

24-025

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED**

AUG 09 2024

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Northwestern Medicine Huntley Medical Office Building		
Street Address:	10400 Haligus Road		
City and Zip Code:	Huntley, IL 60142		
County:	McHenry	Health Service Area:	08
		Health Planning Area:	A-10

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

Exact Legal Name:	Northwestern Memorial HealthCare		
Street Address:	251 East Huron Street		
City and Zip Code:	Chicago, IL 60611		
Name of Registered Agent:	Julia K. Lynch		
Registered Agent Street Address:	211 East Ontario Street Suite 1800		
Registered Agent City and Zip Code:	Chicago, IL 60611		
Name of Chief Executive Officer:	Howard B. Chrisman, MD		
CEO Street Address:	251 East Huron Street		
CEO City and Zip Code:	Chicago, IL 60611		
CEO Telephone Number:	312-926-0016		

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

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

Name:	Ann Hall
Title:	Vice President, Administration
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-6668
E-mail Address:	ann.hall@nm.org
Fax Number:	312-926-0370

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.

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Street Address:	10400 Haligus Road		
City and Zip Code:	Huntley, IL 60142		
County:	McHenry	Health Service Area:	08
		Health Planning Area:	A-10

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

Exact Legal Name:	Northern Illinois Medical Center d/b/a Northwestern Medicine Huntley Hospital		
Street Address:	10400 Haligus Road		
City and Zip Code:	Huntley, IL 60142		
Name of Registered Agent:	Julia K. Lynch		
Registered Agent Street Address:	211 East Ontario Street Suite 1800		
Registered Agent City and Zip Code:	Chicago, IL 60611		
Name of Chief Executive Officer:	Mattias Carlen		
CEO Street Address:	10400 Haligus Road		
CEO City and Zip Code:	Huntley, IL 60142		
CEO Telephone Number:	847-802-7001		

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.

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E-mail Address:	ann.hall@nm.org
Fax Number:	312-926-0370

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Northern Illinois Medical Center
Address of Site Owner:	10400 Haligus Road, Huntley, IL 60142
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:	Northern Illinois Medical Center d/b/a Northwestern Medicine Huntley Hospital		
Address:	10400 Haligus Road, Huntley, IL 60142		
☒	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o 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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

Northwestern Memorial HealthCare (NMHC) proposes to construct an outpatient medical office building located on the campus of Northwestern Medicine Huntley Hospital in Huntley.

The building will include physicians' offices for Northwestern Medicine's Regional Medical Group (RMG) as well as outpatient hospital-based ambulatory care: infusion services, radiation oncology treatment services, and outpatient cardiac diagnostics. It will also include a pedestrian walkway to provide connection from the MOB to the hospital.

The total project square footage will be 79,430 square feet: 17,174 sf of clinical/reviewable space and 62,256 sf of non-reviewable space.

The total project cost is \$96,300,000.

The anticipated project completion date is June 30, 2027.

The project is classified as non-substantive because it does not establish a new category of service or facility as defined in 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	\$ 410,810	\$ 1,489,190	\$ 1,900,000
Site Survey and Soil Investigation	\$ 86,486	\$ 313,514	\$ 400,000
Site Preparation	\$ 470,269	\$ 1,704,731	\$ 2,175,000
Off Site Work	\$ 0	\$ 0	\$ 0
New Construction Contracts	\$ 10,132,660	\$ 40,803,360	\$ 50,936,020
Modernization Contracts	\$ 0	\$ 0	\$ 0
Contingencies	\$ 1,013,266	\$ 4,080,336	\$ 5,093,602
Architectural/Engineering Fees	\$ 704,863	\$ 2,555,137	\$ 3,260,000
Consulting and Other Fees	\$ 884,322	\$ 3,205,678	\$ 4,090,000
Movable or Other Equipment (not in construction contracts)	\$ 12,000,000	\$ 9,625,000	\$ 21,625,000
Bond Issuance Expense (project related)	\$ 0	\$ 0	\$ 0
Net Interest Expense During Construction (project related)	\$ 0	\$ 0	\$ 0
Fair Market Value of Leased Space or Equipment	\$ 0	\$ 0	\$ 0
Other Costs to Be Capitalized	\$ 1,474,672	\$ 5,345,706	\$ 6,820,378
Acquisition of Building or Other Property (excluding land)	\$ 0	\$ 0	\$ 0
TOTAL USES OF FUNDS	\$ 27,177,346	\$ 69,122,654	\$ 96,300,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 27,177,346	\$ 69,122,654	\$ 96,300,000
Pledges	\$ 0	\$ 0	\$ 0
Gifts and Bequests	\$ 0	\$ 0	\$ 0
Bond Issues (project related)	\$ 0	\$ 0	\$ 0
Mortgages	\$ 0	\$ 0	\$ 0
Leases (fair market value)	\$ 0	\$ 0	\$ 0
Governmental Appropriations	\$ 0	\$ 0	\$ 0
Grants	\$ 0	\$ 0	\$ 0
Other Funds and Sources	\$ 0	\$ 0	\$ 0
TOTAL SOURCES OF FUNDS	\$ 27,177,346	\$ 69,122,654	\$ 96,300,000

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

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

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
☐ None or not applicable	☐ Preliminary
☒ Schematics	☐ Final Working
Anticipated project completion date (refer to Part 1130.140): : <u>June 30, 2027</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
☐ Purchase orders, leases or contracts pertaining to the project have been executed.	
☒ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
☐ Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the 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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: NM Huntley Hospital		CITY: Huntley			
REPORTING PERIOD DATES: CY23					
From: 01/01/2023		to: 12/31/2023			
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	96	7,460	31,893	0	96
Obstetrics	20	1,892	4,601	0	20
Pediatrics	0	0	0	0	0
Intensive Care	12	689	2,431	0	12
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	128	10,041	38,925	0	128

CERTIFICATION

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

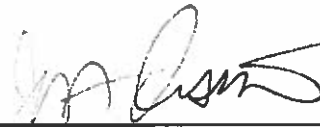
- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- o in the case of a partnership, two of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

This Application is filed on the behalf of Northwestern Memorial HealthCare (NMHC) *
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

Howard B. Chrisman, MD
PRINTED NAME

President & CEO
PRINTED TITLE

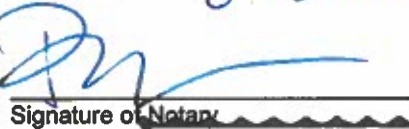

SIGNATURE

John A. Orsini
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 31 day of July 2024


Signature of Notary

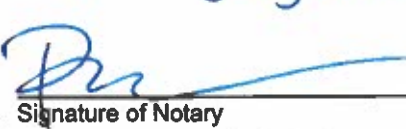
Seal

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 31 day of July 2024


Signature of Notary

Seal

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

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 Northern Illinois 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.



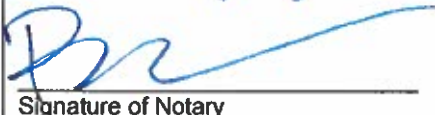
SIGNATURE

Mattias Carlen
PRINTED NAMEPresident
PRINTED TITLE

SIGNATURE

John A. Orsini
PRINTED NAMETreasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 31 day of July 2024

Signature of Notary

Seal

OFFICIAL SEAL
Bridget S. Orth

NOTARY PUBLIC, STATE OF ILLINOIS

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 31 day of July 2024

Signature of Notary

Seal

OFFICIAL SEAL
Bridget S. Orth

NOTARY PUBLIC, STATE OF ILLINOIS

My Commission Expires Dec. 16, 2024

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.

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
☒ Infusion	8	16
☒ Radiation Oncology		
Linear Accelerator	0	1
CT Simulator	0	1
☒ Cardio Diagnostics	7	11

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
1 APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

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]:

_____	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time, 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.
	TOTAL FUNDS AVAILABLE

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
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 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			
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 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: Northwestern Medicine HealthCare 251 East Huron Street
(Name) (Address)
Chicago Illinois 60611 312-926-3000
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 10400 Haligus Road Huntley, IL
(Address) (City) (State)
McHenry County Grafton 35
(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 X

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

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

Signature: _____ Date: _____

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

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

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

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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of OCTOBER A.D. 2023 .

Authentication #: 2330402688 verifiable until 10/31/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT-1

File Number

3594-752-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

NORTHERN ILLINOIS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 1956, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JULY A.D. 2024 .

Authentication #: 2419902702 verifiable until 07/17/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT-1

CHICAGO TITLE INSURANCE COMPANY**COMMITMENT NO. CCHI2103808LD****Transaction Identification Data for reference only:**

ORIGINATING OFFICE:	FOR SETTLEMENT INQUIRIES, CONTACT:
Chicago Title Insurance Company 10 South LaSalle Street, Suite 3100 Chicago, IL 60603 Main Phone: (312)223-4627 Email: chicagocommercial@ctt.com	Chicago Title and Trust Company 10 South LaSalle Street, Suite 3100 Chicago, IL 60603 Main Phone: (312)223-4627 Main Fax: (312)223-3018

Order Number: CCHI2103808LD**Property Ref.: Northwestern Medicine Huntley Hospital****SCHEDULE A**

1. Commitment Date: May 21, 2021
2. Policy to be issued:
 - (a) ALTA Loan Policy 2006
Proposed Insured: Lender with a contractual obligation under a loan agreement with the Proposed Insured for an Owner's Policy, its successors and/or assigns as their respective interests may appear.
Proposed Policy Amount: \$10,000.00
3. The estate or interest in the Land described or referred to in this Commitment is:
Fee Simple
4. The Title is, at the Commitment Date, vested in:
Northern Illinois Medical Center, an Illinois not-for-profit corporation, formerly known as NIMED Corp., an Illinois not-for-profit corporation
5. The Land is described as follows:
LOT A OF CENTEGRA HEALTH CARE CAMPUS CONSOLIDATION A PLANNED UNIT DEVELOPMENT OF LOTS 1, 2, 3 AND 4 IN CENTEGRA HEALTH CARE CAMPUS, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 43 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 8, 2014 AS DOCUMENT NUMBER 2014R41747, IN MCHENRY COUNTY, ILLINOIS.

END OF SCHEDULE A

This page is only a part of a 2016 ALTA® Commitment for Title Insurance issued by Chicago Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.

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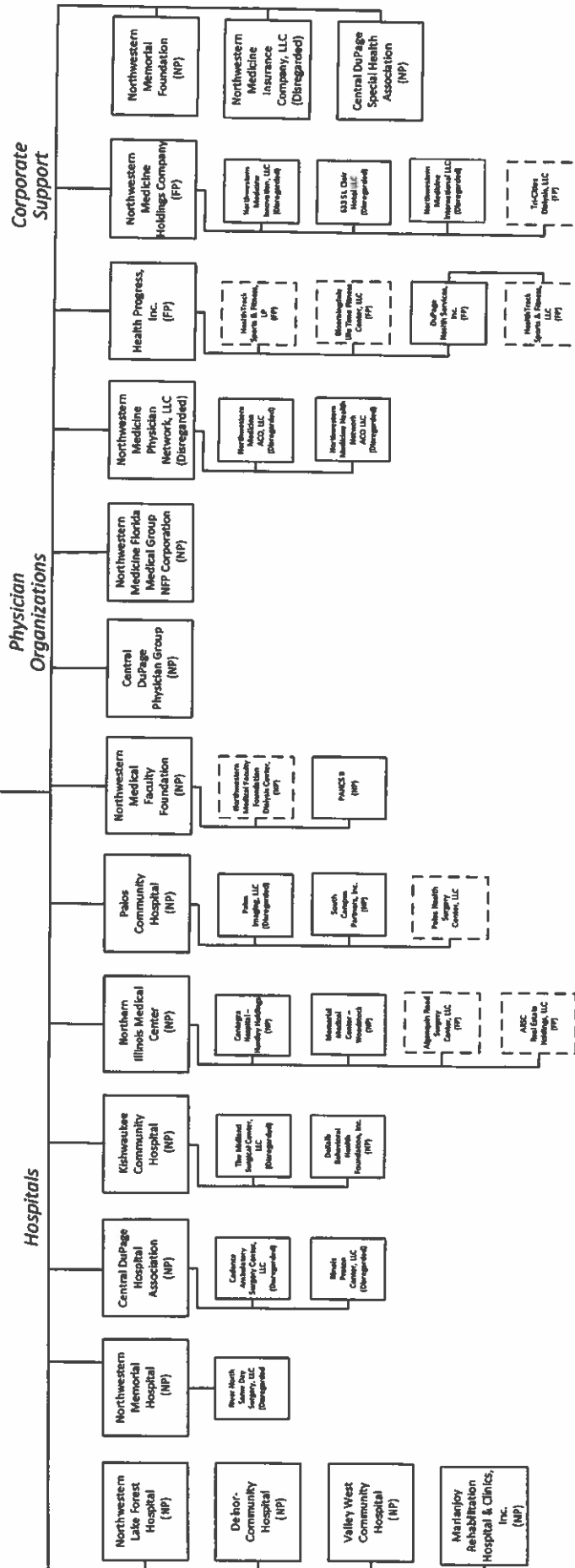
ALTA Commitment for Title Insurance (08/01/2016)

Page 2

Printed: 06.07.21 @ 01:02 PM
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**ATTACHMENT-2**

Northwestern Memorial HealthCare



Effective February 16, 2024

Flood Plain Requirements

The proposed project will be on the campus of Northwestern Medicine Huntley Hospital, located at 10400 Haligus Road, Huntley.

By their signatures on the Certification page of this application, the Applicants attest that the project is not located in a flood plain and complies with the Flood Plain Rule under Illinois Executive Order #2006-5 according to the FEMA floodplain map on the following page.

National Flood Hazard Layer FIRMette



88°24'29"W 42°10'51"N



0 250 500 1,000 1,500 2,000 Feet 1:6,000

88°23'52"W 42°10'24"N
Basemap Imagery Source: USGS National Map 2023

Legend

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



The pin 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 exported on 7/17/2024 at 4:02 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

Historic Resources Preservation Act Requirements

The proposed project will be on the campus of Northwestern Medicine Huntley Hospital, located at 10400 Haligus Road, Huntley. The attached letter from the Illinois Historic Preservation Agency indicates that the project area is not considered a historic, architectural or archaeological site.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271

www.dnr.illinois.gov

McHenry County
Huntley
10400 Haligus Road
IHFSRB
New Construction, Northwestern Medicine Medical Office Building

PLEASE REFER TO:

SHPO LOG #012062024

July 18, 2024

Bridget S. Orth
Northwestern Memorial HealthCare
211 East Ontario St., Suite 1750
Chicago, IL 60611

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted, or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural, or archaeological resources will be affected within the proposed project area.

According to the information you have provided there is no federal involvement in your project. Be aware that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This approval remains in effect for two (2) 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 Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Jeff Kruchten, Principal Archaeologist, at 217/785-1279 or jeff.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer

ATTACHMENT-6

Project Costs and Sources of Funds

The line item costs attributed to clinical components were calculated as a percentage of clinical square footage when actual break-outs were not available.

Itemization of each line item:

Line 1 – Preplanning Costs – (\$1,900,000) – this includes:

- Pre-Construction Services
 - Budgeting
 - Schedule
 - Site Logistics
 - Permit Support
 - Zoning hearing support
 - Geotechnical Survey
 - Medical Equipment planning
 - Traffic Study
 - Parking Study

Of the total amount, \$410,810 is the clinical Preplanning costs which is 1.77% of the clinical New Construction, Contingencies, and Equipment costs.

Line 2 – Site Survey and Soil Investigation – (\$400,000) – this includes:

- Subsurface soils investigation
- Foundation system recommendation
- Site topographic survey
- Site plat survey
- Soil Contamination testing

Of the total amount, \$86,486 is the clinical Site Survey and Soil Investigation cost.

Line 3 – Site Preparation – (\$2,175,000) – this includes:

- General Site Work
 - Earth moving
 - Shoring
 - Paving
 - Concrete curb and gutter
 - Site utilities
- Utility Company Service Work
 - Relocation, temporary and permanent services as required for power, gas, telecom, and cable
- Berm relocation

Of the total amount, \$470,269 is the clinical Site Preparation cost. Together with Site Survey and Soil Investigation, this is 5% of the clinical new Construction and Contingencies costs.

Line 5 – New Construction Contracts – (\$50,936,020) – this includes:

- All construction contracts/costs to complete the project. Includes Group I fixed equipment and contractor's markups, overhead, and profit. Costs are escalated to the mid-point of construction.

Of the total amount, \$10,132,660 is the clinical New Construction cost.

Line 7 – Contingencies - (\$5,093,602) – this includes:

- Allowance for unforeseen New Construction costs

Of the total amount, \$1,013,266 is the clinical Contingency cost which is 10.0% of the clinical New Construction costs.

The clinical Construction + Contingency cost per square foot is \$649.00

Line 8 – Architectural / Engineering Fees – (\$3,260,000) – this includes:

- Programming
 - Gather information for occupant space requirements. Review and analysis NMHC space standards and prepare the Space Occupancy Program which will list square footage requirements and include individual attributes of the departments and all information pertinent to the planning and design of the Project.
- Schematic Design:
 - Develop diagrammatic plans and documentation to describe the size and layout of each floor in a way that meets all programmatic and functional objectives, as well as accounting for all structure, shafts, elevators and stairs, communications and electrical closets, and all other design constraints.
 - Determine the capacity needed for all building systems (such as electrical, mechanical, plumbing, fire protection, and vertical transportation) as well as support functions (such as pharmacy and materials management) necessary for the uses proposed on the floors.
 - Provide statement of Probable Construction Cost.
- Design Development:
 - Develop detailed drawings and documentation to describe the size and character of the interior space. Includes room layouts, structural, mechanical, electrical, plumbing.
 - The equipment and furniture consultants will prepare room-by-room FF&E requirement list. The requirements list identify room name, item description, product specification, and total quantity required. The product specifications include installation requirements that will be provided to the architect/engineer to ensure that spaces and building systems are planned to appropriately accommodate the equipment.
- Construction Documents:
 - Provide proposed Reconciled Statement of Probable Construction Cost
 - Provide drawings and specifications

- Prepare documentation for alternate bids
- Assist in filing Construction Documents for approval by City and State agencies
- Signage and Way Finding expertise
- Bidding and Negotiation Phase Services:
 - Revise Construction Documents as necessary in accordance with Reconciled Statement of Probable Construction Cost
- Construction Administration Phase Services:
 - Advise and consult during Construction Phase
 - Attend weekly job progress meetings
 - Provide on-site representation to review progress/quality of Work
 - Prepare written interpretations of Contract Documents including Bulletins and information requests
 - Correct Errors or Omissions in the drawings, specifications and other documents
 - Review and approve Contractor's submittals
 - Submit notifications for work which does not conform to Contract Documents
 - Review and analyze requests for Change Orders
 - Assist Construction Manager with punchlist completion
 - Assist Construction Manager with Final Completion including system testing and commissioning
 - Inspect Project after correction of Work period for deficiencies and update Construction Manager

Of the total amount, \$704,863 is the clinical Architectural / Engineering Fee. This amount is 6.32% of the clinical New Construction and Contingencies costs.

Line 9 – Consulting and Other Fees – (\$4,090,000) – this includes:

- Charges for the services of various types of consulting and professional experts including:
 - Engineering Mechanical Systems Consulting - \$425,000
 - Building Enclosure and Connector Consulting - \$400,000
 - Materials Testing Consulting - \$190,000
 - ADA and Local Jurisdiction Compliance Consulting – \$50,000
 - Legal Services - \$300,000
 - Zoning Consulting - \$250,000
 - Utilities Consulting - \$90,000
 - Acoustical Consulting - \$30,000
 - Exterior Signage - \$125,000
 - Interior Signage - \$125,000
 - Low Voltage Consulting - \$125,000
 - Medical Equipment Planner and Delivery Logistics - \$875,000
 - Door Hardware Consultant - \$90,000

- Technology and AV Consulting - \$350,000
- Vertical Transportation Consulting - \$210,000
- Interior Design and Lighting - \$225,000
- Commissioning Agent - \$120,000
- Material Testing Third Party - \$35,000
- Parking and Traffic Consulting - \$75,000

Of the total amount, \$884,322 is the clinical Consulting and Other Fees cost.

Line 10 – Movable Capital Equipment – (\$21,625,000) – this includes:

- All furniture, furnishings, and equipment for the proposed project. Group I (fixed) equipment is included in the New Construction line item above. Group II and III medical equipment is included herein.

The Architect will be retained to provide specific expertise during equipment planning and specification, and to assist and ensure effective use of available funding. Equipment planning will be closely coordinated with architectural design.

FFE procurement will be managed by NM with support from outside consultants. Total acquisition costs will be evaluated during market assessment and contract award, including purchase, installation, training, and maintenance. The approval process during contract award will be consistent with existing hospital financial procedures.

Warehousing, training, acceptance testing and other logistical issues will be defined and scheduled.

Product standards will facilitate detailed equipment planning and appropriate building design, maximize the effectiveness of competitive bidding, and minimize costs for training and long-term maintenance.

Clinical and/or financial analysis of new technology will be done to determine that it is a prudent investment. New technology selected for use will support NM's primary mission, via criteria such as clinical outcomes, turnaround, or productivity.

Freight and installation costs are also included in the estimate.

Equipment Type	Estimated Cost
<u>Radiation Oncology</u>	\$9,000,000
Linear Accelerator	
Linac	
Positioning Lasers	
SGRT Monitoring System	
Breast Boards	
CT Simulator	
CT Sim	
Positioning Lasers	

Contrast Media Injector SGRT Monitoring System Vital Signs Monitor Drying Oven Breast Boards Procedure Cart Vacuum Pump IV Stand Mayo Stand	
<u>Cardiac Diagnostics</u> 3 Echo Rooms Echo Beds Ultrasounds Vitals Monitors 2 Stress Echo Rooms Stress Monitoring with Treadmill Ultrasounds Echo Beds Vitals Monitors 1 Holter/EKG Room Exam Tables EKG Holter Monitors Sphygmomanometers, Aneroid Support Spaces/Equipment Warming cabinet Defibrillator Drug Dispensing Unit	\$3,000,000
<u>Infusion Center</u> 16 Infusion Bays, Private IV Pumps with Stands Exam Stools Patient Beds Overbed Tables Mayo Stands Treatment Carts Pharmacy Pass-Through Assemblies Gowning Benches Biological Safety Hood Laminar Flow Hoods Refrigerators, Upright Supply Carts Lab Blood Draw Stations (2) Supply Bins Procedure Carts Exam Stools Biological Safety Hood	\$2,500,000

Chemistry Analyzer Hematology Analyzer Urine Analyzer Centrifuges Platelet Incubator Lab Stainer DI Water System Refrigerator Blood Bank Refrigerator	
<u>Furnishings/Other</u> Waiting Room Furniture Patient Recliners Exam Tables Stretchers Wheel Chairs Office Furniture Monitor Arms Housekeeping Carts Floor Scrubbers Microwaves Refrigerators/Freezers	\$3,800,000
<u>Technology</u> Computers Monitors Printers Phones Device Integration iPad Translation Wireless Network Distributed Antenna System	\$2,800,000
<u>Other</u> Artwork Interior Signage Keying	\$525,000

Of the total amount, \$12,000,000 is the clinical component of the Moveable Capital Equipment cost.

Line 14 – Other Costs To Be Capitalized – (\$6,820,378) – this includes:

- North parking lot with 394 parking spaces
- Surface parking lot with 25 patient parking spaces
- Fire lane/Pavers
- Landscaping
- Sub Default and Builder's Risk Insurance

- Permits and Fees – IDPH, CON, etc.

Of the total amount, \$1,474,672 is the clinical component of the Other Costs to be Capitalized.

Project Status and Completion Schedules

Anticipated project construction start date: October 2024

Anticipated midpoint of construction date: October 2025

Anticipated project construction substantial completion date: October 2026

Anticipated project completion date: June 30, 2027

Project obligation is contingent upon permit issuance. NMHC plans to sign the contract with the general construction contractor in September 2024 that will be subject to CON approval. This contract will obligate the project. The CON Contingency section of the contract is below:

S-1. Certificate of Need. NMHC and the Contractor acknowledge and agree that in addition to permitting required by the Village of Huntley, Illinois Department of Public Health ("IDPH") and any other Governmental Authority, this Project and Agreement are subject to the issuance of an appropriate Certificate of Need ("CON") by the Illinois Health Facilities and Services Review Board (the "Board"). The Contractor shall cooperate with NMHC's application to the Board for the CON.

Northwestern Memorial HealthCare Open CON/COE Permits

CON #21-008: Old Irving Park Medical Office Building

CON #21-032: NM Cancer Center Delnor Modernization/Expansion

CON #22-046: Bronzeville Medical Office Building

CON #22-047: Lake Forest Hospital Pavilion Expansion

CON #24-006: NM Cancer Center Warrenville Expansion

Cost Space Requirements

		Departmental Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department	Cost	Existing GSF	Proposed GSF	New Const.	Modern- ized	As Is	Vacated Space
CLINICAL							
Infusion Center	\$ 5,204,980	0	8,822	8,822	0	0	0
Radiation Oncology	\$ 2,476,230	0	4,197	4,197	0	0	0
Cardio Diagnostics	\$ 2,451,450	0	4,155	4,155	0	0	0
Clinical Subtotal =	\$ 10,132,660	0	17,174	17,174	0	0	0
NON-REVIEWABLE							
Physician Office Space	\$ 19,455,250	0	32,975	32,975	0	0	0
Public/Waiting/Registration Areas	\$ 8,484,200	0	14,380	14,380	0	0	0
Staff Support/Admin	\$ 4,344,760	0	7,364	7,364	0	0	0
Connector	\$ 1,995,950	0	2,101	2,101	0	0	0
MEP Systems	\$ 6,523,200	0	5,436	5,436	0	0	0
Non-Clinical Subtotal =	\$ 40,803,360	0	62,256	62,256	0	0	0
TOTAL =	\$ 50,936,020	0	79,430	79,430	0	0	0
OTHER							
Preplanning Costs	\$ 1,900,000						
Site Survey & Soil Investigation	\$ 400,000						
Site Preparation	\$ 2,175,000						
Off-Site Work	\$ -						
Contingencies	\$ 5,093,602						
A/E Fees	\$ 3,260,000						
Consulting & Other Fees	\$ 4,090,000						
Movable or Other Equipment	\$ 21,625,000						
Bond Issuance Expense	\$ -						
Net Interest Expense During Construction	\$ -						
Fair Market Value of Leased Space or Equipment	\$ -						
Other Costs To Be Capitalized	\$ 6,820,378						
Acquisition of Building (excluding Land)	\$ -						
Other Subtotal =	\$ 45,363,980						
GRAND TOTAL =	\$ 96,300,000						

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

Criterion 1110.110(a)

BACKGROUND OF APPLICANT

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

Northwestern Memorial HealthCare:

	IDPH License No.	Joint Commission Organization No.
Northwestern Memorial Hospital	0003251	7267
Northwestern Lake Forest Hospital	0005660	3918
Central DuPage Hospital Association	0005744	7444
Delnor-Community Hospital	0005736	5291
Marianjoy Rehabilitation Hospital & Clinics	0003228	7445
Kishwaukee Community Hospital	0005470	7325
Valley West Community Hospital	0004690	382957
Northern Illinois Medical Center (McHenry)	0003889	7375
Northern Illinois Medical Center (Huntley)	0003890	7375
Memorial Medical Center (Woodstock)	0004606	7447
Palos Community Hospital	0003210	7306
Grayslake Freestanding Emergency Center	22002	3918
Grayslake ASTC	7003156	n/a
Grayslake Endoscopy ASTC	7003149	n/a
Cadence Ambulatory Surgery Center	7003173	n/a
The Midland Surgical Center	7003148	n/a
Palos Health Surgery Center*	7003224	n/a
River North Same Day Surgery Center	7002090	n/a

*denotes partial ownership > 50%

A certified listing of any adverse action taken against any facility owned and/or operated by the applicants, directly or indirectly, during the three years prior to the filing of the application.

By the signatures on the Certification page of this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by Northwestern Memorial HealthCare during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, by 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.

By the signatures on the Certification page of this application, the Applicants authorize HFSRB and DPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to official records of DPH or other State agencies and/or the records of nationally recognized accreditation organizations.

Criterion 1110.110(b)

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.*

The purpose of this project is to improve access to NM care by providing a convenient care delivery location close to where NM patients live and work. The proposed project will serve NM patients by co-locating NM physicians and outpatient services in a medical office building on the campus of and connected to NM Huntley Hospital (NM Huntley). This project will help accommodate current and projected demand for NM services at Huntley Hospital and allow for the co-location of specialty services, such as cardiology and oncology, in a convenient location for patients and physicians.

2. *Define the planning area or market area.*

It is anticipated that the majority of the patients who will come to the proposed MOB will reside within 17 miles of the facility. In CY23, approximately 88.8% of NM Huntley's inpatient cases originated from the 17-mile radius of the hospital. Additionally, there were 80,298 outpatient visits to an NM facility from patients residing within the project's 17-mile radius.

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

The association between proximity to health care facilities and improved disease management has been well documented. In general, a greater distance reduces follow-up care and increases complications and mortality risks.

Heart Disease is a leading cause of death in the United States and McHenry County. Fortunately, deaths from cardiovascular disease are preventable, especially if intervention is provided across the lifespan of the disease — from early education, prevention and screening to early diagnosis, prompt treatment and comprehensive aftercare. In planning responses to the priority needs of their communities, hospitals can positively impact the health burdens of all chronic diseases by addressing the disease across the continuum of its lifespan. (Healthy People 2020).

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the US and McHenry County.

Combined deaths by heart disease and cancer accounted for almost half of the deaths in McHenry County in 2020. This project increases access to preventative care and treatment for both diseases.

4. *Cite the sources of the documentation.*

Sources of information include:

- Hospital Records
- Illinois Department of Public Health
- NM Community Health Needs Assessments
- Healthy People 2020

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*

The proposed project will improve access to NM's high-quality, coordinated, efficient, outpatient services, including cardiology and oncology, in a location convenient for a large number of NM patients.

The co-location of services will increase collaboration among different providers and wider coordination with secondary care. Connection to the hospital will drive cost efficiencies by reducing duplication of technology/equipment.

6. *Provide goals for the proposed project.*

The goal of the proposed project is to increase access to NM cardiology and oncology care by providing a medical office building in a convenient location for a large number of NM patients.

Criterion 1110.110(d)

ALTERNATIVES

The proposed project is the only feasible option for expanding services at NM Huntley. The following alternatives were considered for the project:

1. Use space in an existing medical office building on campus.
2. Lease space or purchase an existing medical office building in the Huntley area.

Alternative 1: Use Space in an Existing Medical Office Building on Campus

There are two existing medical office buildings on the NM Huntley campus:

Building	Total Size	Available Space
MOB1	63,025 sf	None
MOB2	86,455 sf	None

While the medical office buildings are proximate to NM Huntley, they are both currently 100% occupied and cannot accommodate the proposed project. Both buildings house both Northwestern Medicine occupants (such as NM Rehab and RMG practices) as well as 3rd party tenants (such as Davita Dialysis and Rosalind Franklin University). Additionally, only one of the existing buildings is owned by Northwestern Medicine.

This alternative was rejected because it did not meet the space requirements of the project.

Alternative 2: Lease/Purchase an Existing Medical Office Building in the Huntley Area

NMHC worked with JLL to search for potential existing building options around the location of the proposed project. The search resulted in no other properties that met the criteria for this project. While there were many existing properties in the area, they had sub-optimal infrastructure for medical uses and were generally less convenient for patients and/or had difficult vehicular access. Renovating those types of properties would be very costly and would yield a product that is inferior to the proposed project. Frequently, landlords are unwilling or unable to invest in necessary infrastructure improvements and it is a risky financial investment for NMHC to make extensive improvements as a tenant.

This alternative was rejected because it does not meet the program needs for the project. Cost estimates were not developed for this option since it is not realistic for the project.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 – Project Scope, Utilization, and Unfinished/Shell Space

SIZE OF PROJECT

The treatment services provided on the first floor of the proposed project will be hospital-based outpatient services. The outpatient services on the second floor of the proposed project will be provided by Northwestern Medicine Regional Medical Group (RMG) and therefore are not subject to licensure under the Illinois Hospital Licensing Act.

In determining the square footages for the components for which there are no State Guidelines, NM's planning team members, architects, and consultants utilized existing functional standards and incorporated experience from other developments in the healthcare system during the past 2+ decades of growth.

The size of the project was developed based on the amount of space needed to accommodate demand for NM outpatient services.

Huntley Medical Office Building Stacking Diagram

Floor 2	Physician Office Space
Floor 1	Infusion Center / Radiation Oncology / Cardio Diagnostics

Clinical Components

Infusion Center

The proposed project includes space for outpatient infusion services on the first floor. Based on patient preference for more privacy, there will be 16 private infusion rooms including two larger rooms to support patient stretchers.

Infusion services will include intravenous and catheter-based infusion for chemotherapy, targeted therapies, immunotherapy, fluids and antibiotics.

There will also be a co-located pharmacy in the Infusion Center. This eliminates the need for drugs to be couriered to the building, which also eliminates unnecessary treatment delays, spoilage, and limited ability to offer clinical trials. The co-located pharmacy also allows a pharmacist to easily counsel patients and families and establish a more personal relationship during infusion treatments.

There will also be a blood draw area in the Infusion Center. This allows patients undergoing cancer treatment to remain in the area where their treatment happens. This area will include two blood draw chairs/stations, a laboratory space for point of care testing and a single-user toilet room with pass-through door.

The Infusion Center space is comprised of:

- 16 Private Infusion rooms
- Team Station with Nourishment Stations
- Cold Cap room
- Pharmacy & Medication room
- Blood Draw area/Laboratory
- Triage/Consult rooms
- Clean Supply & Soiled Utility rooms
- Staff and patient toilets

Comparison of Space to Standard

The proposed square footage for the Infusion Center is 8,822 DGSF.

There is no State Guideline for Square Footage for Infusion.

Radiation Oncology

The proposed project includes radiation oncology services. The Radiation Oncology area will have the following types of radiation oncology equipment:

- 1 linear accelerator
- 1 CT simulator

The Radiation Oncology area will also include the following components:

- CT Simulator control room
- CT Simulator equipment room
- Exam/Consult room
- Linear Accelerator control room
- Linear Accelerator equipment room
- Linear Accelerator specialized storage room
- Gendered Patient locker & changing rooms
- Staff and patient toilets
- Clean Supply & Soiled Utility rooms

Comparison of Space to Standard

Components and Space Standards used are as follows:

Diagnostic Imaging, as designed	4,197 DGSF
1 Linear Accelerator	
1 CT Simulator	
State Standard for Diagnostic Imaging	4,200 DGSF
Accelerator: 2,400 dgsf/Unit x 1 = 2,400	
Simulator: 1,800 dgsf/Unit x 1 = 1,800	
Amount of difference	(3)

The proposed radiation oncology treatment space is below the State Guidelines for Square Footage.

Outpatient Cardio Diagnostics

The proposed project also includes space for outpatient cardiac non-invasive testing. Patients that are put on the low risk and intermediate risk chest pain pathways will be scheduled in the proposed project. The inpatient cardiac diagnostic department will remain in the hospital and will service the emergency department.

The Cardio Diagnostics space is comprised of:

- Echo rooms
- Echo/Stress rooms
- Holter/ECG room
- Medication room
- Offices and Reading room
- Clean Supply & Soiled Utility rooms
- Patient toilets

Comparison of Space to Standard

The proposed square footage for Cardio Diagnostics is 4,155 DGSF.

There is no State Guideline for Square Footage for Cardio Diagnostics.

SIZE OF PROJECT				
DEPARTMENT	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Infusion Center	8,822	N/A	N/A	Yes
Radiation Oncology	4,197	4,200	(3)	Yes
Cardio Diagnostics	4,155	N/A	N/A	Yes

Non-Reviewable Components

Physician Office Space

The proposed project includes physician office space for the Northwestern Medicine Regional Medical Group (RMG). RMG provides healthcare services in the Chicago west and northwest suburbs and has more than 600 primary care physicians and specialists on the medical staff at NM Central DuPage Hospital, NM Delnor Hospital, NM Kishwaukee Hospital, NM Valley West Hospital, NM Huntley Hospital, NM McHenry Hospital, and NM Woodstock Hospital.

RMG has experienced significant growth in the past two decades, increasing from 100 physicians in 2010 to 649 physicians today (549% increase).

It is anticipated that the following specialties will be included in the proposed project:

- Medical Oncology
- Bluhm Cardiovascular Institute
- Surgical Specialties

Based on physician practice space in other NM buildings throughout the healthcare system, the space assumption for the physician office space is 1,000 – 1,500 DGSF per physician. The proposed project includes physician office space totaling 32,895 DGSF. This amount will provide space for approximately 20 - 30 physicians.

The Physician Office Space areas in the proposed project total 32,975 DGSF.

Public/Waiting/Registration Areas

The main lobby on the first floor of the building will be accessed from the north and south ends of the building. There will be a vending machine alcove immediately adjacent to passenger elevators and check-in desk. There will also be a lobby on the second floor of the building that serves the RMG offices.

Each floor will have public waiting spaces and public toilets for patients and guests. Adjacent to each waiting room will be a reception area for patient check-in/out and for general information.

The Public/Waiting/Registration areas in the proposed project total 14,380 DGSF.

Staff Support/Admin

There is administrative space in the proposed project. This space includes offices for the clinical site director, medical director, support staff and hoteling offices. There will

also be three phone rooms to allow staff to participate in conference or telehealth calls. The main office for Environmental Services will be located on the first floor.

There will also be staff support spaces in the project consisting of the following:

- Staff Lounge/Locker rooms – located on each floor and centrally located in the back of house to provide access for all staff
- Conference room – located on the first floor to be primarily used for patient education and staff meetings.
- Environmental Services rooms (EVS) – a large EVS room will be located near the service elevator to store cleaning and operational supplies and large cleaning equipment such as floor scrubbers. Smaller EVS rooms will be located throughout each floor to facilitate cleaning activities throughout the building.
- Storage rooms - the primary building storage will be located on the first floor. The storage rooms are sized to meet the requirements for building maintenance and operations.
- Staff Lactation room – located on the first floor
- Service elevator – for staff and material movement between levels.

The Staff Support and Admin spaces in the proposed project total 7,364 DGSF.

Pedestrian Walkway Connector

The proposed project includes an on-grade pedestrian walkway or “connector” from the proposed medical office building to an intermediate point on a similar existing pedestrian walkway. This allows staff and operational access from the proposed project to the hospital and adjacent existing medical office building.

The proposed Connector is 2,101 DGSF.

MEP Systems

The proposed project includes the following MEP Systems:

- Mechanical
 - Two packaged rooftop air handling units, 60,000 total CFM each.
 - Roof mounted general exhaust fans.
 - Dedicated exhaust system for the compounding pharmacy.
 - Dedicated exhaust system for lab space.
 - Three hot water boilers with distribution system for space heating and VAV terminal unit reheat.
 - New building automation system.
 - Dedicated DX split systems for IDF rooms and elevator equipment spaces.
 - New connection to existing bulk oxygen storage tank with distribution to select clinical spaces.

- Dedicated medical vacuum pump with distribution to select clinical spaces.
- Plumbing
 - New 8" incoming combined fire protection / domestic water service.
 - New domestic water distribution to new fixtures.
 - Two redundant gas fired tank type water heaters, digital master mixing valve and recirculation pumps.
 - New Sanitary 8" service and vent system.
 - New 12" storm connection.
 - Two elevator pit pumps.
- Fire Protection
 - New 8" incoming combined fire protection / domestic water service.
 - 500 gpm fire pump.
 - Automatic sprinkler systems throughout in accordance with NFPA standards.
 - Double interlock pre-action systems that will serve the linear accelerator control room and CT Simulator control room.
- Electrical
 - New 480/277volt electrical service will support the overall building loads. The quantity and sizing are being driven by the projected building loads.
 - New 480/277volt electrical service dedicated for the fire pump.
 - Emergency power will be provided by a diesel driven engine generator. This will back-up code-required and user-requested loads.
 - New electrical distribution will be provided throughout the building to panelboards and end-use devices/loads.
 - New electrical, lighting, data, nurse call, sound masking and fire alarm systems.

The proposed MEP spaces in the project total 5,436 DGSF.

Building Infrastructure

The building will be a 2-story medical office building for a total building height of 31'-0" to roof slab. The building will be constructed with concrete spread footings and steel columns and beams. The perimeter of the building will be 1,220 linear feet and the story heights will be 16'. The primary building materials will be face brick with a combination of curtainwall and ribbon windows with a corrugated metal rooftop screen wall. The project is pursuing LEED Silver certification.

PROJECT SERVICES UTILIZATION

The proposed project will provide convenient infusion, radiation oncology, and cardio diagnostics for NM patients at a location close to home. The project will accommodate demand for NM services from patients within the 17-mile radius of the project and beyond.

Infusion

Northwestern Medicine's cancer centers provide access to state-of-the-art therapies and comprehensive cancer care offering leading edge medical, surgical and radiation oncology treatment options, as well as access to specialized research, clinical trials and diagnostic services.

NM Huntley began providing infusion services in FY21 and has 8 infusion stations. From FY22 – FY24 (annualized), the number of infusions at NM Huntley increased by 81%, from 3,634 to 6,577. Additionally, the healthcare and hospital consulting firm, Sg2, projects continued growth in infusion services in Huntley's service area through 2029. In order to accommodate the growing demand for infusion services at NM Huntley, the proposed project will relocate the existing stations and add 8 stations for a total of 16 infusion stations.

While there is no state and/or industry standard for utilization of infusion resources, facility planning firms have used a 65% utilization rate for the planning of infusion centers associated with academic medical centers (AMCs). AMC infusion centers typically have higher patient acuity, higher than average same-day cancellations, and complex multidisciplinary care. The NM Strategy team worked with The Advisory Board to determine the median utilization rate for AMC/NCI-designated cancer centers and found the rate to be 60%.

Infusion cases grew by an average annual increase of 40.5% from FY22 to FY24 (annualized).

	Historic Utilization		
	FY22	FY23	FY24
Infusion Cases	3,634	4,365	6,577
Infusion Hours	9,845	10,185	12,044
# of Stations	8	8	8
Annual Hours of Operation	19,760	19,760	19,760
Infusion Utilization	50%	52%	61%

Assuming a much lower average annual increase rate of 14% as was experienced, the Huntley infusion stations will be operating at utilization rate of 65% by FY29 (two years after project completion), which is higher than the NM Strategy team/The Advisory Board median utilization rate of 60%.

	Projected Utilization				
	FY25	FY26	FY27	FY28	FY29
Infusion Cases	7,304	8,111	9,007	10,002	11,108
Infusion Hours	16,799	18,655	20,716	23,005	25,548
# of Stations	8	8	8	16	16
Annual Hours of Operation	19,760	19,760	19,760	39,520	39,520
Infusion Utilization	85%	94%	105%	58%	65%

Radiation Oncology

The proposed project includes:

- 1 Linear Accelerator
- 1 CT Simulator

Linear Accelerator

NM Huntley Hospital currently does not have a linear accelerator, however there are two at NM McHenry Hospital. Given that approximately half of the patients utilizing the linear accelerators at NM McHenry live closer to NM Huntley and one of the LINACs is at the end of useful life, the decision was made to include one LINAC in the proposed project and not replace the second one at McHenry.

	Historic Utilization @ NM McHenry Hospital							
	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23
Treatments	3,414	3,403	6,199	6,339	5,945	7,023	7,151	8,004
State Standard	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500
# of LINACs Justified	1	1	1	1	1	1	1	2

The number of LINAC treatments at NM McHenry increased by an average annual growth rate of 19.2% from CY16 – CY23. Assuming a slightly lower annual growth rate of 18.9%, NM can justify 2 LINACs in CY29 based on the State Standard of 7,500 treatments per accelerator.

There will be 1 LINAC at NM McHenry Hospital and 1 LINAC in the proposed project.

	Projected Utilization					
	FY24	FY25	FY26	FY27	FY28	FY29
Treatments	8,887	9,868	10,957	12,167	13,509	15,000
State Standard	7,500	7,500	7,500	7,500	7,500	7,500
# of LINACs Justified	2	2	2	2	2	2
# of LINACs in Proposed Project	1	1	1	1	1	1

CT Simulator

There will be 1 CT Simulator in the proposed project. Every patient who receives a course of radiation treatment undergoes a simulation process to gather images for treatment planning and also assures that the patient is in the best possible position for treatment execution.

There is no State standard for Simulators.

Cardio Diagnostics

The proposed project also includes space for outpatient cardiac non-invasive testing. Patients that are put on the low risk and intermediate risk chest pain pathways will be scheduled in the proposed project. The inpatient cardiac diagnostic department will remain in the hospital and will service the emergency department.

From FY21 – FY23, cardio diagnostics volume at NM Huntley Hospital increased by 13% from 26,409 to 29,854. Assuming the same growth rate through FY29 equates to 41,482 visits. Approximately 53% of the cardio diagnostics volume will move to the proposed project. There will be 5 cardio diagnostics rooms in the hospital and 6 in the proposed project.

	FY28	FY29
NMHH Cardio Diagnostics Visits	38,841	41,482
53% @ proposed project	20,586	21,985

There is no State standard for utilization for cardio diagnostics.

Comparison of Utilization to Standard

DEPARTMENT	UTILIZATION			
	HISTORICAL UTILIZATION CY22 CY23	PROJECTED UTILIZATION CY28 CY29	STATE STANDARD	MEET STANDARD?
Infusion Services	80% 82%	58% 65%	N/A	Yes
Radiation Oncology	N/A	6,755 treatments 7,500 treatments	7,500 treatments	Yes
Cardio Diagnostics	29,283 visits 29,854 visits	38,841 visits 41,842 visits	N/A	Yes

UNFINISHED OR SHELL SPACE / ASSURANCES

Not Applicable – there is no unfinished or shell space planned in the project.

M. Criterion 1110.270 – Clinical Service Areas Other than Categories of Service

Service	# of Existing Key Rooms	# of Proposed Key Rooms
Infusion	8	16
Radiation Oncology		
Linear Accelerator	0	1
CT Simulator	0	1
Cardio Diagnostics	7	11

The proposed project will provide convenient infusion, radiation oncology, and cardio diagnostics for NM patients at a location close to home. The project will accommodate demand for NM services from patients within the 17-mile radius of the project and beyond.

Infusion

Northwestern Medicine's cancer centers provide access to state-of-the-art therapies and comprehensive cancer care offering leading edge medical, surgical and radiation oncology treatment options, as well as access to specialized research, clinical trials and diagnostic services.

NM Huntley began providing infusion services in FY21 and has 8 infusion stations. From FY22 – FY24 (annualized), the number of infusions at NM Huntley increased by 81%, from 3,634 to 6,577. Additionally, the healthcare and hospital consulting firm, Sg2, projects continued growth in infusion services in Huntley's service area through 2029. In order to accommodate the growing demand for infusion services at NM Huntley, the proposed project will relocate the existing stations and add 8 stations for a total of 16 infusion stations.

While there is no state and/or industry standard for utilization of infusion resources, facility planning firms have used a 65% utilization rate for the planning of infusion centers associated with academic medical centers (AMCs). AMC infusion centers typically have higher patient acuity, higher than average same-day cancellations, and complex multidisciplinary care. The NM Strategy team worked with The Advisory Board to determine the median utilization rate for AMC/NCI-designated cancer centers and found the rate to be 60%.

Infusion cases grew by an average annual increase of 40.5% from FY22 to FY24 (annualized).

	Historic Utilization		
	FY22	FY23	FY24
Infusion Cases	3,634	4,365	6,577
Infusion Hours	9,845	10,185	12,044
# of Stations	8	8	8
Annual Hours of Operation	19,760	19,760	19,760
Infusion Utilization	50%	52%	61%

Assuming a much lower average annual increase rate of 14% as was experienced, the Huntley infusion stations will be operating at utilization rate of 65% by FY29 (two years after project completion), which is higher than the NM Strategy team/The Advisory Board median utilization rate of 60%.

	Projected Utilization				
	FY25	FY26	FY27	FY28	FY29
Infusion Cases	7,304	8,111	9,007	10,002	11,108
Infusion Hours	16,799	18,655	20,716	23,005	25,548
# of Stations	8	8	8	16	16
Annual Hours of Operation	19,760	19,760	19,760	39,520	39,520
Infusion Utilization	85%	94%	105%	58%	65%

Radiation Oncology

The proposed project includes:

- 1 Linear Accelerator
- 1 CT Simulator

Linear Accelerator

NM Huntley Hospital currently does not have a linear accelerator, however there are two at NM McHenry Hospital. Given that approximately half of the patients utilizing the linear accelerators at NM McHenry live closer to NM Huntley and one of the LINACs is at the end of useful life, the decision was made to include one LINAC in the proposed project and not replace the second one at McHenry.

	Historic Utilization @ NM McHenry Hospital							
	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23
Treatments	3,414	3,403	6,199	6,339	5,945	7,023	7,151	8,004
State Standard	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500
# of LINACs Justified	1	1	1	1	1	1	1	2

The number of LINAC treatments at NM McHenry increased by an average annual growth rate of 19.2% from CY16 – CY23. Assuming a slightly lower annual growth rate of

18.9%, NM can justify 2 LINACs in CY29 based on the State Standard of 7,500 treatments per accelerator.

There will be 1 LINAC at NM McHenry Hospital and 1 LINAC in the proposed project.

	Projected Utilization					
	FY24	FY25	FY26	FY27	FY28	FY29
Treatments	8,887	9,868	10,957	12,167	13,509	15,000
State Standard	7,500	7,500	7,500	7,500	7,500	7,500
# of LINACs Justified	2	2	2	2	2	2
# of LINACs in Proposed Project	1	1	1	1	1	1

CT Simulator

There will be 1 CT Simulator in the proposed project. Every patient who receives a course of radiation treatment undergoes a simulation process to gather images for treatment planning and also assures that the patient is in the best possible position for treatment execution.

There is no State standard for Simulators.

Cardio Diagnostics

The proposed project also includes space for outpatient cardiac non-invasive testing. Patients that are put on the low risk and intermediate risk chest pain pathways will be scheduled in the proposed project. The inpatient cardiac diagnostic department will remain in the hospital and will service the emergency department.

From FY21 – FY23, cardio diagnostics volume at NM Huntley Hospital increased by 13% from 26,409 to 29,854. Assuming the same growth rate through FY29 equates to 41,482 visits. Approximately 53% of the cardio diagnostics volume will move to the proposed project. There will be 5 cardio diagnostics rooms in the hospital and 6 in the proposed project.

	FY28	FY29
NMHH Cardio Diagnostics Visits	38,841	41,482
53% @ proposed project	20,586	21,985

There is no State standard for utilization for cardio diagnostics.

SECTION VII. 1120.120 – AVAILABILITY OF FUNDS

Not Applicable – NMHC has a long-term bond rating of AA+ from S&P Global and Aa2 from Moody's Investors Service (see bond rating documents submitted in CON #24-006).

SECTION VIII. 1120.130 – FINANCIAL VIABILITY

Not Applicable – NMHC has a long-term bond rating of AA+ from S&P Global and Aa2 from Moody's Investors Service (see bond rating documents submitted in CON #24-006).

SECTION IX. 1120.140 – ECONOMIC FEASIBILITY

A. Reasonableness of Financing Arrangements

Not Applicable – NMHC has a long-term bond rating of AA+ from S&P Global and Aa2 from Moody's Investors Service (see bond rating documents submitted in CON #24-006).

B. Conditions of Debt Financing

Not Applicable – NMHC has a long-term bond rating of AA+ from S&P Global and Aa2 from Moody's Investors Service (see bond rating documents submitted in CON #24-006).

C. Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT										
Department	A	B	C	D	E	F	G	H	Total Cost (G + H)	
	Cost/Square Foot New	Mod.	GSF New Circ.*		GSF Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)		
CLINICAL										
Infusion Center	\$ 590.00		8,822	12.7%			\$ 5,204,980		\$ 5,204,980	
Radiation Oncology	\$ 590.00		4,197	48.6%			\$ 2,476,230		\$ 2,476,230	
Cardio Diagnostics	\$ 590.00		4,155	23.8%			\$ 2,451,450		\$ 2,451,450	
Clinical Subtotal	\$ 590.00		17,174	25.3%			\$ 10,132,660		\$ 10,132,660	
Clinical Contingency	\$ 59.00						\$ 1,013,266		\$ 1,013,266	
Clinical Total	\$ 649.00		17,174	25.3%			\$ 11,145,926		\$ 11,145,926	
NON-REVIEWABLE										
Physician Office Space	\$ 590.00		32,975	23.6%			\$ 19,455,250		\$ 19,455,250	
Public/Waiting/Registration Areas	\$ 590.00		14,380	38.3%			\$ 8,484,200		\$ 8,484,200	
Staff Support/Admin	\$ 590.00		7,364	32.7%			\$ 4,344,760		\$ 4,344,760	
Connector	\$ 950.00		2,101	100.0%			\$ 1,995,950		\$ 1,995,950	
MEP Systems	\$ 1,200.00		5,436	9.6%			\$ 6,523,200		\$ 6,523,200	
Non-Clinical Subtotal	\$ 655.41		62,256	28.7%			\$ 40,803,360		\$ 40,803,360	
Non-Clinical Contingency	\$ 65.54						\$ 4,080,336		\$ 4,080,336	
Non-Clinical Total	\$ 720.95		62,256	28.7%			\$ 44,883,696		\$ 44,883,696	
TOTALS	\$ 705.40		79,430				\$ 56,029,622		\$ 56,029,622	

D. Projected Operating Costs

Project Direct Operating Expenses – FY29 (Infusion, Radiation Oncology, Cardio Diagnostics)

Total Direct Operating Costs	\$ 15,800,000
Units of Service	40,593
Direct Cost per Unit of Service	\$ 389.23

E. Total Effect of the Project on Capital Costs

Projected Capital Costs – FY29

Equivalent Adult Patient Days (NM Huntley Hospital)	46,881
Total Project Cost	\$ 96,300,000
Useful Life	15
Total Annual Depreciation	\$ 6,420,000
Depreciation Cost per Equivalent Patient Day	\$ 136.94

SECTION X. SAFETY NET IMPACT STATEMENT

Not Applicable – the proposed project is NON-SUBSTANTIVE and does not involve discontinuation.

SECTION X. CHARITY CARE INFORMATION

NMHC is committed to providing quality medical care, regardless of the patient's ability to pay; to educating the healthcare workforce and supporting medical and clinical research; and to improving the health of the communities we serve through cultivating economic vitality and engaging our community to address social determinants of health.

The NM System serves a broad and diverse population. Guided by our Community Health Needs Assessments, and in collaboration with long-standing partners in the community, NM is committed to serving the community through:

- Providing quality medical care, regardless of the patient's ability to pay.
- Cultivating economic vitality through workforce development.
- Facilitating community engagement to reduce health inequities.

NM has extended access to academic medicine in the community through system expansion as well as relationships with community partners, including federally qualified health centers and free and charitable clinics. Additional partnerships with social service providers, local school and park districts, and many more community-based organizations also ensure access to care.

NMHC provides care for patients regardless of their ability to pay, as supported by our financial assistance and presumptive eligibility policies. NM has long been a leading provider of services to Illinois Medicaid beneficiaries and charity care. In addition to being the 6th largest provider of charity care in both Cook County and Illinois, NMH has for many years been among the top providers of care under the Medicaid program in Illinois despite not having a pediatrics program (children account for 46% of all Medicaid patients). Based on the most recently available information from the Illinois Department of Healthcare and Family Services, NMH is the third largest provider of Medicaid services among acute-care hospitals in Illinois when measured by total Medicaid patient days as well as admissions. Several other NM hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County.

NM remains committed to advancing health equity through both internal practices and long-standing relationships with community clinical partners. In FY21, NM launched a tool to screen all patients for social determinants of health. This information will allow us to better meet our patients' needs in partnership with community organizations. As enduring partners in their respective communities, NMHC hospitals continue to cultivate new relationships while working with long-standing community partners to organize and provide resources to community collaborators addressing health inequalities.

NMHC is committed to benefiting the communities we serve. In FY23, NMHC contributed more than \$1.45 billion, or approximately 17.9% of net patient service revenue, including more than \$1.28 billion in community services and charity care and approximately \$161.8 million in research and education. While NMHC reported a

decrease in charity care from FY22 to FY23, the reported unreimbursed cost of government-sponsored indigent care increased from FY22 to FY23.

CHARITY CARE

Northwestern Memorial HealthCare

	FY21	FY22	FY23
Net Patient Revenue	\$6,810,599,673	\$7,399,122,793	\$8,095,919,536
Amount of Charity Care (charges)	\$ 476,740,967	\$ 469,227,416	\$ 360,059,649
Cost of Charity Care	\$ 79,890,361	\$ 90,752,502	\$ 67,545,943

Northwestern Medicine Huntley Hospital

	FY21	FY22	FY23
Net Patient Revenue	\$ 218,733,264	\$ 261,489,998	\$ 346,416,711
Amount of Charity Care (charges)	\$ 8,462,377	\$ 12,035,421	\$ 10,466,948
Cost of Charity Care	\$ 1,535,221	\$ 2,101,881	\$ 1,647,957

NM Huntley Hospital Community Benefit Activities

Through outreach services and health education programs, NM Huntley improves access to health-related services/activities for the residents of McHenry County as well as surrounding counties. Examples include:

Access to Healthcare

- Established relationships with Aunt Martha's, a Federally Qualified Health Center, and with Family Health Partnership Clinic, Free and Charitable Health Clinic. Through financial and in-kind support, patients who have received care at Northwestern Medicine facilities in McHenry County can receive primary and preventive services at these local clinical sites.

Healthy Weight and Nutrition Education

- The New Dimensions weight loss challenge program offers an individualized action plan for success and focuses on each dimension of health (emotional, environmental, intellectual, occupation, physical, social, spiritual, and financial) to provide a comprehensive approach to change and goal attainment. In FY23, 577 individuals participated in 26 healthy weight and nutrition programs. 16 participants began the New Dimension program, with a total of 9 completing the program.

Diabetes Education

- Through screenings conducted at various settings throughout the community, 1,143 people had glucose finger sticks and education on diabetes in FY23.
 - To help those living with diabetes, NM increased the number of support groups from 11 to 15 in McHenry County in FY23. The number of attendees grew by 37% from the prior year. NM also provided grant funding to Cultivating Health Ministries, a program housed under the Harvard Community Senior Center, for operational support of their

diabetes and hypertension education and screening program delivered through faith-based organizations.

Cardiovascular Disease and Hypertension

- NM Huntley Hospital, NM McHenry Hospital and NM Woodstock Hospital provided 3,750 blood pressure screenings to members of the community. Participants who were found to be at high risk based on their blood pressure reading were referred to their primary care provider for follow-up, or if not aligned with a primary care provider, were referred to a community health care provider.
- Through the use of a resource called the Framingham Risk Assessment Tool, NM has been able to share information with community partners to help predict the risk of having a heart attack or dying from heart disease. This Heart Age Tool is for anyone age 30+ who do not have known heart disease. The Heart Age Tool has been shared with the McHenry County Department of Health for distribution during community events and screenings.

Behavioral Health

- NM provided funding to the Boys & Girls Clubs of Dundee Township to support their STEM growth mindset program, which provides socio-emotional learning through the lens of trauma-informed care.
- Funding was provided to the Rosecrance Foundation to increase support for patients needing mental health and/or substance use disorder. Through this partnership, Rosecrance was able to pursue expansion of Spanish-speaking services, therapeutic recreation, and medication assisted therapies.
- NM Huntley Hospital, NM McHenry Hospital, and NM Woodstock Hospital also provided operational support to Independence Health & Therapy to improve access to counseling programs and Turning Point to support a mental health counseling program for survivors of domestic violence. In addition to funding for the Rosecrance Foundation, grant funding was provided to New Directions Addiction Recovery Services to support expansion of their peer recovery substance use disorder treatment program.

Social Determinants of Health

- A NM system-wide approach was developed around assessing and collecting SDOH on patients in order to treat the whole patient. Patients who screen positive for a SDOH are offered assistance, and when accepted, are referred to community-based agencies and organizations that can provide assistance with SDOH. In FY23, a total of 24,923 SDOH screens were conducted at NM facilities in McHenry County. Of these, 3,476 (14%) screened positive for one or more SDOH and 1,666 (6.7%) requested assistance. The most frequently cited concern was having a medical home (1,653 patients). A total of 752 patients expressed concerns about transportation, 538 about mental health, 620 about medication affordability, and 376 about safe housing. 338 patients expressed concern about food or money.

Youth Pipeline Programs

- The Project SEARCH transition-to-work program is a unique, business-led, one-year employment preparation program for individuals with developmental

disabilities, which takes place entirely at NM Huntley Hospital. The Project SEARCH model involves an extensive period of skills training and career exploration, innovative adaptations, long-term job coaching, and continuous feedback from teachers, skills trainers, and employers. As a result, at the completion of the training program, students with significant intellectual disabilities are employed in complex and rewarding jobs within the McHenry County community. The 2023-2024 Project SEARCH class graduated 10 participants and 12 have been recruited to begin in fall of 2024.

- The NM Discovery Program creates a pathway for the next generation of NM leaders by drawing on the talents of our incredible team of health care professionals to provide STEM career exposure. The program is held at NM Huntley Hospital and includes tours, guest speakers, group discussion, and hands-on projects. Additionally, program students have the option to apply for a paid summer internship. In 2024, seven students earned an internship position; two of whom were located at NM Huntley Hospital. One of the two students was offered a job with the inpatient lab at the conclusion of the internship.
- In partnership with both McHenry High School and Huntley High School, the Youth Medical Residency Program provides high school students in the fourth year of their respective health sciences track with monthly career exploration opportunities as they interact with healthcare providers in a variety of different roles on site at NM Huntley and McHenry Hospitals.