

25-017

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.

FEE: \$ 46,825.26  
- 2,500  
BALANCE \$ 44,325.26

Facility/Project Identification

Facility Name:	Shirley Ryan AbilityLab f/k/a Rehabilitation Institute of Chicago		
Street Address:	355 East Erie Street		
City and Zip Code:	Chicago, IL 60611		
County:	Cook	Health Service Area:	VI Health Planning Area: A-01

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

Exact Legal Name:	Rehabilitation Institute of Chicago
Street Address:	355 East Erie Street
City and Zip Code:	Chicago, IL 60611
Name of Registered Agent:	Nancy E. Paridy
Registered Agent Street Address:	355 East Erie Street
Registered Agent City and Zip Code:	Chicago, IL 60611
Name of Chief Executive Officer:	Pablo Celnik, MD
CEO Street Address:	355 East Erie Street
CEO City and Zip Code:	Chicago, IL 60611
CEO Telephone Number:	312/238-1000

**RECEIVED**  
APR 02 2025  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane
Telephone Number:	Buffalo Grove, IL 60089
E-mail Address:	jacobmaxel@msn.com
Fax Number:	none

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

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

**Post Permit Contact**

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

Name:	Nancy E. Paridy
Title:	President & Chief Administrative Officer
Company Name:	Shirley Ryan AbilityLab
Address:	355 East Erie Street
Telephone Number:	312/238-1000
E-mail Address:	nparidy@sralab.org
Fax Number:	none

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Rehabilitation Institute of Chicago
Address of Site Owner:	355 East Erie Street Chicago, IL 60611
Street Address or Legal Description of the Site:	355 East Erie Street Chicago, IL 60611
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

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

Exact Legal Name:	Rehabilitation Institute of Chicago		
Address:	355 East Erie Street Chicago, IL 60611		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.**

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

## Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

## DESCRIPTION OF PROJECT

### 1. Project Classification

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

Part 1110 Classification :

- Substantive  
 Non-substantive

## 2. Narrative Description

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

The Shirley Ryan AbilityLab ("SRALab") is located in Chicago's Streeterville neighborhood, and is the premier provider of physical medicine and rehabilitation, not only in the Chicago area, but in the entire US. This is evidenced by SRALab (formerly known as the Rehabilitation Institute of Chicago) recently being ranked the #1 hospital in America by US News and World Reports for the 34<sup>th</sup> consecutive year.

The proposed project is limited to the renovation of approximately 50,500 square feet on the sixteenth floor of SRALab. The space is currently used for storage, and will be transformed into the hospital's Streeterville DayRehab Center and outpatient rehabilitation clinic and research space. The DayRehab Center is currently operating out of leased space a block from the hospital. That lease is scheduled to expire in mid-2027. SRALab's onsite outpatient programming is currently located on the hospital's fifteenth floor, and the outpatient space to be developed on the sixteenth floor will operate in addition to the outpatient space on the fifteenth floor. The equipment storage function currently occupying the sixteenth floor will be consolidated with existing storage on the seventeenth floor.

All costs associated with the project are the result of the sixteenth floor modernization.

The DayRehab Center uses the primary therapeutic modalities of physical therapy, occupational therapy, and speech pathology/therapy in the treatment of patients recovering from a variety of conditions including limb loss and impairment, stroke, spinal cord injury, brain injury, and multiple sclerosis. Though patients travel from throughout the world for care at SRALab, approximately half of the patients receiving care through the DayRehab Center transition into the program from a SRALab inpatient program, with the second largest group being patients discharged from other Chicago area inpatient programs. The DayRehab Center is multi-disciplinary in design, with staff including physical, occupational, and speech therapists, nurses, psychologists, social workers, vocational counselors and others working under the direction of rehabilitation physicians. Patients in the program receive 3-6 hours of therapy a day, up to five days a week (as opposed to 30-45 minute sessions once or twice a week through traditional outpatient rehabilitation programs); typically over a two to three-month period. The DayRehab program provides the intensity of inpatient rehabilitation, without being in the hospital, as the patients no longer require 24-hour nursing or physician care. The outcomes of these patients are successful because the program allows patients to be in their home surroundings while receiving the same rehabilitation care provided through the hospital's inpatient program.

The area to be renovated for the DayRehab program will include space for individual and group treatment, therapy gyms ("Abilitylabs"), clinicians' offices, and staff work and support areas. Similarly, the outpatient clinic will also consist of areas designed for individual and group treatment, and private offices and shared work areas will be provided for therapists and other professionals working in the clinic.

The DayRehab Center and the outpatient program operate with separate staffs, with the patients enrolled in one program using the facilities (and staff) of the other program only rarely.

SRALab became the first-ever “translational” research hospital when it opened in 2017, bringing clinicians, scientists, innovators and technicians together in a single work and patient care environment, translating real-time research into patient care. This cutting-edge approach to research and patient care serves as the foundation for the daily activities provided through the DayRehab Center and the hospital’s outpatient rehabilitation clinic.

The proposed project is categorized as being “non-substantive” because it does not involve the establishment of a new facility or “category of service”, nor does it add beds to the hospital.

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
<b>Project Cost:</b>			
Preplanning Costs	\$ 20,350	\$ 7,150	\$ 27,500
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$ 11,659,070	\$ 6,250,355	\$ 17,909,425
Contingencies	\$ 272,190	\$ 232,810	\$ 505,000
Architectural/Engineering Fees	\$ 950,000	\$ 173,100	\$ 1,123,100
Consulting and Other Fees	\$ 639,755	\$ 191,096	\$ 830,850
Movable and Other Equipment (not in construction contracts)	\$ 385,732	\$ 52,600	\$ 438,332
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space			
Fair Market Value of Leased Equipment			
Other Costs to be Capitalized	\$ 424,000	\$ 26,000	\$ 450,000
Acquisition of Building or Other Property			
<b>TOTAL USES OF FUNDS</b>	<b>\$ 14,351,097</b>	<b>\$ 6,933,110</b>	<b>\$ 21,284,207</b>
<b>Sources of Funds:</b>			
Cash and Securities	\$ 14,351,097	\$ 6,933,110	\$ 21,284,207
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 14,351,097</b>	<b>\$ 6,933,110</b>	<b>\$ 21,284,207</b>

6-

**Related Project Costs**

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

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

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

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

**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): \_\_\_\_\_ 18 months following receipt of the requested CON Permit \_\_\_\_\_

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 **not applicable**  
 APORS **not applicable**  
 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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON-REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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



## Facility Bed Capacity and Utilization

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

FACILITY NAME: Rehabilitation Institute of Chicago d/b/a Shirley Ryan Ability Lab			CITY: Chicago		
REPORTING PERIOD DATES: From: 1/1/23 to: 12/31/23					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation	262	3,795	78,358	none	262
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	262	3,795	78,358	none	262

**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 Rehabilitation Institute of Chicago \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

*Nancy E. Paridy*

SIGNATURE

Nancy E. Paridy  
PRINTED NAME

President and Chief Administrative Officer  
PRINTED TITLE

*Jonathan Tingstad*

SIGNATURE

Jonathan Tingstad  
PRINTED NAME

Senior Vice President and Chief Financial Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 1 day of April 2025

Notarization:  
Subscribed and sworn to before me  
this 1 day of April 2025

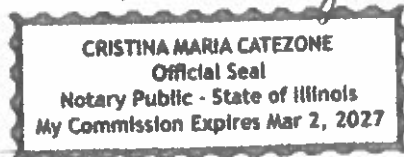
*Cristina Maria Catezone*

Signature of Notary



*Cristina Maria Catezone*

Signature of Notary



\*Insert the EXACT legal name of the applicant

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

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### 1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant 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 III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

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#### 1110.110(a) – Background of the Applicant

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##### BACKGROUND OF APPLICANT

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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)**

<p><b>PURPOSE OF PROJECT</b></p> <ol style="list-style-type: none"><li>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.</li><li>2. Define the planning area or market area, or other relevant area, per the applicant's definition.</li><li>3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.</li><li>4. Cite the sources of the documentation.</li><li>5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.</li><li>6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals <b>as appropriate</b>.</li></ol> <p>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.</p> <p><b>NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.</b></p> <p><b>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.</b></p>
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<p><b>ALTERNATIVES</b></p> <ol style="list-style-type: none"><li>1) Identify <b><u>ALL</u></b> the alternatives to the proposed project: Alternative options <b><u>must</u></b> include:<ol style="list-style-type: none"><li>A) Proposing a project of greater or lesser scope and cost.</li><li>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.</li><li>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</li><li>D) Provide the reasons why the chosen alternative was selected.</li></ol></li><li>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. <b>FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.</b></li><li>3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.</li></ol>
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<p><b>APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>
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**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:**

not applicable, no shell space

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
  - a. Requirements of governmental or certification agencies, or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES:**

not applicable, no shell space

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**B. Criterion 1110.205 - Comprehensive Physical Rehabilitation**

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information.
2. Indicate bed capacity changes by Service:                      Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> <b>Comprehensive Physical Rehabilitation</b>	<b>262</b>	<b>262</b>

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

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Expand</b>	<b>Modernize</b>
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

**APPEND DOCUMENTATION AS ATTACHMENT 20, 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): \_\_\_\_\_

not applicable

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

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

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

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

**not applicable**

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]:

<p>\$21,284,207 _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time, 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.</li> <li>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.</li> <li>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.</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.</p>
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_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$21,284,207 _____	<b>TOTAL FUNDS AVAILABLE</b>

**APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY**

**NOT APPLICABLE**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

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

## SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

### A. Reasonableness of Financing Arrangements

**not applicable**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts 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**

**not applicable**

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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

**SECTION X. CHARITY CARE INFORMATION**

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

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

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

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

CHARITY CARE			
	2021	2022	2023
Net Patient Revenue	\$211,424,358	\$282,597,314	\$304,756,703
Amount of Charity Care (charges)	\$335,036	\$1,007,467	\$851,675
Cost of Charity Care	\$201,022	\$604,480	\$511,005

APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**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*

REHABILITATION INSTITUTE OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 05, 1951, 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 6TH day of FEBRUARY A.D. 2025 .***



Authentication #: 2503701998 verifiable until 02/06/2026  
Authenticate at: <https://www.ilsos.gov>

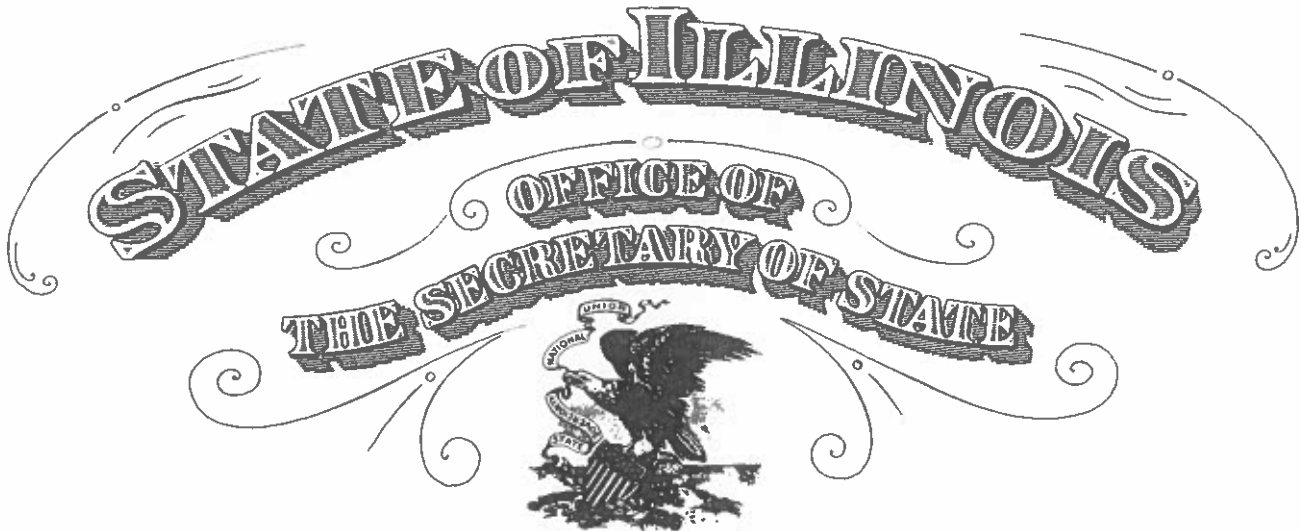
*Alexi Giannoulis*

SECRETARY OF STATE

ATTACHMENT 1

## SITE OWNERSHIP

With the signatures on the Certification page of this Certificate of Need application, the applicant attests that the site of the proposed project, that being 355 East Erie Street Chicago, Illinois is controlled by the applicant through the Rehabilitation Institute of Chicago, the applicant.



**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*

REHABILITATION INSTITUTE OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 05, 1951, 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 6TH day of FEBRUARY A.D. 2025 .***



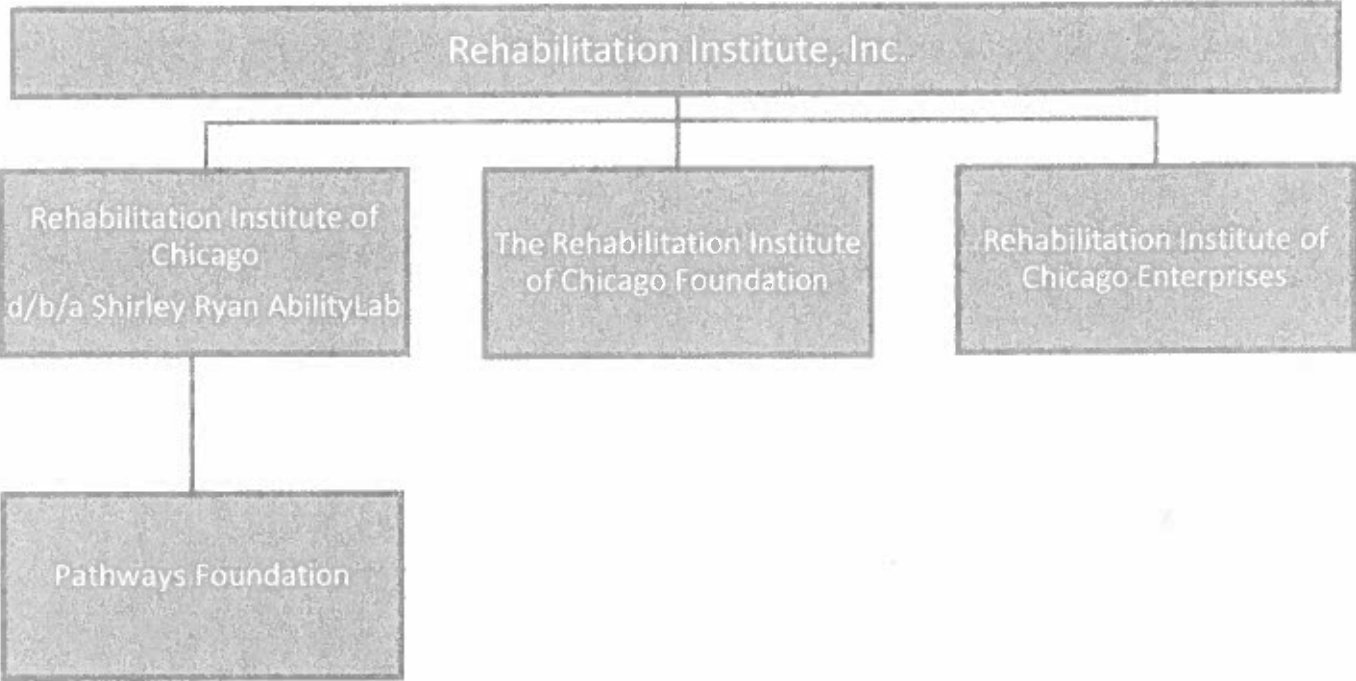
Authentication #: 2503701998 verifiable until 02/06/2026  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE

ATTACHMENT 3

# ORGANIZATIONAL RELATIONSHIPS



## FLOOD PLAIN REQUIREMENTS

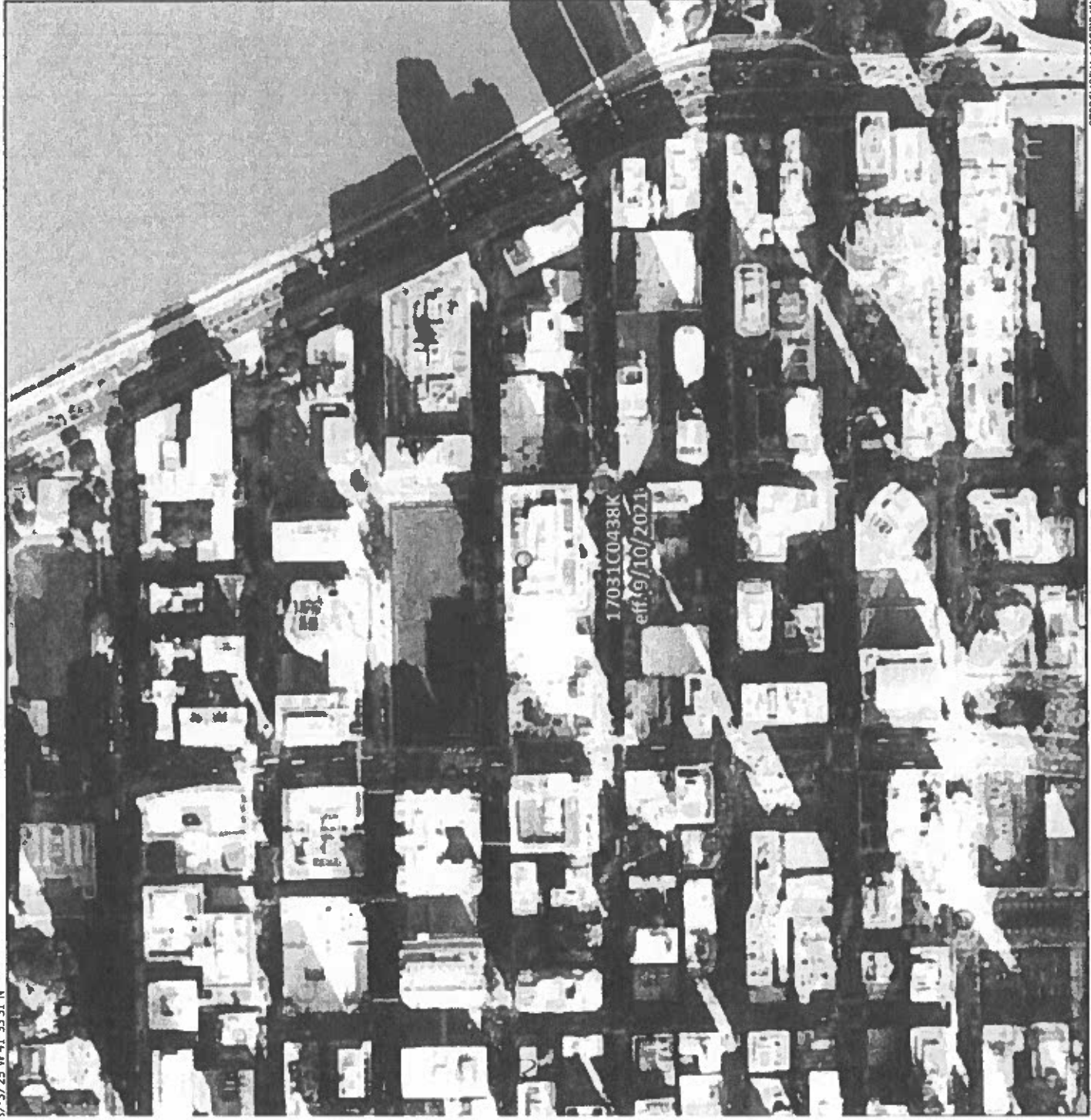
With the signatures provided on the Certification page of this Certificate of Need application, the applicant confirms that the project addressed through this Certificate of Need application, that being the modernization of selected spaces within Shirley Ryan AbilityLab, located at 355 East Erie Street in Chicago, Illinois, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.



# National Flood Hazard Layer FIRMette



37°37'25"W 41°53'51"N



## Legend

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

	Without Base Flood Elevation (BFE) <small>Zone A, V, AP5</small>
	With BFE or Depth <small>Zone AE, AO, AH, VE, AR</small>
	Regulatory Floodway
	0.2% Annual Chance Flood Hazard, Areas of 1% Annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <small>Zone A</small>
	Future Conditions 1% Annual Chance Flood Hazard <small>Zone A</small>
	Area with Reduced Flood Risk due to Levee. See Notes. <small>Zone A</small>
	Area with Flood Risk due to Levee <small>Zone D</small>
	NO SCREEN
	Area of Minimal Flood Hazard <small>Zone X</small>
	Effective LOMRS
	Area of Undetermined Flood Hazard <small>Zone</small>
	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
	Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transsect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transsect Baseline
	Profile Baseline
	Hydrographic Feature
	Digital Data Available
	No Digital Data Available
	Unmapped



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 8/30/2023 at 12:34 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.



87°36'48"W 41°53'24"N

# Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

August 6, 2023

Carey L. Meyer, AIA  
Deputy State Historic Preservation Officer  
Illinois Historic Preservation Office  
Illinois Dept. of Natural Resources  
1 Natural Resources Way  
Springfield, IL 62702-1271

RE: Proposed Interior Modernization  
Shirley Ryan AbilityLab  
Chicago, IL

Dear Ms. Meyer:

I am in the process of developing a Certificate of Need application, to be filed with the Illinois Health Facilities Services and Review Board, and I am in need of a determination of applicability from your agency.

The project proposes the interior renovation of the above-referenced rehabilitation hospital (f/k/a The Rehabilitation Institute of Chicago). The hospital is approximately ten years old, there will be no new construction, and there are no structures that appear to be of historical significance approximate to the site.

I have enclosed a map of the site and pictures of the building to be renovated, as well as surrounding structures for your review.

A letter from your office, confirming that the Preservation Act is not applicable to this project would be greatly appreciated.

Should you have any questions, I may be reached at the phone number below.

Sincerely,



Jacob M. Axel  
President

enclosures

PROJECT COST AND SOURCES OF FUNDS

**Project Costs**

**Preplanning Costs**

Evaluation of Alternatives	\$	5,000	
Pre-Architectural Functional Planning	\$	10,000	
Financial Feasibility Analyses	\$	7,500	
Misc./Other	\$	5,000	
			\$ 27,500

**Modernization Contracts**

please see ATTACHMENT 37			\$ 17,909,425
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**Contingencies (Modernization)**

please see ATTACHMENT 37			\$ 505,000
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**Architectural & Engineering Fees**

Design	\$	973,100	
Document Preparation	\$	20,000	
Interface with Agencies	\$	15,000	
Project Monitoring	\$	15,000	
Misc./Other	\$	100,000	
			\$ 1,123,100

**Consulting and Other Fees**

Permitting	\$	63,800	
Interior Signage	\$	175,000	
Appliances	\$	11,000	
Fire Suppression System	\$	6,050	
CON-Related	\$	75,000	
Insurance	\$	50,000	
Project Management	\$	250,000	
Equipment Planning	\$	100,000	
Misc./Other	\$	100,000	
			\$ 830,850

**Equipment**

DayRehab	\$	193,000	
Outpatient Center	\$	90,332	
Physicians' and Staff Offices	\$	35,000	
Family and Public Areas	\$	40,000	
Administrative Areas	\$	55,000	
Staff Support Areas	\$	25,000	
			\$ 438,332

**Other Costs to be Capitalized**

Relocation of DayRehab-Related	\$	350,000	
Misc./Other	\$	100,000	
			\$ 450,000

PROJECT COST			\$ 21,284,207
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**Sources of Funds**

Cash and Securities			\$ 21,284,207
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3.5

**Cost Space Requirements**

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Square Feet			Vacated Space
		Existing	Proposed	New Const.	Modernized*	As Is**	
<b>Reviewable/Clinical</b>							
Outpatient Therapy	\$ 3,602,125		7,473		7,473	4,600	
Day Hospital	\$ 10,619,812		19,481		19,481		
Casting	\$ 71,755		137		137		
Mental Health	\$ 57,404		128		128		
	\$ 14,351,097		27,219		27,219	4,600	
<b>Non-Reviewable/Non-Clinical</b>							
Clinicians' Offices	\$ 623,980		986		986		
Administrative	\$ 415,987		308		308		
Conf. & Meeting Rooms	\$ 762,642		1,727		1,727		
Staff Work Areas	\$ 1,455,953		3,751		3,751		
Pantry	\$ 277,324		915		915		
Reception & Waiting	\$ 693,311		2,311		2,311	1,300	
Mechanical Areas	\$ 207,993		1,090		1,090		
Elevator Lobby	\$ 485,318		1,314		1,314		
Supply & Equipment Storage	\$ 277,324		1,276		1,276	638	
Toilets & Lockers	\$ 901,304		2,416		2,416		
Circulation	\$ 831,973		7,187		7,187		
	\$ 6,933,110		23,281		23,281	1,938	
<b>Project Total</b>	<b>\$ 21,284,207</b>		<b>50,500</b>		<b>50,500</b>	<b>6,538</b>	
*16th floor							
**15th floor							

## BACKGROUND

Shirley Ryan AbilityLab (“SRAlab”) owns and operates its flagship hospital in the Chicago Loop, and owns and operates the following Illinois outpatient health care facilities:

- Adaptive Sports and Fitness Center, Chicago
- Pain Management Center, Chicago
- Streeterville DayRehab Center, Chicago
- Vocational Rehabilitation Center, Chicago
- Arlington Heights DayRehab Center, Arlington Heights
- Burr Ridge Outpatient & DayRehab Center, Burr Ridge
- Glenview Pediatric & DayRehab Center, Glenview
- Homewood DayRehab Center, Homewood
- Northbrook Outpatient Center, Northbrook

In addition, SRAlab has relationships of varying levels with the following Illinois providers of health care services:

- UChicago Medicine Mitchell Hospital-Hyde Park, Chicago (outpatient, Medical/Surgical therapy, specialized services)
- UChicago Medicine Therapy Services-Beverly, Chicago outpatient
- UChicago Medicine at Ingalls, Calumet City (outpatient)
- UChicago Medicine at Ingalls, Flossmoor (outpatient)
- UChicago Medicine Ingalls Memorial, Harvey (inpatient, Medical/Surgical therapy)
- UChicago Medicine at Ingalls, South Holland (outpatient)
- UChicago Medicine at Ingalls, Tinley Park (outpatient)
- AdventHealth Bolingbrook Hospital, Bolingbrook (Medical/Surgical therapy)
- AdventHealth GlenOaks Hospital, Glendale Heights (Medical/Surgical therapy)
- AdventHealth Hinsdale Hospital, Hinsdale (Medical/Surgical therapy)
- AdventHealth La Grange Medical Center, La Grange (inpatient and Medical/Surgical therapy)
- AdventHealth Woodridge, Woodridge (outpatient)
- Advocate Illinois Masonic Medical Center, Chicago (inpatient, outpatient, Medical/Surgical therapy)
- Advocate Illinois Masonic Medical Center Physical Therapy & Sports Health, Chicago (outpatient)

- Ascension Alexian Brothers Rehabilitation Hospital, Elk Grove Village (inpatient, outpatient, DayRehab, pediatrics, specialized services)
- Ascension Alexian Brothers DayRehab Program, Elk Grove Village (DayRehab)
- Ascension Mercy, Aurora (Medical/Surgical therapy)
- Ascension Medical Group Illinois-Rehabilitation Bartlett, Bartlett (outpatient)
- Ascension Saint Alexius Medical Center, Hoffman Estates (Medical/Surgical therapy)
- Ascension Saint Alexius Outpatient Center, Schaumburg (outpatient)
- Ascension Saint Joseph Hospital-Elgin, Elgin (inpatient, outpatient, Medical/Surgical therapy)
- Silver Cross Health Center, Homer Glen (outpatient)
- Silver Cross Hospital, New Lenox (inpatient, outpatient, Medical/Surgical therapy)

There are no Illinois health care facilities currently owned and/or operated by any corporate officers or directors, LLC members, partners, or owners of at least 5% of SRAlab.

With the signatures on the Certification page of this Certificate of Need application, the applicant certifies that no adverse action has been taken against the applicant named in this Certificate of Need application, directly or indirectly, over the past three years; and authorizes HFSRB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.



**Illinois Department of  
PUBLIC HEALTH**

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Sameer Vohra, MD, JD, MA**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LO NUMBER
3/24/2024	Rehabilitation Hospital	0006056
Effective: 03/25/2023		

**Rehabilitation Institute of Chicago**  
**dba Shirley Ryan Abilitylab**  
**355 E Erie St**

**Chicago, IL 60611**

**Exp. Date 3/24/2024**  
**Lic Number 0006056**  
**Date Printed 1/11/2023**

**Rehabilitation Institute of Chicago**  
**dba Shirley Ryan Abilitylab**  
**355 E Erie St**  
**Chicago, IL 60611**

**FEE RECEIPT NO.**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-033-001 10M 0/18



September 12, 2023

Peggy Kirk  
Senior Vice President, Clinical Operations  
Rehabilitation Institute of Chicago  
355 East Erie Street  
Chicago, IL 60611

Joint Commission ID #: 7299  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 9/1/2023

Dear Mrs. Kirk:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning June 8, 2023 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations

ATTACHMENT 11

4/1



## PURPOSE

Shirley Ryan AbilityLab (“SRALab”) is recognized as the leading rehabilitation provider and research facility in the country, and arguably in the world. SRALab enjoys the unique recognition of being identified by *US News and World Report* as the #1 Physical Medicine and Rehabilitation Hospital in the nation for 34 consecutive years. SRALab is a pioneer in providing cutting edge rehabilitation care through its research programs in addition to its leadership position in providing care to patients who have suffered catastrophic injuries such as stroke, brain injury, or spinal cord injury, as well as patients struggling with orthopedic conditions, arthritis, chronic pain, Alzheimer's, Parkinson's, cancer and many other debilitating conditions. In addition to its number 1 status, SRALab also has the greatest number and amounts of national Institute of Health funding in the field of rehabilitation.

Since its founding in 1954, SRALab has fostered and maintained positions of leadership not only in innovative patient care, but in the educating of physical medicine specialists and cutting-edge research, that has resulted in many of the most important advances in the treatment of the conditions noted above, many of which are now being implemented, worldwide. SRALab's research is patient-centered, meaning that researchers work directly with patient subjects, applying engineering and technology

solutions to real patient problems. SRAlab's research draws heavily on its own patient populations, especially those with neurologic disorders.

Consistent with national trends and increased therapeutic capabilities, more and more care that historically required (often lengthy) inpatient care is now being provided in less restrictive and costly settings, those being day hospital care and outpatient programs. In addition, and importantly, many patients are now benefiting from shortened inpatient stays, followed by day hospital or more traditional outpatient programming.

In 2017, the Rehabilitation Institute of Chicago was replaced by SRAlab, built to provide a state-of-the-art setting for the provision of cutting-edge rehabilitation care and research in a single coordinated setting. The project addressed in this Certificate of Need application addresses the hospital's continuing insistence on providing state-of-the-art rehabilitation care.

The goal of the project is to provide treatment settings and capacity to address demand, consistent with the programs and completion date identified and discussed in this application. As a result, the project, as proposed, will improve the health care and well being of the area population to be served.

These goals will be immediately met upon the opening of the replacement hospital.

For purposes of this application, and consistent with the HFSRB’s definition of the geographic service area (“GSA”) for a hospital located in Chicago, the hospital’s primary service area (“PSA”) consists of those ZIP Code areas located within ten miles of the hospital. Those ZIP Codes and their populations, per SearchBug, are identified in the table at the end of this attachment, with the GSA being made up of 75 ZIP Code areas (48 residential), and a population of approximately 2.1 million.

While SRAlab attracts patients from throughout the country, as well as internationally, understandably patients receiving care through the hospital’s day hospital and outpatient programs come primarily from the Chicago area.

During 2024, the hospital’s DayRehab Center attracted 51.4% of its patients from nineteen ZIP Code areas, all of which are located in the HFSRB-designated GSA. Those ZIP Codes/neighborhoods are identified in the table below.

ZIP Code	Neighborhood	Patients	Cum. Patients
60611	Streeterville	125	125
60610	Old Town	46	171
60649	South Shore	42	213
60614	Lincoln Park	41	254
60637	South Chicago	35	289
60653	Oakland	33	322
60616	Bronzeville	32	354
61615	Kenwood	30	384
60609	New Town	29	413
60640	Uptown	28	441
60657	Lakeview	27	468
60621	Logan Square	24	492
60647	Englewood	24	516
60625	Lincoln Square	23	539
60629	Chicago Lawn	22	561
60608	Pilsen	21	582

60636	W. Englewood	21	603
60613	Lakeview	20	623
60651	Humboldt Park	19	642
	other		<u>607</u>
			1,249

Similar to that of the DayRehab Center, SRAlab's outpatient rehabilitation program attracts the majority of its patients from a limited number of ZIP Code areas, with 51.4% of its 2024 patients residing in one of eleven ZIP Code areas/neighborhoods, as displayed in the table below.

ZIP Code	Neighborhood	Patients	Cum. Patients
60611	Streeterville	815	815
60610	Old Town	447	1,262
60614	Lincoln Park	289	1,551
60657	Lakeview	219	1,770
60640	Uptown	178	1,948
60605	South Loop	167	2,115
60613	Lakeview	161	2,276
61615	Kenwood	146	2,422
60601	North Loop	142	2,564
60654	River North	128	2,692
60660	Edgewater	113	2,805
	other	2,652	5,457

SRAlab Geographic Service Area

ZIP	City	Population
60301	OAK PARK	3,032
60302	OAK PARK	33,347
60303	OAK PARK	0
60304	OAK PARK	17,607
60601	CHICAGO	17,425
60602	CHICAGO	1,495
60603	CHICAGO	1,289
60604	CHICAGO	1,001
60605	CHICAGO	29,634
60606	CHICAGO	3,939
60607	CHICAGO	27,391
60608	CHICAGO	61,235
60609	CHICAGO	53,533
60610	CHICAGO	44,815
60611	CHICAGO	40,343
60612	CHICAGO	33,062
60613	CHICAGO	51,923
60614	CHICAGO	67,703
60615	CHICAGO	44,929
60616	CHICAGO	49,549
60618	CHICAGO	84,242
60621	CHICAGO	32,172
60622	CHICAGO	49,885
60623	CHICAGO	64,720
60624	CHICAGO	33,836
60625	CHICAGO	76,567
60626	CHICAGO	50,525
60629	CHICAGO	108,591
60630	CHICAGO	51,087
60632	CHICAGO	69,109
60636	CHICAGO	34,538
60637	CHICAGO	51,342
60639	CHICAGO	71,424
60640	CHICAGO	64,509
60641	CHICAGO	65,044
60642	CHICAGO	21,595
60644	CHICAGO	43,320

60645	CHICAGO	47,059
60647	CHICAGO	82,872
60649	CHICAGO	49,888
60651	CHICAGO	52,201
60653	CHICAGO	33,036
60654	CHICAGO	23,637
60657	CHICAGO	70,698
60659	CHICAGO	38,716
60660	CHICAGO	42,441
60661	CHICAGO	13,051
60664	CHICAGO	0
60668	CHICAGO	0
60669	CHICAGO	0
60670	CHICAGO	0
60673	CHICAGO	0
60674	CHICAGO	0
60675	CHICAGO	0
60677	CHICAGO	0
60678	CHICAGO	0
60680	CHICAGO	0
60681	CHICAGO	0
60684	CHICAGO	0
60685	CHICAGO	0
60686	CHICAGO	0
60687	CHICAGO	0
60688	CHICAGO	0
60689	CHICAGO	0
60690	CHICAGO	0
60691	CHICAGO	0
60693	CHICAGO	0
60694	CHICAGO	0
60695	CHICAGO	0
60696	CHICAGO	0
60697	CHICAGO	0
60699	CHICAGO	0
60701	CHICAGO	0
60712	LINCOLNWOOD	13,580
60804	CICERO	67,763
		2,090,700

## ALTERNATIVES

With the focus of the proposed project being limited to SRAlab's continued ability to provide outpatient and a day rehabilitation as primary components of the hospital's comprehensive programming, only two alternatives to the proposed project appear available: the addition of space in close proximity to the hospital to provide for expanded outpatient capacity, and the development of a day hospital program, or the relocating of the programs to a more remote location.

The development of the programs in close proximity to the hospital (which is currently the case with SRAlab's Streeterville day rehabilitation program), is inferior to the proposed project because space is available within the hospital building, proper. Had this alternative been selected, the capital cost (including rent) would be significantly higher than the proposed project, patient accessibility would be very similar, the quality of care would be similar to that of the proposed project as a result of SRAlab's "control", and the operating costs would vary, depending of size and scope of specialty programs offered.

The relocating of the programs to a remote site (or a number of sites) is inferior to the proposed project because SRAlab is already the largest provider of day rehabilitation and outpatient rehabilitation services in the metropolitan Chicago area. SRAlab currently provides "satellite" services, either independently or in conjunction with community hospitals in the following off-campus locations:

### Day Rehabilitation locations:

- Arlington Heights
- Homewood
- Burr Ridge
- Glenview
- Homewood
- Elk Grove Village

Outpatient Program locations:

Chicago  
Burr Ridge  
Northbrook  
Woodridge  
Elk Grove Village  
Bartlett  
Schaumburg  
Elgin  
Joliet  
Calumet City  
Flossmoor  
South Holland  
Tinley Park  
Beverly

Had this alternative been selected, the capital cost (including rent) would vary depending on size and location, patient accessibility would vary depending on site, the quality of care would be similar to that of the proposed project as a result of SRAlab's "control", and the operating costs would vary, depending on size and scope of specialty programs offered.

Last, and importantly, outpatient and day rehabilitation services are important to SRAlab's commitment to research, with accessibility to those services enhancing the research being performed.



## SIZE OF THE PROJECT

The proposed project consists of 50,500 square feet of renovated/modernized space, with the general allocation of that space being identified in ATTACHMENT 9.

The applicant is confident that the space to be modernized through the proposed project is necessary and not excessive, if it is to meet the needs of current and prospective patients desiring care from SRAlab. The allocated space to be provided for the individual functions is driven by two factors: the amount of space that can be made available without requiring new construction, and the manner in which services are provide at SRAlab, combining patient care and research in a single setting.

The HFSRB does not maintain space standards for any of the proposed project's components; and as noted throughout this application, no inpatient services will be provided in the areas addressed by the proposed project. Rather, the proposed project is limited to the provision of space for variety of treatment, research, administrative, staff and support areas. Rehabilitation services are provided on both an individual patient basis as well as in group settings. In order to better document the scope of patient treatment and rehabilitation services to be provided, below are examples of the modalities to be provided.

### DayRehab Center

occupational therapy studio  
speech pathology therapy room  
low stimulation Abilitylabs (gyms) (2)  
ADL kitchenette, bathroom and bedroom  
ped/infant/baby area  
pediatric treadmill  
mat tables (2)  
staircase  
weight stations (2)

### Outpatient Department (16<sup>th</sup> FL)

muscular skeletal Abilitylab (gym)  
muscular skeletal treatment rooms (6)  
patient education center  
hi-lo tables (21)  
mechanical gait track  
pilates reformer

nusteps (2)  
treadmills (7)  
pilates  
bikes (6)  
mechanical gait track  
elipticals (2)  
private treatment rooms (6)  
ballet bar

As identified in ATTACHMENT 9, the hospital will continue to provide outpatient programming on the fifteenth floor in 4,600 GSF currently used for outpatient care. Alternatively, the day hospital program to be located on the sixteenth floor, will be the hospital's only on campus program of that type.

## PROJECT SERVICES UTILIZATION

The HFSRB does not maintain utilization standards for the services included in the proposed project, and commonly referred to as physical therapy, occupational therapy, and speech therapy. As noted elsewhere in this application, these “generic” categorizations of rehabilitation services include numerous programs and modalities, many of which are not typically found in traditional hospital-based rehabilitation programs.

Because the HFSRB does not maintain utilization standards for the services to be provided, Criterion 1110.120 b) is not applicable to this application.

## COMPREHENSIVE PHYSICAL THERAPY

The proposed project, as described in this application's Narrative Description, is very limited in scope, and does not include the addition of beds, any category of service, or the addition of any major diagnostic equipment.

The space to be renovated (the hospital's 16<sup>th</sup> floor) is currently used primarily for equipment storage. Construction of the hospital was completed approximately eight years ago, and as such, the space addressed in this application is not "deteriorated or functionally obsolete". Rather, the space is being "repurposed" to provide "additional space for diagnostic or therapeutic purposes".

Shirley Ryan Abilitylab was designed and constructed consistent with the minimum facility size in terms of the number of beds provided, as well as the minimum size of its inpatient units.

## CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project includes two clinical service areas that are not HFSRB-identified “categories of service”: the hospital’s outpatient rehabilitation services and SRAlab’s DayRehab Center, which, as noted in this application’s Narrative Description, is being relocated from a nearby offsite location. A significant percentage of the patients utilizing these programs, and particularly the day hospital, have transitioned into these programs following inpatient care, either at SRAlab or another hospital.

Both the day rehabilitation and the outpatient departments serve as primary research as well as patient care sites, and growth in utilization of both has been stifled in major part due to a lack of space.

The hospital’s current outpatient department, providing a wide variety of physical, occupational and speech therapy services on the fifteenth floor will continue in operation, with little (if any) modernization anticipated. The outpatient space to be provided on the sixteenth floor, as a primary component of the proposed project, will operate in conjunction with the fifteenth floor outpatient programs, providing needed additional capacity for the hospital’s outpatient programming. As would be expected, the utilization of outpatient programming at the hospital has grown substantially in recent years, with approximately 40,000 patient visits/encounters being provided during the past year. And, as documented in the table below, utilization is projected to continue to grow, with that growth conservatively projected at the rate of 3.0% per year through the second year following the project’s completion.

As noted elsewhere in this application, the HFSRB does not have utilization standards or targets for any of the services addressed through the proposed project.

Outpatient Program Utilization

Year	Patient Encounters	Change from Prior Year
FY 2022	36,752	
FY 2023	39,134	+6.5%
FY 2024	39,336	+2.2%
FY 2025*	41,196	+3.0%
FY 2026*	42,432	+3.0%
FY 2027*	43,705	+3.0%
FY 2028*	45,016	+3.0%

\*projected

Similar to that of the outpatient program, the day rehabilitation program has also experienced growth in recent years, with growth conservatively projected to increase at the rate of 3.0% per year over the next four years, as noted in the table below.

DayRehab Center Utilization

Year	Patient Encounters	Change from Prior Year
FY 2022	17,615	
FY 2023	20,543	+10.4%
FY 2024	21,849	+6.4%
FY 2025*	22,504	+3.0%
FY 2026*	23,180	+3.0%
FY 2027*	23,875	+3.0%
FY 2028*	24,591	+3.0%

\*projected

**RATING ACTION COMMENTARY**

**Fitch Upgrades Rehabilitation Institute of Chicago (IL) to 'A+'; Outlook Stable**

Thu 19 Dec, 2024 - 3:19 PM ET

Fitch Ratings - Chicago - 19 Dec 2024: Fitch Ratings has upgraded Rehabilitation Institute of Chicago's (dba Shirley Ryan AbilityLab, SRALab) Issuer Default Rating (IDR) to 'A+' from 'A'. Fitch has also upgraded the rating on series 2023 fixed rate revenue bonds issued by the Illinois Finance Authority on behalf of SRALab to 'A+' from 'A'.

The Rating Outlook is Stable.

**RATING ACTIONS**

ENTITY / DEBT ↕	RATING ↕	PRIOR ↕
Rehabilitation Institute of Chicago (IL)	LT IDR A+ Rating Outlook Stable	Upgrade A Rating Outlook Positive
Rehabilitation Institute of Chicago (IL) /General Revenues/1 LT	LT A+ Rating Outlook Stable	Upgrade A Rating Outlook Positive

**VIEW ADDITIONAL RATING DETAILS**

The upgrade to 'A+' reflects SRALab's continued strong operating EBITDA margins -- despite macro headwinds -- that have resulted in steady and significant balance sheet improvement in recent years. Fitch expects operating margins to remain sound and the balance to continue to strengthen.

The 'A+' also considers SRALab's unique position as the leading institution of rehabilitation science and translational research, with a broad national and international reach, anchored by a leading position in its local Chicago area market and bolstered by partnerships. While the financial profile might suggest a 'AA' category IDR, SRALab's revenue base remains small compared to 'AA' category health systems, although growth strategies should continue to broaden the organization's reach.

## **SECURITY**

Bond payments are secured by a pledge of gross revenues of the obligated group.

## **KEY RATING DRIVERS**

### **Revenue Defensibility - 'bbb'**

#### **Leader in Translational Rehabilitation Services with Expanding Reach**

SRAIab continues to maintain the leading share for rehabilitation services in its broad eight-county Chicagoland service area. Together, SRAIab with its partners make up the SRAIab System of Care: Silver Cross Hospital, Ascension Alexian Brothers Rehabilitation Hospital, Ascension St. Joseph Elgin, Advocate Illinois Masonic Medical Center, and UChicago Medicine. The System's combined Chicagoland market share measured about 40% in 2024, which has been relatively stable in recent years. Northwestern Medicine captures the number two position with about 19% share.

SRAIab's reach extends well beyond the Chicago area. The organization has considerable reach as the nation's leader in translational research, science, and development of cutting-edge technologies and techniques organized around an array of innovation centers, including brain, spinal cord, nerve/muscle/bone, and pediatric. Further highlighting this position, SRAIab is a decided leader in research funding for physical rehabilitation, significantly exceeding peers, with about \$170 million in active grants, which represents a 40% increase over the last eight years.

The organization continues to broaden its reach through recent collaborations outside of the Chicago area. In May 2023 SRAIab formed an alliance with Hennepin Healthcare in the Twin Cities. More recently SRAIab announced a partnership with Henry Ford Health System (HFHS) in Michigan. The HFHS partnership is supported by the Gilbert Family Foundation and SRAIab has already started to manage inpatient rehab units at two HFHS suburban hospitals in the Detroit metro area. The collaboration will eventually include three joint venture floors with 72 beds at HFHS' new hospital campus in Detroit (the new hospital is expected to open in late 2029). SRAIab plans to make capital commitments to own 49% of the joint venture.

Fitch considers SRAIab's local service area economy to be generally stable. SRAIab's combined Medicaid and self-pay is consistently favorably low, including 15% in FY 2024.

### **Operating Risk - 'aa'**

#### **Consistently Strong Operating EBITDA Margins; Manageable Capex**

SRAIab's operating EBITDA margin remains consistently strong. The organization's operating EBITDA margin averaged 11.3% between FY 2020 and 2024, including 9.8% in audited FY 2024 (August 31 FYE). These margins are especially impressive given the macro pressures faced since 2020 including the



pandemic and subsequent labor disruption and elevated inflation. FY 2024 benefited from growing volumes, particularly outpatient visits (up 3.0% over FY 2023).

SRAlab also has benefitted from growing volume from patients from outside the Chicagoland market, particularly as the pandemic has subsided. SRAlab has been successful at keeping contract labor use rates and staff turnover rates below industry peers, which has helped to keep expense growth generally in line with top-line revenue.

Fitch expects SRAlab to sustain strong operating EBITDA margins in the coming years, although perhaps at a level slightly below what has been recorded in recent years given ongoing industry expense pressures. SRAlab should continue to benefit from its relatively new facility and its august reputation to leverage its leadership in the region and broaden its reach further. Management has budgeted an operating EBITDA margin of 9.0% in FY 2025, and Fitch expects that SRAlab should sustain margins reasonably close to that range beyond FY 2025, supporting the strong operating risk assessment.

**Capital Spending:** SRAlab's facility opened in 2017 and its average age of plant remains low, measuring 7.9 years at FYE 2024. Future capital spending plans are very manageable within expected levels of cash flow, at a pace in line with or below depreciation expense. Management has budgeted about \$25 million of capex in FY 2025 and \$32 million in FY 2026. Capital plans include investments in IT, research, and continued growth of outpatient and DayRehab services at its flagship facility. SRAlab has been accelerating debt repayment and does not have new money debt plans.

## Financial Profile - 'aa'

### Leverage Ratios Have Improved, and the Balance Sheet Should Continue to Strengthen

SRAlab's financial profile is strong as it has improved consistently since the new facility opened in 2017. While the organization remains somewhat leveraged with debt equating to about 65% of total operating revenue in FY 2024, SRAlab's capital-related ratios should continue to strengthen over time, even in a stress case of Fitch's scenario analysis.

At FYE 2024, SRAlab had about \$282 million of direct debt (including operating leases) and unrestricted cash and investments exceeded \$420 million. Debt equivalents are manageable as the partially frozen defined benefit (DB) pension plan was 103% funded at FYE 2024 (Fitch includes only the portion of the DB pension below 80% funded in adjusted debt). Net adjusted debt (adjusted debt minus unrestricted liquidity) was favorably negative at FYE 2024, and cash-to-adjusted debt was nearly 150%. SRAlab accelerated about \$10 million in debt repayment in FY 2024.

SRAlab's capital-related ratios should improve over time and remain strong in Fitch's scenario analysis. In the forward-looking stress case, net adjusted debt-to-adjusted EBITDA returns to a favorably negative position by year two, while cash-to-adjusted debt never falls below 110% and well exceeds 120% by year three.

Liquidity does not pose an asymmetric risk to SRALab's financial profile. Cash on hand remains very strong, measuring about 380 days at FYE 2024 (despite the accelerated debt repayment). The MTI minimum cash on hand covenant is 75 days. In addition to unrestricted liquidity, SRALab has considerable restricted investments on its balance sheet of greater than \$190 million at FYE 2024, which bolsters balance sheet strength.

Maximum annual debt service (MADS) is \$23.2 million (inclusive of leases). MADS coverage based on FY 2024 results was 4.5x and does not pose an asymmetric risk. SRALab's minimum historical debt service coverage covenant is 1.1x.

SRALab has a history of strong fundraising. The organization launched the \$100 million Accelerate Ability campaign in FY 2022, and management reports that about \$80 million has been committed as of October 2024. Given the new hospital, Accelerate Ability is focused more on programs and research than on capex.

### **Asymmetric Additional Risk Considerations**

There are no asymmetric risks relevant to SRALab's rating.

### **RATING SENSITIVITIES**

#### **Factors that Could, Individually or Collectively, Lead to Negative Rating Action/Downgrade**

--Sustained weakening of the operating EBITDA margins closer to 7% or weaker;

--Weaker liquidity, such that cash-to-adjusted debt is expected to remain below 100% in Fitch's forward-looking stress scenario.

#### **Factors that Could, Individually or Collectively, Lead to Positive Rating Action/Upgrade**

--Continued strong operating EBITDA margins sustained at least in the 9% range;

--Continued strengthening of liquidity such that cash-to-adjusted debt is expected to remain above 120% even in a forward-looking stress scenario.

### **PROFILE**

The Rehabilitation Institute of Chicago, now doing business as the Shirley Ryan AbilityLab, operates a nationally and internationally recognized translational research and rehabilitation hospital in Chicago. Market capture and operating revenue growth have been robust since opening the new facility in 2017. Total operating revenue exceeded \$434 million in audited FY 2024.

### **Sources of Information**

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by data from Lumesis.

## REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING

The principal sources of information used in the analysis are described in the Applicable Criteria.

## ESG CONSIDERATIONS

The highest level of ESG credit relevance is a score of '3', unless otherwise disclosed in this section. A score of '3' means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. Fitch's ESG Relevance Scores are not inputs in the rating process; they are an observation on the relevance and materiality of ESG factors in the rating decision. For more information on Fitch's ESG Relevance Scores, visit <https://www.fitchratings.com/topics/esg/products#esg-relevance-scores>.

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## PARTICIPATION STATUS

ATTACHMENT 35

The rated entity (and/or its agents) or, in the case of structured finance, one or more of the transaction parties participated in the rating process except that the following issuer(s), if any, did not participate in the rating process, or provide additional information, beyond the issuer's available public disclosure.

## **APPLICABLE CRITERIA**

U.S. Public Sector, Revenue-Supported Entities Rating Criteria (pub. 12 Jan 2024) (including rating assumption sensitivity)

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (pub. 12 Nov 2024) (including rating assumption sensitivity)

## **APPLICABLE MODELS**

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

Portfolio Analysis Model (PAM), v2.0.0 (1)

## **ADDITIONAL DISCLOSURES**

Dodd-Frank Rating Information Disclosure Form

Solicitation Status

Endorsement Policy

## **ENDORSEMENT STATUS**

Illinois Finance Authority (IL)

EU Endorsed, UK Endorsed

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**RATING ACTION COMMENTARY**

**Fitch Upgrades Rehabilitation Institute of Chicago (IL) to 'A+'; Outlook Stable**

Thu 19 Dec, 2024 - 3:19 PM ET

Fitch Ratings - Chicago - 19 Dec 2024: Fitch Ratings has upgraded Rehabilitation Institute of Chicago's (dba Shirley Ryan AbilityLab, SRALab) Issuer Default Rating (IDR) to 'A+' from 'A'. Fitch has also upgraded the rating on series 2023 fixed rate revenue bonds issued by the Illinois Finance Authority on behalf of SRALab to 'A+' from 'A'.

The Rating Outlook is Stable.

**RATING ACTIONS**

ENTITY / DEBT ↕	RATING ↕	PRIOR ↕
Rehabilitation Institute of Chicago (IL)	LT IDR    A+ Rating Outlook Stable    Upgrade	A Rating Outlook Positive
Rehabilitation Institute of Chicago (IL) /General Revenues/1 LT	LT    A+ Rating Outlook Stable    Upgrade	A Rating Outlook Positive

**SEE ADDITIONAL RATING DETAILS**

The upgrade to 'A+' reflects SRALab's continued strong operating EBITDA margins -- despite macro headwinds -- that have resulted in steady and significant balance sheet improvement in recent years. Fitch expects operating margins to remain sound and the balance to continue to strengthen.

The 'A+' also considers SRALab's unique position as the leading institution of rehabilitation science and translational research, with a broad national and international reach, anchored by a leading position in its local Chicago area market and bolstered by partnerships. While the financial profile might suggest a 'AA' category IDR, SRALab's revenue base remains small compared to 'AA' category health systems, although growth strategies should continue to broaden the organization's reach.

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## SECURITY

Bond payments are secured by a pledge of gross revenues of the obligated group.

## KEY RATING DRIVERS

### Revenue Defensibility - 'bbb'

#### Leader in Translational Rehabilitation Services with Expanding Reach

SRALab continues to maintain the leading share for rehabilitation services in its broad eight-county Chicagoland service area. Together, SRALab with its partners make up the SRALab System of Care: Silver Cross Hospital, Ascension Alexian Brothers Rehabilitation Hospital, Ascension St. Joseph Elgin, Advocate Illinois Masonic Medical Center, and UChicago Medicine. The System's combined Chicagoland market share measured about 40% in 2024, which has been relatively stable in recent years. Northwestern Medicine captures the number two position with about 19% share.

SRALab's reach extends well beyond the Chicago area. The organization has considerable reach as the nation's leader in translational research, science, and development of cutting-edge technologies and techniques organized around an array of innovation centers, including brain, spinal cord, nerve/muscle/bone, and pediatric. Further highlighting this position, SRALab is a decided leader in research funding for physical rehabilitation, significantly exceeding peers, with about \$170 million in active grants, which represents a 40% increase over the last eight years.

The organization continues to broaden its reach through recent collaborations outside of the Chicago area. In May 2023 SRALab formed an alliance with Hennepin Healthcare in the Twin Cities. More recently SRALab announced a partnership with Henry Ford Health System (HFHS) in Michigan. The HFHS partnership is supported by the Gilbert Family Foundation and SRALab has already started to manage inpatient rehab units at two HFHS suburban hospitals in the Detroit metro area. The collaboration will eventually include three joint venture floors with 72 beds at HFHS' new hospital campus in Detroit (the new hospital is expected to open in late 2029). SRALab plans to make capital commitments to own 49% of the joint venture.

Fitch considers SRALab's local service area economy to be generally stable. SRALab's combined Medicaid and self-pay is consistently favorably low, including 15% in FY 2024.

### Operating Risk - 'aa'

#### Consistently Strong Operating EBITDA Margins; Manageable Capex

SRALab's operating EBITDA margin remains consistently strong. The organization's operating EBITDA margin averaged 11.3% between FY 2020 and 2024, including 9.8% in audited FY 2024 (August 31 FYE). These margins are especially impressive given the macro pressures faced since 2020 including the

pandemic and subsequent labor disruption and elevated inflation. FY 2024 benefited from growing volumes, particularly outpatient visits (up 3.0% over FY 2023).

SRAlab also has benefitted from growing volume from patients from outside the Chicagoland market, particularly as the pandemic has subsided. SRAlab has been successful at keeping contract labor use rates and staff turnover rates below industry peers, which has helped to keep expense growth generally in line with top-line revenue.

Fitch expects SRAlab to sustain strong operating EBITDA margins in the coming years, although perhaps at a level slightly below what has been recorded in recent years given ongoing industry expense pressures. SRAlab should continue to benefit from its relatively new facility and its august reputation to leverage its leadership in the region and broaden its reach further. Management has budgeted an operating EBITDA margin of 9.0% in FY 2025, and Fitch expects that SRAlab should sustain margins reasonably close to that range beyond FY 2025, supporting the strong operating risk assessment.

**Capital Spending:** SRAlab's facility opened in 2017 and its average age of plant remains low, measuring 7.9 years at FYE 2024. Future capital spending plans are very manageable within expected levels of cash flow, at a pace in line with or below depreciation expense. Management has budgeted about \$25 million of capex in FY 2025 and \$32 million in FY 2026. Capital plans include investments in IT, research, and continued growth of outpatient and DayRehab services at its flagship facility. SRAlab has been accelerating debt repayment and does not have new money debt plans.

## Financial Profile - 'aa'

### Leverage Ratios Have Improved, and the Balance Sheet Should Continue to Strengthen

SRAlab's financial profile is strong as it has improved consistently since the new facility opened in 2017. While the organization remains somewhat leveraged with debt equating to about 65% of total operating revenue in FY 2024, SRAlab's capital-related ratios should continue to strengthen over time, even in a stress case of Fitch's scenario analysis.

At FYE 2024, SRAlab had about \$282 million of direct debt (including operating leases) and unrestricted cash and investments exceeded \$420 million. Debt equivalents are manageable as the partially frozen defined benefit (DB) pension plan was 103% funded at FYE 2024 (Fitch includes only the portion of the DB pension below 80% funded in adjusted debt). Net adjusted debt (adjusted debt minus unrestricted liquidity) was favorably negative at FYE 2024, and cash-to-adjusted debt was nearly 150%. SRAlab accelerated about \$10 million in debt repayment in FY 2024.

SRAlab's capital-related ratios should improve over time and remain strong in Fitch's scenario analysis. In the forward-looking stress case, net adjusted debt-to-adjusted EBITDA returns to a favorably negative position by year two, while cash-to-adjusted debt never falls below 110% and well exceeds 120% by year three.

Liquidity does not pose an asymmetric risk to SRAlab's financial profile. Cash on hand remains very strong, measuring about 380 days at FYE 2024 (despite the accelerated debt repayment). The MTI minimum cash on hand covenant is 75 days. In addition to unrestricted liquidity, SRAlab has considerable restricted investments on its balance sheet of greater than \$190 million at FYE 2024, which bolsters balance sheet strength.

Maximum annual debt service (MADS) is \$23.2 million (inclusive of leases). MADS coverage based on FY 2024 results was 4.5x and does not pose an asymmetric risk. SRAlab's minimum historical debt service coverage covenant is 1.1x.

SRAlab has a history of strong fundraising. The organization launched the \$100 million Accelerate Ability campaign in FY 2022, and management reports that about \$80 million has been committed as of October 2024. Given the new hospital, Accelerate Ability is focused more on programs and research than on capex.

### **Asymmetric Additional Risk Considerations**

There are no asymmetric risks relevant to SRAlab's rating.

### **RATING SENSITIVITIES**

#### **Factors that Could, Individually or Collectively, Lead to Negative Rating Action/Downgrade**

--Sustained weakening of the operating EBITDA margins closer to 7% or weaker;

--Weaker liquidity, such that cash-to-adjusted debt is expected to remain below 100% in Fitch's forward-looking stress scenario.

#### **Factors that Could, Individually or Collectively, Lead to Positive Rating Action/Upgrade**

--Continued strong operating EBITDA margins sustained at least in the 9% range;

--Continued strengthening of liquidity such that cash-to-adjusted debt is expected to remain above 120% even in a forward-looking stress scenario.

### **PROFILE**

The Rehabilitation Institute of Chicago, now doing business as the Shirley Ryan AbilityLab, operates a nationally and internationally recognized translational research and rehabilitation hospital in Chicago. Market capture and operating revenue growth have been robust since opening the new facility in 2017. Total operating revenue exceeded \$434 million in audited FY 2024.

### **Sources of Information**

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by data from Lumesis.

## REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING

The principal sources of information used in the analysis are described in the Applicable Criteria.

## ESG CONSIDERATIONS

The highest level of ESG credit relevance is a score of '3', unless otherwise disclosed in this section. A score of '3' means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. Fitch's ESG Relevance Scores are not inputs in the rating process; they are an observation on the relevance and materiality of ESG factors in the rating decision. For more information on Fitch's ESG Relevance Scores, visit <https://www.fitchratings.com/topics/esg/product/esg-relevance-1.com>.

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## APPLICABLE CRITERIA

U.S. Public Sector Revenue Support Entities Rating Criteria (publ. 17 Jan 2014) ([link](#))  
U.S. Non-Profit Hospital and Health Systems Rating Criteria (publ. 12 Nov 2012) ([link](#))

## APPLICABLE MODELS

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

Portfolio Analysis Model (PAM), v2.0.0 ( )

## ADDITIONAL DISCLOSURES

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

**Shirley Ryan Abilitylab  
Year 2 Following Project Completion Projections**

Projected Adj. Pt. Days:	<u>153,300,000</u>	
	2,908	52,714

**Year 2 OPERATING COST per ADJUSTED PATIENT DAY**

Salaries & Benefits	\$ 51,900,000	
Medical Supplies	\$ 430,000	
		\$ 52,330,000
per Adjusted Patient Day:		\$ 992.72

**YEAR 2 CAPITAL COST per ADJUSTED PATIENT DAY**

Interest	\$ 8,200,000	
Depreciation	\$ 29,800,000	
Amortization	<u>\$ -</u>	
	\$ 38,000,000	
per Adjusted Patient Day:		\$ 721

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$ (A x C)	Modernization \$ (B x E)	Total Cost (G + H)
	New	Mod.	New	Circ.	Mod.	Circ.			
<b>Reviewable</b>									
Outpatient Therapy		\$ 400.00			7,473			\$ 2,989,200	\$ 2,989,200
Day Hospital		\$ 440.00			19,481			\$ 8,571,640	\$ 8,571,640
Casting		\$ 390.00			137			\$ 53,430	\$ 53,430
Mental Health		\$ 350.00			128			\$ 44,800	\$ 44,800
contingency		\$ 10.00			27,219			\$ 11,659,070	\$ 11,659,070
								\$ 272,190	\$ 272,190
								\$ 11,931,260	\$ 11,931,260
<b>Non-Reviewable</b>									
Clinicians' Offices		\$ 330.00			986			\$ 325,380	\$ 325,380
Administrative		\$ 330.00			308			\$ 101,640	\$ 101,640
Conf. & Meeting Rooms		\$ 310.00			1,727			\$ 535,370	\$ 535,370
Staff Work Areas		\$ 315.00			3,751			\$ 1,181,565	\$ 1,181,565
Pantry		\$ 290.00			915			\$ 265,350	\$ 265,350
Reception & Waiting		\$ 280.00			2,311			\$ 647,080	\$ 647,080
Mechanical Areas		\$ 270.00			1,090			\$ 294,300	\$ 294,300
Elevator Lobby		\$ 230.00			1,314			\$ 302,220	\$ 302,220
Supply & Equipment Storage		\$ 210.00			1,276			\$ 267,960	\$ 267,960
Toilets & Lockers		\$ 280.00			2,416			\$ 676,480	\$ 676,480
Circulation		\$ 230.00			7,187			\$ 1,653,010	\$ 1,653,010
contingency		\$ 10.00			23,281			\$ 6,250,355	\$ 6,250,355
								\$ 232,810	\$ 232,810
								\$ 6,483,165	\$ 6,483,165
<b>Project Total</b>		\$ 364.64			50,500			\$ 18,414,425	\$ 18,414,425

## REASONABLENESS OF FINANCIANG ARRANGEMENTS

With the notarized signatures provided on the Certification page of this Certificate of Need application, the applicant hereby confirms that the total estimated project and related costs provided in Section I of this application will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.



## 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: Shirley Ryan AbilityLab 355 East Erie Street  
(Name) (Address)  
Chicago IL 60611 312/238-1000  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: same as above  
(Address) (City) (State)  
Cook  
(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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