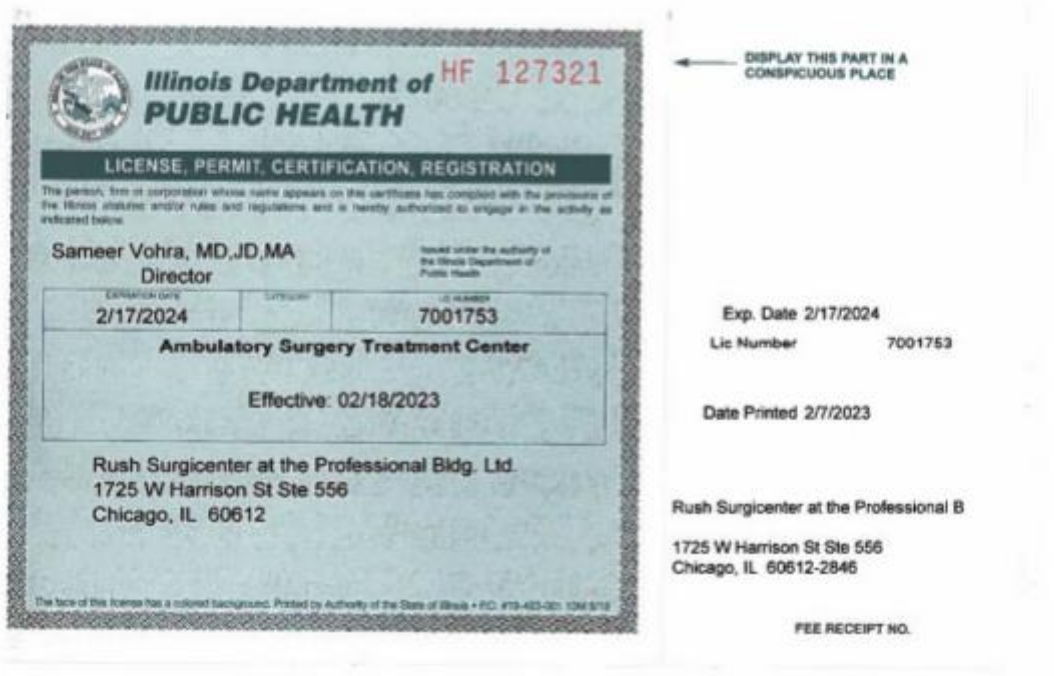
DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 11/17/2023
Lic Number 0004671

Date Printed 9/21/2022

Copley Memorial Hospital, Inc
dba Rush Copley Medical Center
2000 Ogden Ave
Aurora, IL 60504

FEE RECEIPT NO.



Illinois Department of PUBLIC HEALTH

HF 127321

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Sameer Vohra, MD,JD,MA
Director

EXPIRATION DATE	CATEGORY	LIC NUMBER
2/17/2024		7001753

Ambulatory Surgery Treatment Center

Effective: 02/18/2023

Rush Surgicenter at the Professional Bldg. Ltd.
1725 W Harrison St Ste 556
Chicago, IL 60612

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/17/2024
Lic Number 7001753

Date Printed 2/7/2023

Rush Surgicenter at the Professional B

1725 W Harrison St Ste 556
Chicago, IL 60612-2846

FEE RECEIPT NO.

Attachment 8
Background of the Applicant

April 13, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Certification and Authorization

Dear Mr. Kniery:

As representative of Rush Oak Park Hospital, Rush System for Health d/b/a Rush University System for Health, and Rush University Medical Center, I, Carl Bergetz, respectively, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Rush System for Health d/b/a Rush University System for Health maintains an ownership interest in the following healthcare facilities:

- Rush University Medical Center
- Rush Oak Park Hospital
- Rush Copley Medical Center
- Rush Surgienter at the Professional Building, Ltd.
- Rush Oak Brook Surgery Center, LLC
- Rush-Copley Surgicenter, LLC
- Rush Specialty Hospital (not yet completed)

None of the healthcare facilities listed above have been cited for an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Carl Bergetz, JD
Chief Legal Officer
Rush University System for Health

Attachment 9
Safety Net Impact Statement

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.

There should be no material impact on the essential safety net services in the community nor any impact on racial and health care disparities in the community. In fact, the discontinuation of these services will allow for increased access to care for the community at the Rush Specialty Hospital. The Applicants have this knowledge as this discontinuation is only taking place because comprehensive rehabilitation services will still be available on Rush's campus at the new hospital.

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.

The discontinuation will not have any impact on other provider's ability to cross-subsidize safety net services as this involves the cessation of services at one facility.

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.

There should be no impact on other area providers as the beds discontinued by this project will be offset by the initiation of operations of a comprehensive rehabilitation unit at the Rush Specialty Hospital.

Attachment 9
Safety Net Impact Statement

RUSH UNIVERSITY MEDICAL CENTER

Charity (# of patients)	2020	2021	2022
Inpatient	587	313	243
Outpatient	16,564	8,636	7,449
Total	17,111	8,949	7,692
Charity (cost in dollars)			
Inpatient	$8,427,871	$5,300,949	$9,594,764
Outpatient	$11,613,380	$9,066,337	$18,849,670
Total	$20,041,251	$14,367,286	$28,444,434
MEDICAID			
Medicaid (# of patients)	**2020**	**2021**	**2022**
Inpatient	7,509	8,183	8,093
Outpatient	111,222	145,170	140,139
Total	118,731	153,353	148,232
Medicaid (Revenue)			
Inpatient	$106,210,677	$112,827,750	$115,032,599
Outpatient	$57,023,218	$73,516,171	$72,985,956
Total	$163,233,895	$186,343,921	$188,018,555

Attachment 10
Charity Care

Please find below the charity care information for Rush University Medical Center.

RUSH UNIVERSITY MEDICAL CENTER

Charity (# of patients)	2020	2021	2022
Inpatient	587	313	243
Outpatient	16,564	8,636	7,449
Total	17,111	8,949	7,692
Charity (cost in dollars)			
Inpatient	$8,427,871	$5,300,949	$9,594,764
Outpatient	$11,613,380	$9,066,337	$18,849,670
Total	$20,041,251	$14,367,286	$28,444,434

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

INDEX OF ATTACHMENTS