

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Birth Center of Chicago, LLC		
Street Address: 3832 N Lincoln Avenue		
City and Zip Code: Chicago 60613		
County: Cook	Health Service Area: Obstetrics	Health Planning Area: A-01-5

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

Exact Legal Name: Birth Center of Chicago, LLC		
Street Address: c/o Birth Partners, Inc. 2107 Crimson Lane		
City and Zip Code: Bloomington 61704		
Name of Registered Agent: Dele Ogunleye, MD		
Registered Agent Street Address: 2107 Crimson Lane		
Registered Agent City and Zip Code: Bloomington 61704		
Name of Chief Executive Officer: Dele Ogunleye, MD, President		
CEO Street Address: 2107 Crimson Lane		
CEO City and Zip Code: Bloomington 61704		
CEO Telephone Number: 309 533 2634		

Type of Ownership of Applicants

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which 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: Kathleen Lorenz
Title: Consultant
Company Name: Birth Partners, Inc.
Address: c/o 2107 Crimson Lane, Bloomington, IL 61704
Telephone Number: 309-531-1884
E-mail Address: ktlorenz18@gmail.com
Fax Number: NA

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

Name: Laura Wiegand
Title: Vice President/Chief Operating Officer
Company Name: Birth Partners, Inc.
Address: c/o 2107 Crimson Lane, Bloomington, IL 61704
Telephone Number: 309 361 9199
E-mail Address: lauraw@obgyncare.com
Fax Number: NA

Post Permit Contact

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

Name: Sarah Stetina, CNM
Title: Director of Midwifery and Nursing Services
Company Name: Birth Center of Chicago, LLC
Address: 3832 N. Lincoln Avenue, Chicago, IL 60613
Telephone Number: 630-373-3036
E-mail Address: Sarah.Stetina@gmail.com
Fax Number: NA

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: LRDG, LLC
Address of Site Owner: 404 N Hershey Road, Suite C, Bloomington, IL 61704
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Birth Center of Chicago, LLC
Address: 3832 N. Lincoln Avenue, Chicago, IL 60613
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

Substantive

Non-substantive

2. Narrative Description

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

This project is for the establishment of a freestanding birthing center in Chicago, IL. In accordance with 210 ILCS 3/35 Alternative Health Care Delivery Act (the Act), the proposed birth center will meet the definition set forth in the Act, as follows: an alternative health care delivery model that is exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site that is away from the mother's usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy.

The proposed birthing center will do business as Birth Center of Chicago (BCC, or the Center), and will offer an out-of-hospital birthing service to those who are low risk and who want to choose a safe alternative in a comfortable environment that minimizes the use of technology and is cost effective. BCC expects to deliver about 300 births in year one and growing to well over 500 in its second and third year of operation. The Center will operate as a closed model for the Certified Nurse Midwives employed by the Center, meaning no freelance or independent midwives, doctors or providers will be allowed to practice at the Center; and the employed staff will offer an array of educational classes to their patients, including childbirth education, diet/exercise.

The owners of BCC have entered into a lease agreement with LRDG, LLC., to occupy approximately 5,489 square feet of rentable space, at a vacant two-story building at 3832 N Lincoln Avenue. The leased space will be transformed into a birth center in accordance with the IDPH licensing requirements, including two birthing rooms, designated space for prenatal visits and antepartum testing, a nurses station, separate clean and soiled linen rooms, conference/educational space for community education services, private office space, elevator and stair access for gurney traffic, and a waiting and kitchen area that is personal and home-like for family to gather during the labor experience.

The proposed birth center is a substantive project because it is offering a new service not otherwise offered in Chicago, IL (Illinois Health Planning Area A-01-5). Birth Center of Chicago will be the first such birth center in **A-01-5** Planning Area, the boundaries within Cook County. The Center will be the fourth birth center in the state, and the third in the combined areas of Cook, DuPage, Kane, Lake, McHenry and Will Counties. Based on a review of the birth centers listed by the American Association of Birth Centers, there are currently a total of two freestanding birth centers in operation in Illinois: one in Cook County at Birth Center at PCC in Berwyn, and one in downstate McLean County at Birth Center of Bloomington-Normal in Bloomington, IL and a third location approved in DuPage county in Burr Ridge, IL.

	A	B	C	D
1	Project Costs and Sources of Funds			
2	USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
3	Pre Planning Costs	\$ 133,140		\$ 133,140
4	Site Survey and Soil Investigation	\$ -		\$ -
5	Site Preparation	\$ -		\$ -
6	Off Site Work	\$ -		\$ -
7	New Construction Contracts	\$ -		\$ -
8	Modernization Contracts	\$ 1,406,950		\$ 1,406,950
9	Contingencies (10% @ Schematics)	\$ 126,750		\$ 126,750
10	Architectural/Engineering Fees	\$ 82,000		\$ 82,000
11	Consulting and Other Fees	\$ 61,000		\$ 61,000
12	Movable or Other Equipment (excl construction)	\$ 334,900		\$ 334,900
13	Bond Issuance Expense (project related)	\$ -		\$ -
14	Net Interest Exp During Construction (project related)	\$ -		\$ -
15	Fair Market Value of Leased Space or Equipment	\$ -		\$ -
16	Other Costs To Be Capitalized	\$ 200,000		\$ 200,000
17	Acquisition of Building or Other Property (excl land)	\$ -		\$ -
18	TOTAL USES OF FUNDS	\$ 2,344,740		\$ 2,344,740
19	SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
20	Cash and Securities	\$ 11,392		\$ 11,392
21	Pledges	\$ 1,500,000		\$ 1,500,000
22	Gifts and Bequests			\$ -
23	Bond Issues (project related)			\$ -
24	Mortgages/Construction Loan - LOC as needed	\$ 421,673		\$ 421,673
25	Leases (fair market value)			\$ -
26	Governmental Appropriations			\$ -
27	Grants			\$ -
28	Other Funds and Sources - TIA	\$ 411,675		\$ 411,675
29	TOTAL SOURCES OF FUNDS	\$ 2,344,740		\$ 2,344,740

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$133,140		\$133,140
Site Survey and Soil Investigation	\$0		\$0
Site Preparation	\$0		\$0
Off Site Work	\$0		\$0
New Construction Contracts	\$0		\$0
Modernization Contracts *	\$1,406,950		\$1,406,950
Contingencies	\$126,750		\$126,750
Architectural/Engineering Fees *	\$82,000		\$82,000
Consulting and Other Fees	\$61,000		\$61,000
Movable or Other Equipment (not in construction contracts) *	\$334,900		\$334,900
Bond Issuance Expense (project related)	\$0		\$0
Net Interest Expense During Construction (project related)	\$0		\$0
Fair Market Value of Leased Space or Equipment	\$0		\$0
Other Costs To Be Capitalized	\$200,000		200,000
Acquisition of Building or Other Property (excluding land)	\$0		\$0
TOTAL USES OF FUNDS	\$2,344,740		\$2,344,740
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$11,392		\$11392
Pledges	\$1,500,000		\$1,500,000
Gifts and Bequests	\$0		\$0
Bond Issues (project related)	\$0		\$0
Mortgages	\$500,000		\$500,000
Leases (fair market value)	\$0		\$0
Governmental Appropriations	\$0		\$0
Grants	\$0		\$0
Other Funds and Sources (Tenant Improvement Allowance)	\$411,675		\$411,675
TOTAL SOURCES OF FUNDS	\$2,423,067		\$2,423,067
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* Note from Applicant: Detailed cost proposals for architect, construction and modernization contracts are included in **Appendices A-D**

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 **(\$2.4M) through first full fiscal year.**

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): **MAY 1, 2022**

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

Purchase orders, leases or contracts pertaining to the project have been executed.

Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies

Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

Cancer Registry

APORS

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

All reports regarding outstanding permits

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

→ No response from applicant due to this section not being applicable to birth centers (per technical assistance from HFSRB).

Cost Space Requirements

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

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

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

→ No response from applicant due to this section not being applicable to birth centers (per technical assistance from HFSRB).

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

→ No response from applicant due to this section not being applicable to birth centers (per technical assistance from HFSRB).

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

[Signature]
SIGNATURE
Dele Ogunkye
PRINTED NAME
President
PRINTED TITLE

[Signature]
SIGNATURE
Laura S. Wiegand
PRINTED NAME
COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of June 2020
[Signature]
Signature of Notary

Notarization:
Subscribed and sworn to before me
this 29 day of June 2020
[Signature]
Signature of Notary

Seal
OFFICIAL SEAL
PATRICIA D HARR
NOTARY PUBLIC - STATE OF ILLINOIS
*Insert the EXACT legal name of the applicant

Seal
OFFICIAL SEAL
PATRICIA D HARR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/12/22

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

NOTE: If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.290 – Discontinuation (State-Owned Facilities and All Relocations)

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

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

→ No response from applicant due to this section not being applicable this project of a new birth center.

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 is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS **ATTACHMENT 11**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

Service Specific Review Criteria

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SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

NOTE from Applicant: Pages 15-38 of Section V are not included because they do not apply to Birth Center projects. Similarly, Attachments 18-31 are not included either, as they do not apply to Birth Center projects.

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

O. BIRTH CENTER – REVIEW CRITERIA

These criteria are applicable only to those projects or components of projects involving a birth center.

Criterion 77 IAC 1110.275(b)(1) – “Location”

1. Document that the proposed birth center will be located in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.
2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”

Document whether the proposed site is located in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be located in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”

Document that the proposed birth center will have no more than 10 beds.

Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**
2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Criterion 77 IAC 1110.275(b)(7) – “Education”

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the hospital’s maternity service; **OR**
2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

Criterion 77 IAC 1110.275(b)(10)- “Charity Care”

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

APPEND DOCUMENTATION AS **ATTACHMENT-32** IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VI. 1120.120 - AVAILABILITY OF FUNDS

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

<p>\$11,392</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"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<p>\$1,500,000</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>\$0</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p>\$500,000</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;

<p>_____ \$0 _____</p> <p>_____ \$0 _____</p> <p>_____ \$411,675 _____</p>	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>\$2,423,067</p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 33 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

→ No response from applicant due to this section not being applicable to this project with no debt financing.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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)	
Birth Center	\$0	\$301.45	0	0	6382	0	\$0	\$1,923,875	\$1,923,875
Contingency		Included			Included			Included	included
TOTALS	\$0	\$301.45	0	0	6382	0	\$0	\$1,923,875	\$1,923,875

* include the percentage (%) of space for circulation

Note from Applicant: total contingency for project is documented in Attachment 7.

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3980/5.4]:

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

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

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

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

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

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

→ Table not completed due to no previous data; project is for a new facility.

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 38.

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1 (A-F)	Applicant Identification including Certificate of Good Standing	49-54
2 (A-B)	Site Ownership	55-59
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	60
4 (A-M)	Organizational Relationships (Organizational Chart) Owners' Info.	61-73
5	Flood Plain Requirements	74-75
6	Historic Preservation Act Requirements	76-78
7 (A-D)	Project and Sources of Funds Itemization	79-83
8	Financial Commitment Document if required	84
9	Cost Space Requirements	85
10	Discontinuation	86
11	Background of the Applicant	87-90
12	Purpose of the Project	91-98
13	Alternatives to the Project	99-100
14	Size of the Project	101-102
15	Project Service Utilization	103
16	Unfinished or Shell Space	104
17	Assurances for Unfinished/Shell Space	105
	Service Specific:	
Not Included	Medical Surgical Pediatrics, Obstetrics, ICU	Not Included
Not Included	Comprehensive Physical Rehabilitation	Not Included
Not Included	Acute Mental Illness	Not Included
Not Included	Open Heart Surgery	Not Included
Not Included	Cardiac Catheterization	Not Included
Not Included	In-Center Hemodialysis	Not Included
Not Included	Non-Hospital Based Ambulatory Surgery	Not Included
Not Included	Selected Organ Transplantation	Not Included
Not Included	Kidney Transplantation	Not Included
Not Included	Subacute Care Hospital Model	Not Included
Not Included	Community-Based Residential Rehabilitation Center	Not Included
Not Included	Long Term Acute Care Hospital	Not Included
Not Included	Clinical Service Areas Other than Categories of Service	Not Included
Not Included	Freestanding Emergency Center Medical Services	Not Included
32	Birth Center	106-113
	Financial and Economic Feasibility:	
33	Availability of Funds	114
34	Financial Waiver	115
35	Financial Viability	116
36	Economic Feasibility	117
37	Safety Net Impact Statement	118
38	Charity Care Information	119-120

Note from Applicant: Attachments 18-31 are not included because they pertain to other service specific sections other than Birth Centers.

Form **LLC-5.5**

**Illinois
Limited Liability Company Act
Articles of Organization**

FILE # 07533535

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
www.cyberdriveillinois.com

Filing Fee: \$150

Approved By: TLB

FILED
FEB 07 2019
Jesse White
Secretary of State

1. Limited Liability Company Name: EVANSTON BIRTH CENTER, LLC

2. Address of Principal Place of Business where records of the company will be kept:
404 N. HERSHEY ROAD, SUITE C
BLOOMINGTON, IL 61704

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

NATHAN B. HINCH
404 N HERSHEY RD STE C
BLOOMINGTON, IL 61704-3560

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

3. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

BIRTH PARTNERS, INC.
404 N. HERSHEY ROAD, SUITE C
BLOOMINGTON, IL 61704

8. **Name and Address of Organizer**
I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: FEBRUARY 07, 2019

NATHAN B. HINCH
404 N. HERSHEY ROAD, SUITE C
BLOOMINGTON, IL 61704

File Number

0753353-5



To all to whom these Presents Shall Come, Greeting:

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

LAKEVIEW BIRTH CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of MAY A.D. 2020 .



Authentication #: 2014003008 verifiable until 05/19/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Form **LLC-5.25**

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: 0753353-5

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Filing Fee: \$50
Approved By: TLB

FILED
Jan 07, 2020
Jesse White
Secretary of State

1. Limited Liability Company Name:

EVANSTON BIRTH CENTER, LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

New Name:

LAKEVIEW BIRTH CENTER, LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Jan 07, 2020
Month/Day Year

BAMIDELE OGUNLEYE

Name

PRESIDENT

Title

BIRTH PARTNERS, INC.

If the applicant is a company or other entity, state name of company.

Form **LLC-1.20**

**Illinois
Limited Liability Company Act**
Application to Adopt an Assumed Name

FILE # 07533535

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
Room 351 Howett Building
501 S. Second St.
Springfield, IL 62756
www.cyberdriveillinois.com

Filing Fee: 150.00

Approved: TLB

FILED

Jan 14, 2020

**Jesse White
Secretary of State**

1. Limited Liability Company Name: LAKEVIEW BIRTH CENTER, LLC

2. State under the laws of which the company is organized: IL

3. The Limited Liability Company intends to adopt and transact business under the assumed name of:
EVANSTON BIRTH CENTER

The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 02/01/2025, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

4. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Jan 14, 2020
Month & Day Year

LAURA WIEGAND

Name

MANAGER

Title

BIRTH PARTNERS, INC.

/ Manager

If applicant is a company or other entity, state name of company.

Form **LLC-5.25**

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: 0753353-5

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Filing Fee: \$50
Approved By: TLB

FILED
Jun 02, 2020
Jesse White
Secretary of State

1. Limited Liability Company Name:

LAKEVIEW BIRTH CENTER, LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

New Name:

BIRTH CENTER OF CHICAGO, LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Jun 02, 2020
Month/Day Year

LAURA WIEGAND

Name

SECRETARY

Title

BIRTH PARTNERS, INC.

If the applicant is a company or other entity, state name of company.

File Number

0753353-5



To all to whom these Presents Shall Come, Greeting:

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

BIRTH CENTER OF CHICAGO, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2015600388 verifiable until 06/04/2021

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JUNE A.D. 2020 .

Jesse White

SECRETARY OF STATE



Lincoln Realty Group LLC

2107 Crimson Ln
Bloomington, IL 61704

May 31st, 2020

Re: LETTER OF INTENT

This letter serves as a letter of intent on the part of the undersigned ("Lessee") to enter into a lease agreement for the space described herein (Premises) on the following terms:

Landlord: LRDG LLC

Lessee: Birth Center of Chicago, LLC

Space Size: 5489 square feet

Premises: 3832 N Lincoln road, Chicago IL

Use: Medical office/birthing center

Commencement date: Upon receipt of certificate of need

Landlord delivery date: Upon execution of lease

Construction period: The earlier of 180 days from Lease execution or when construction is complete and tenant opens for business.

Rent abatement: 8 months

Term: 15 years and 8 months after expiration of construction time or when tenant opens for business.

Monthly base rent: \$38/SF Net

Taxes & OP EX: \$6/SF

Tenant improvement: \$75 per square foot of rentable space.

Escalations: Increases of 10% in years 6 and 10% in the year 11

Improvements: Landlord will deliver 5489SF space in shell condition and will allow tenant to use its own contractors, architects to complete construction. All plans must be approved by landlord prior to commencement of work.

Option period rent: Tenant shall be granted two options to renew for an additional 5-year term at the end of the 15-year escalated period with a 6-month prior written notice.

Contingencies: Any and all these agreements will be contingent upon tenant obtaining a "Certificate of need."

Reporting: Tenant agrees to provide a yearly financial report.

Utilities: All utilities will be separately metered and controlled by tenant

DAPO AFOLABI,



MANAGING PARTNER

LRDG LLC

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-19-2020

Employer Identification Number:
85-1101249

Form: SS-4

Number of this notice: CP 575 B

LRDG LLC
BAMIDELE OGUNLEYE MBR
404 N HERSHEY RD STE C
BLOOMINGTON, IL 61704

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-1101249. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Attachment 3: Operating Identity/Licensee

- 1) Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
 - a) Evanston Birth Center, LLC Articles of Organization is included in Attachment 1a.
 - b) Lakeview Birth Center, LLC Illinois Certificate of Good Standing is included in Attachment 1b.
 - c) Lakeview Birth Center, LLC Illinois Limited Liability Company Act Application to Adopt an Assumed Name is included in Attachment 1c.
 - d) Lakeview Birth Center, LLC Illinois Limited Liability Company Act Assumed Name is included in Attachment 1d.
 - e) Birth Center of Chicago, LLC Articles of Organization is included in Attachment 1e.
 - f) Birth Center of Chicago, LLC Letter of Good Standing in Attachment 1f.
- 2) 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 – please see chart below
- 3) Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership – please see chart below

Birth Center of Chicago, LLC is a limited liability corporation comprised of 10 investing partners, with 5 percent or greater interest as follows:

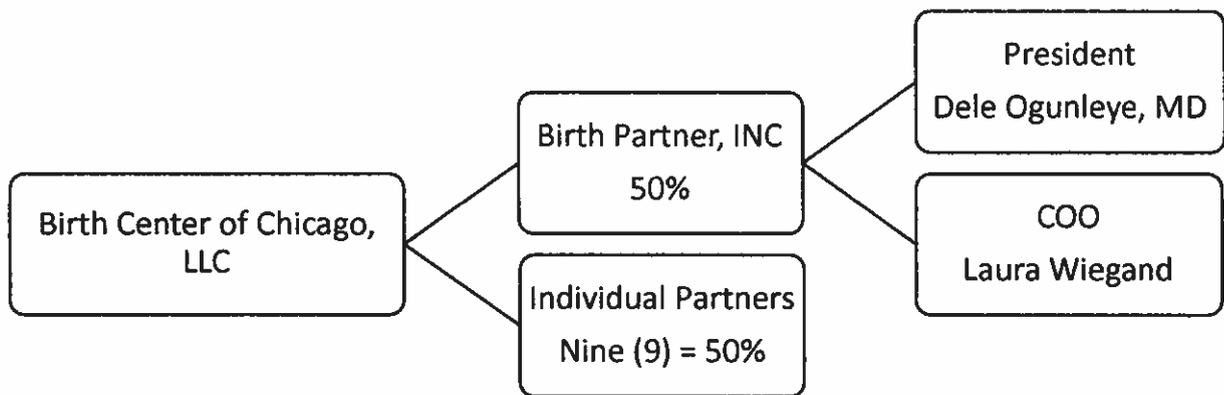
Name	% of Ownership	City	State
Mike Bixbe	10%	Cincinnati	OH
Dr. Jason and Audrey Davis	5%	Bloomington	IL
Drs. Brian & Lisa Emm	5%	Bloomington	IL
Dr Olufemi "Femi" Abiodun	5%	Southlake	TX
Wale Olowookere	5%	Midland	TX
Dr Fortune Alabi	5%	Celebration	FL
Dr Dapo Afolabi	5%	Fort Worth	TX
Dr. Omar Khokhar	5%	Bloomington	IL
Scott Gordon	5%	Bloomington	IL
Birth Partners, INC (BPI)			
Dele Ogunleye, President / Co-founder of BPI		Bloomington	IL
Laura Wiegand, COO/Co-Founder of BPI	50%	Washington	IL

Attachment 4: 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.

Note: "Related Person" as defined in Part 1130.140 means any person that is at least 50% owned, directly or indirectly, by either the health care facility or a person owning, directly or indirectly, at least 50% of the health care facility; or owns, directly or indirectly, at least 50% of the health care facility; or [20 ILCS 3960/3]; is otherwise controlled or managed by one or more health care facilities or controls or manages the health care facility; or otherwise controls or manages the health care facility; or is otherwise, directly or indirectly, under common management or control with one or more health care facilities.

Organizational Chart



Lakeview Birth Center, LLC is a limited liability corporation comprised of 10 investing partners, with 5 percent or greater interest as follows:

Name	% of Ownership	City	State
Mike Bixbe	10%	Cincinnati	OH
Dr. Jason and Audrey Davis	5%	Bloomington	IL
Drs. Brian & Lisa Emm	5%	Bloomington	IL
Dr Olufemi "Femi" Abiodun	5%	Southlake	TX
Wale Olowookere	5%	Midland	TX
Dr Fortune Alabi	5%	Celebration	FL
Dr Dapo Afolabi	5%	Fort Worth	TX
Dr. Omar Khokhar	5%	Bloomington	IL
Scott Gordon	5%	Bloomington	IL
Birth Partners, INC (BPI)			
Dele Ogunleye, President / Co-founder of BPI		Bloomington	IL
Laura Wiegand, COO/Co-Founder of BPI	50%	Washington	IL

Investors' Biography and Background Information



Mike Bisbe, AAMS®

119 N Fort Thomas Ave. Ft Thomas, KY 41075

Personalized Financial Strategies

Focus Areas

Retirement Savings Strategies
 Retirement Income Strategies
 Estate & Legacy Strategies
 College Savings
 Insurance & Annuities
 Wealth Strategies

Certifications

AAMS®



How We Work Together

As an Edward Jones financial advisor, I believe it's important to invest my time to understand what you're working toward before you invest your money. It's also important to understand the level of risk you're comfortable accepting when investing so we can balance it with the steps necessary to reach your long-term goals.

Whether you're planning for retirement, saving for college for children or grandchildren, or just trying to protect the financial future of the ones you care for the most, we can work together to develop specific strategies to help you achieve your goals. We can also monitor your progress to help make sure you stay on track or determine if any adjustments need to be made. Throughout it all, we're dedicated to providing you top-notch client service.

But we're not alone. Thousands of people and advanced technology support our office so we can help ensure you receive the most current and comprehensive guidance. In addition, we welcome the opportunity to work with your attorney, accountant and other trusted professionals to deliver a comprehensive strategy that leverages everyone's expertise. Working together, we can help you develop a complete, tailored strategy to help you achieve your financial goals.

Work History

Edward Jones
 June 2002 - Present

Education History

Miami University Oxford
 Bachelor of Arts



Jason S. Davis, MD

RADIOLOGY

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AREAS OF EXPERTISE

- Breast Imaging
- Emergency Radiology
- MRI
- Thyroid Imaging
- Vascular Radiology

BACKGROUND

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LANGUAGES

English

MEDICAL EDUCATION

Loyola University (Chicago, IL)

INTERNSHIP(S)

St. Louis University (St. Louis, MO: 1997-1998)

RESIDENCY

Radiology and Medical Imaging - OSF Saint Francis Medical Center (Peoria, IL: 1998-2002)

BOARD CERTIFICATION(S)

American Board of Radiology

PROFESSIONAL MEMBERSHIPS

American College of Radiology, American Roentgen Ray Society, Radiological Society of North America

PUBLICATIONS

[View List](#)

ASSOCIATED WITH

OSF Heart of Mary Medical Center, OSF St. Joseph Medical Center

Lisa R. Emm, MD
Obstetrician & Gynecologist located in Bloomington, IL

Advanced Women's Healthcare | 1000 S. Prospect | Bloomington, IL 61820



About Dr. Emm

Lisa Emm, MD, FACOG, is a board-certified obstetrician and gynecologist at Advanced Women's Healthcare who takes a holistic approach to help women in the Bloomington, Illinois area with their reproductive health. She specializes in contraception, de Vries robotic surgery, infertility, high-risk obstetrics, and other women's needs. Additionally, she soothes her patients' fears and provides education regarding some of the most important aspects of their health.

Dr. Emm's education began at Kenyon College in Gambier, Ohio, where she earned her bachelor's degree in biology. She then went on to attend medical school at Southern Illinois University School of Medicine in Springfield. After graduating with her medical degree, she completed her residency training at the University of Cincinnati.

Dr. Emm's passion for her work has not gone unrecognized. During her residency, she was awarded the V. Stanley Roberts Memorial Award from The Christ Hospital and the Resident of Excellence Award in obstetrics and gynecology.

Dr. Emm's philosophy toward her work at Advanced Women's Healthcare can be summed up with one of her quotes: "My goal is to educate women on how to achieve optimal health. Promoting a healthy lifestyle will result in disease prevention."

When she isn't at Advanced Women's Healthcare providing compassionate care and education for patients at all stages of womenhood, Dr. Emm likes taking time to travel, play tennis, cook, and spend time with her spouse and their daughters.



BLOOMINGTON PEDIATRICS & ALLERGY LTD.



309-662-0504

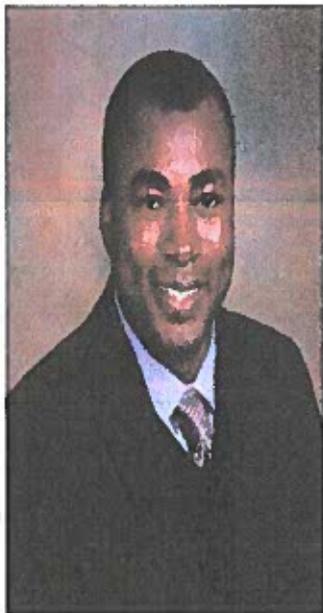
306 ST JOSEPH DR BLOOMINGTON, IL
61701-3506

Brian Emm

- Place of Birth: Mendota, IL
- College: Illinois Wesleyan University, B.A. Biology, Minors in Chemistry and Mathematics, 1999
- Medical School: University of Southern Illinois, M.D. 2003
- Residency: University of Indiana, Pediatrics, 2003-2006
- Board Certified, participating in ongoing Maintenance of Certification
- Joined Bloomington Pediatrics and Allergy, 2006
- Professional Memberships: American Academy of Pediatrics, American Medical Association, Illinois State Medical Society, McLean County Medical Society
- Leadership Roles: Chairman of Department of Pediatrics, St. Joseph Hospital, Bloomington, IL, 2006-2011; OSF Hasbrouck System Children's Service Line, 2007-present
- Professional Interests: newborns, general pediatrics, young athletes, pediatric dermatology
- Personal Interests: Playing basketball, tennis, golf, running and weight-lifting. Spending free time with family and friends.
- Family: Wife Lisa, Children: Lauren, Allison, Meredith, Dogs named Zoey and Taddy



Dr. Emm is accepting newborns into his practice. Some limitations may apply to individuals using Medicaid. He sees patients in the office Monday, Tuesday, Wednesday and Friday.

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(817) 468-7200

OLUFEMI J. ABIODUN, MD

Dr. Abiodun received his medical degree from the College of Medicine at the University of Lagos, Nigeria and completed his residency in Internal Medicine and Fellowship in Gastroenterology and Hepatology at Henry Ford Hospital in Detroit, Michigan. He practiced at Marshfield Clinic, Eau Claire Wisconsin for 5 years before moving to establish a private gastroenterology practice in Arlington Texas in 2009. He was joined by Dr. Osowo in the summer of 2011.

He is a member of American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), American College of Gastroenterology (ACG), Texas Medical Association (TMA) and Tarrant County Medical Society (TCMS).

He is board certified in Internal Medicine and Gastroenterology. Dr. Abiodun provides consultation in the following: disorders of the esophagus, stomach, small and large intestine. As well as, disorders of the liver, biliary tracts and pancreas. Dr. Abiodun also offers expertise in diagnostic and therapeutic procedures including: colonoscopy, upper gastrointestinal endoscopy, percutaneous gastrostomy, ERCP, endoscopic ultrasound, wireless capsule, small bowel endoscopy, ablation of Barrett's Esophagus.

Personalized Care for Women

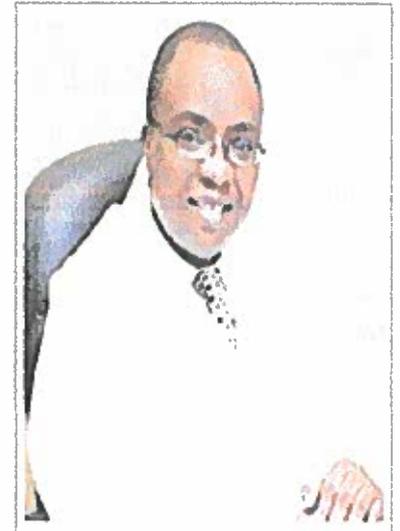
Under the direction of Ayodele Olowookere, M.D., our experienced medical team at For Women Healthcare in Midland, TX provides our patients with an optimum quality of gynecology and obstetric care.

Meet Ayodele Olowookere, M.D., FACOG, MRCOG, FWACS

Dr. Olowookere provides a full range of obstetric and gynecologic services. Dr. Olowookere is a Fellow of the American Congress of Obstetricians and Gynecologists. As an in-network provider for most insurance carriers, Dr. Olowookere's practice also currently accepts Medicaid.

Dr. Olowookere is board-certified by the American Board of Obstetrics and Gynecology and is a member of the American Congress of Obstetricians and Gynecologists.

He received his medical degree from Obafemi Awolowo University in Ife, Nigeria and completed his residency in Obafemi Awolowo University Teaching Hospital Complex Nigeria, Waterford Regional Hospital, Republic of Ireland, and Good Samaritan Hospital in Cincinnati, OH.



Education

- Doctor of Medicine, Obafemi Awolowo University, Nigeria
- Internship, Obafemi Awolowo University Teaching Hospital Complex

Residency Training in Obstetrics and Gynecology

- Obafemi Awolowo University Teaching Hospital Complex, Nigeria
- Waterford Regional Hospital, Ireland
- Good Samaritan Hospital, Cincinnati OH

Dr. Fortune Alabi

MD, MBA, FCCP, FASAM



Provider Details

Specialty:	Internal Medicine, Pulmonary Medicine, Critical Care Medicine, Sleep Medicine
Degree:	MD, MBA
Appointment:	Pre-Operative Office Respiratory
Assignment:	Critical Care Internal Medicine Perioperative Medicine Pulmonary Medicine Sleep Medicine

Dr. Alabi is board certified in Internal Medicine, Pulmonary Medicine, Critical Care Medicine, Sleep Medicine and the American Board of Quality Assurance/Improvement. Fortune has special interests in Pulmonary hypertension, Juniperus, Interstitial Lung Disease, Pulmonary and Critical Care Sleep Apnea, Endotracheal Intubation and Lung and Chest Disease.

Education & Training

Dr. Alabi is a graduate of the University of Lagos Medical School, Lagos, Nigeria, where he trained at Henry Ford Hospital Department of Medicine in Detroit, Michigan. Dr. Alabi completed his fellowship training at the University of Colorado in Pulmonary, Critical Care and Sleep Medicine. He also completed his MBA program at State University in Deland, Florida.

In his medical practice, Fortune has served at the University of Central Florida School of Medicine as a Clinical Associate Professor. He also served as the Medical Director of Intensive Care Unit and the Medical Director of Respiratory Department respectively, at Florida Hospital Corporation Health.

Dapo Afolabi, MD



Dr. Dapo Afolabi is a Co-founding partner, President and CEO of Fort Worth Renal Group. After his college education at the University Of Ife, Nigeria, Dr. Afolabi completed his residency in Internal Medicine and Fellowship in Nephrology at Henry Ford Hospital in Detroit, Michigan. He was voted Senior Resident of the Year and was Chief Renal Fellow during his training at Henry Ford Hospital. Dr. Afolabi is board certified in Internal Medicine and Nephrology. He is also a certified Interventional Nephrologist with over 10 years of experience. Dr. Afolabi has practicing privileges in several Texas Health Resources hospitals including THR Fort Worth, THR Alliance and THR Southwest Fort Worth, as well as

several HCA and Baylor Scott & White facilities. He has served on multiple hospital committees, and has been actively involved in educational and research activities. He served as Medical Director for several US Renal Care dialysis facilities and vascular access centers.

He was voted Fort Worth Top Doc by his peers in 2006, 2009, 2011 & 2018.

Dr. Afolabi is a member of the American Society of Nephrology, as well as American Society of Diagnostic and Interventional Nephrology.



Omar S. Khokhar, MD

GASTROENTEROLOGY

Rating: ★★★★★ (4.6/5.0)

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AREAS OF EXPERTISE

- Gastroesophageal Reflux Disease (GERD)
- Irritable Bowel Syndrome (IBS)
- Pancreas
- Peptic Ulcer Disease
- Viral Hepatitis

BACKGROUND

LOCATIONS

Is this your profile? [Click here to submit changes.](#)

LANGUAGES

English, Punjabi, Urdu

MEDICAL EDUCATION

University of the Punjab (Lahore, Pakistan)

INTERNSHIP(S)

Internal Medicine - University of Illinois College of Medicine at Peoria (Peoria, IL: 2004-2005)

RESIDENCY

Internal Medicine - University of Illinois College of Medicine at Peoria (Peoria, IL: 2005-2007)

FELLOWSHIP(S)

Gastroenterology, Hepatology, & Nutrition - Georgetown University (Washington, DC: 2007-2010)

BOARD CERTIFICATION(S)

Gastroenterology - American Board of Internal Medicine

PROFESSIONAL MEMBERSHIPS

American College of Gastroenterology, American Gastroenterology Association, Minority & Diversity Committee - American Society of Gastrointestinal Endoscopy, Reviewer - Southern Medical Journal & Gastrointestinal Endoscopy Diversity & International Committee

PUBLICATIONS

[View List](#)

ASSOCIATED WITH

OSF Heart of Mary Medical Center, OSF Medical Group, OSF Saint Elizabeth Medical Center, OSF St. Joseph Medical Center

Scott Gordon – State Farm Manager



Experience



State Farm
State Farm

Team Manager

State Farm Insurance Agency
2014 - Present

Leading a team of ten highly qualified, well-trained expert financial services professionals to State Farm Agents as they work in the best interest of customers.

BA Consultant

State Farm Insurance Agency
2008 - 2014

- Sales Coaching
- Case Consulting
- Quality Consulting
- Team Leadership

[see less](#)



Consultant

State Farm Insurance Agency
2005 - 2008

2005 - 2008

Coaching service sales professionals making their complex world of state insurance products easy to understand and realize their dreams.



Owner

Scott Gordon Consulting

2000 - 2005

- Broker/Dealer Marketing
- Manage Private Equity



Banker/Registered Rep

Meridian Bank and post offices

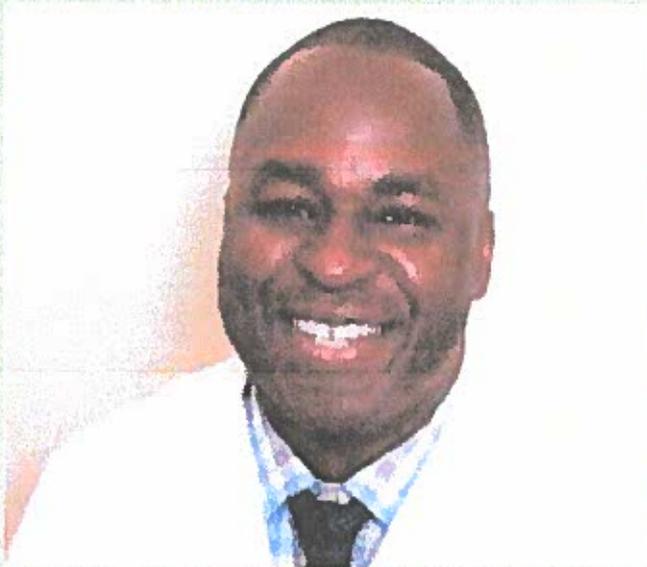
2000 - 2005

- Detail Banking
- Commercial Lending
- Asset Liability Coverage
- Branch Manager
- Registered Representative
- Marketing

Dele A. Ogunleye, MD

Obstetrician & Gynecologist & Urogynecologist located in Bloomington, IL

Advanced Women's Healthcare | Bloomington, IL | Dele A. Ogunleye, MD



About Dr. Ogunleye

Dr. Dele Ogunleye, MD, FRCOG, is a board-certified obstetrician, gynecologist, and urogynecologist who also practices pelvic medicine and reconstructive surgery at Advanced Women's Healthcare in Bloomington, Illinois. He sympathetically treats fertility issues, pelvic floor problems, urinary incontinence, and other complications of menopause/premenopause, and general gynecology.

Dr. Ogunleye earned his medical degree from Obafemi Awolowo University in Ife, Nigeria. He completed a residency at Framingham General Hospital in Crested, United Kingdom, before moving stateside for another residency at Gold Summit Hospital in Baltimore.

Today, Dr. Ogunleye holds memberships with multiple professional organizations to keep up on the latest advancements in obstetrics and gynecology. He is a fellow of the American College of Obstetrics and Gynecology and a member of the American Medical Association, the Greater Medical Council in the UK, and the Ohio State Medical Association.

Throughout his career, Dr. Ogunleye has contributed much of his own research to his field. He was given the Cleverton Research Award in 2003 for his research paper exploring the role of trophoblastic hyperplasia in ectopic pregnancies.

As a devoted physician, he dedicates Dr. Ogunleye (originally performing various gynecological exams to keep women of all ages up on their health, his trained in the Vaginal robotic surgery to accurately repair damage to the ovaries, fallopian tubes, and uterus. He treated women in the Bloomington, IL area since 2009, before joining Advanced Women's Healthcare in 2012.

**LAURA WIEGAND**

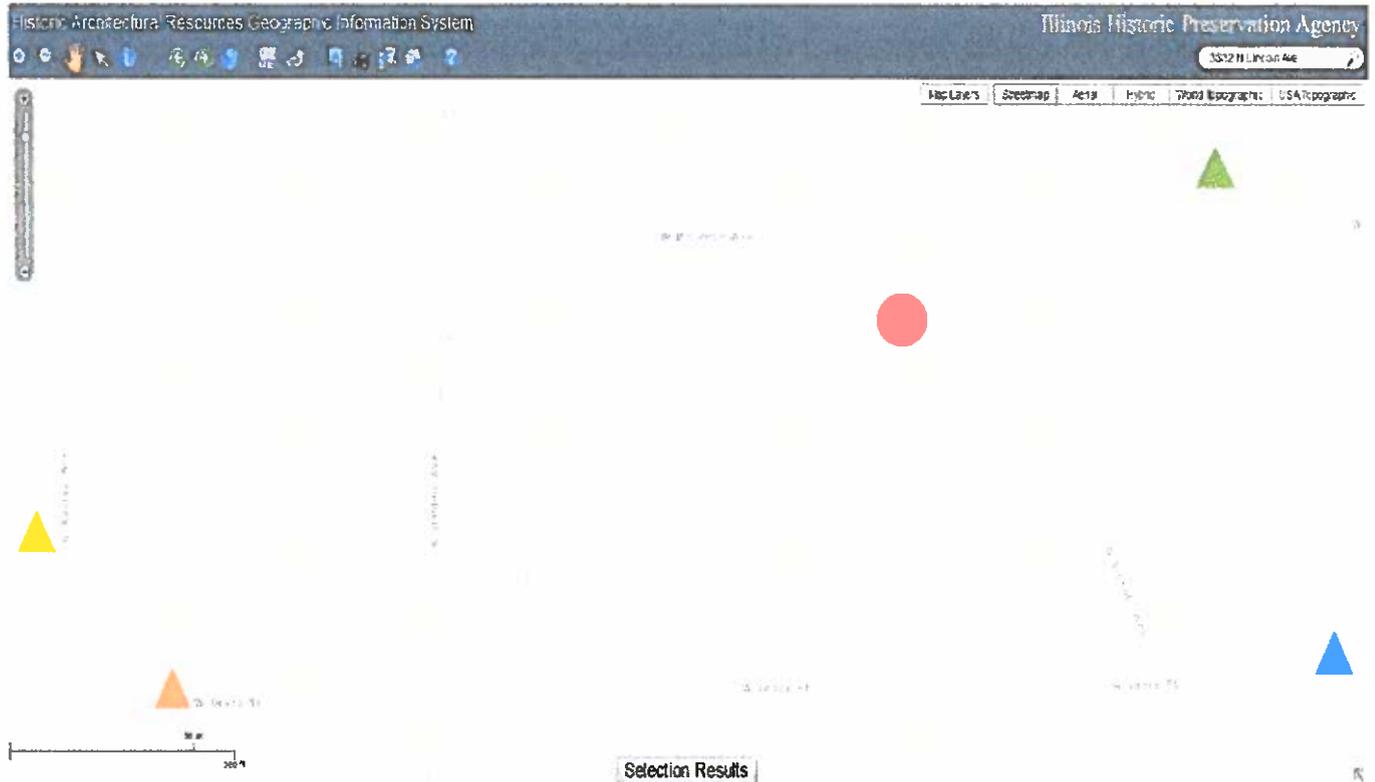
Laura Wiegand currently serves as the COO/Co-Founder of Birth Partners, Inc. She successfully managed the opening of the Birth Center of Bloomington Normal in Illinois and assisted with opening Beginnings Birth Center, Colorado Springs, Colorado. She is in the process of opening two other birth centers. At the national level, she serves on the AABC Industry Relations Committee. She works at the state and local level to educate the public, medical communities and health insurance providers about the benefits of the midwifery model of care including better patient outcomes, reduced costs for families and payors. Laura is also the Administrator at Obstetrics and Gynecology Care Associates in Bloomington IL. With over 20 years practice management experience, Laura has made a career of directing multiple site operations, while securing financial results and building a team that focuses on maximizing patient care and the entire the patient experience. Laura serves as a resource for all aspects of practice management and birth center operations.

IHPA Review

Birth Center of Chicago, LLC – 3832 N Lincoln Ave, Chicago, IL 60613

In compliance with the requirements of Historic Resources Preservation Act Documentation, a lookup of the Historic Resources Preservation Agency revealed no historic register status of proposed sit for the Birth Center. See documentation below obtained from <http://gis.hpa.state.il.us/hargis/>

Findings: the proposed site for Birth Center of Chicago, LLC – 3832 N Lincoln Ave, Chicago, IL 60613, does **NOT appear in the historic record database**, proving no historic significance of record for this site location.



 = location of proposed Birth Center of Chicago, LLC 3832 N Lincoln Ave, Chicago, IL 60613

Nearest properties with Historic Register Status:

	Location	City	County	HARGIS Reference Number	PIN	Survey Dates	Survey Dates	Vacinity
	4901 W Berenice Ave	Chicago	Cook	158648	N/A	1971-1975	N/A	FALSE
	100 W Grace Street	Chicago	Cook	144049	N/A	1971-1975	N/A	FALSE
	2033 W Grace Street	Chicago	Cook	126260	1419121008	1971-1975	1983-1994	N/A
	3815 N Seeley Ave	Chicago	Cook	126295	1419115035	1971-1975	1983-1994	N/A

▲ 4901 W Berenice Ave, Chicago



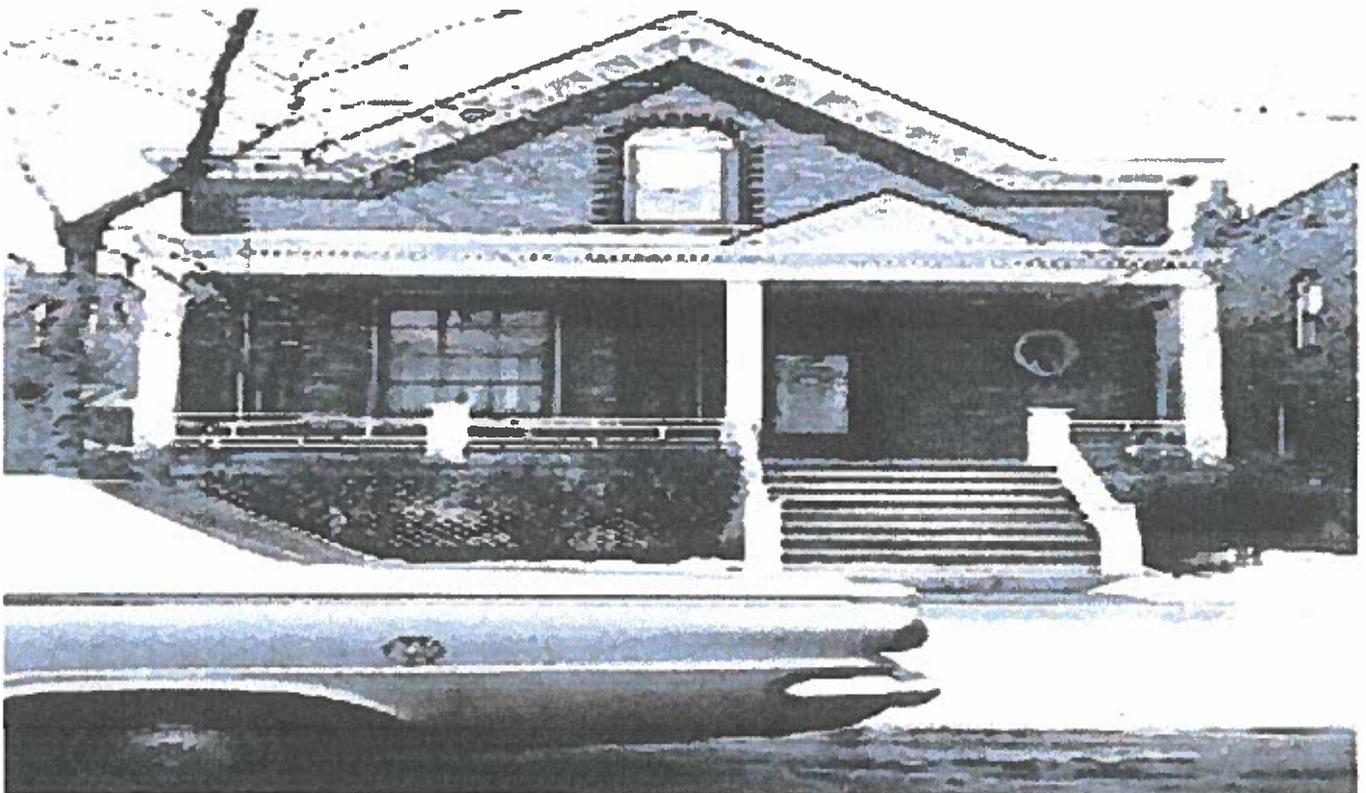
▲ 100 W Grace Street, Chicago



▲ 2033 W Grace Street, Chicago



▲ 3815 N Seeley Ave, Chicago



Attachment 7: Project and Sources of Funds Itemization

	A	B	C	D
	Project Costs and Sources of Funds			
2	USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
3	Pre Planning Costs	\$ 133,140		\$ 133,140
4	Site Survey and Soil Investigation	\$ -		\$ -
5	Site Preparation	\$ -		\$ -
6	Off Site Work	\$ -		\$ -
7	New Construction Contracts	\$ -		\$ -
8	Modernization Contracts	\$ 1,406,950		\$ 1,406,950
9	Contingencies (10% @ Schematics)	\$ 126,750		\$ 126,750
10	Architectural/Engineering Fees	\$ 82,000		\$ 82,000
11	Consulting and Other Fees	\$ 61,000		\$ 61,000
12	Movable or Other Equipment (excl construction)	\$ 334,900		\$ 334,900
13	Bond Issuance Expense (project related)	\$ -		\$ -
14	Net Interest Exp During Construction (project related)	\$ -		\$ -
	Fair Market Value of Leased Space or Equipment	\$ -		\$ -
16	Other Costs To Be Capitalized	\$ 200,000		\$ 200,000
17	Acquisition of Building or Other Property (excl land)	\$ -		\$ -
18	TOTAL USES OF FUNDS	\$ 2,344,740		\$ 2,344,740
19	SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
20	Cash and Securities	\$ 11,392		\$ 11,392
21	Pledges	\$ 1,500,000		\$ 1,500,000
22	Gifts and Bequests			\$ -
23	Bond Issues (project related)			\$ -
24	Mortgages/Construction Loan - LOC	\$ 500,000		\$ 500,000
25	Leases (fair market value)			\$ -
26	Governmental Appropriations			\$ -
27	Grants			\$ -
28	Other Funds and Sources - TIA	\$ 411,675		\$ 411,675
29	TOTAL SOURCES OF FUNDS	\$ 2,423,067		\$ 2,423,067

Attachment 7a: Project and Sources of Funds Itemization

PRE PLANNING COSTS	TOTAL
<i>Recruiting</i>	\$ 5,000
<i>Payroll Expenses / Salary</i>	\$ 100,940
<i>Marketing/Community Relations</i>	\$ 15,000
<i>Office Supplies</i>	\$ 5,000
<i>Meals & Entertainment</i>	\$ 500
<i>Utilities</i>	\$ 3,700
<i>Postage</i>	\$ 1,000
<i>Printing/Copying</i>	\$ 2,000
GRAND TOTAL	\$ 133,140

Attachment 7b: Project and Sources of Funds Itemization

CONSULTING AND OTHER FEES	TOTAL
Professional Consultation	\$ 10,000
Professional Legal	\$ 20,000
Professional Accounting / Bookkeeping	\$ 6,000
<i>Insurance - General</i>	\$ 5,000
Membership / Dues / Subscriptions	\$ 2,000
Regulatory - Licenses	\$ 8,000
Regulatory - Accreditations	\$ 10,000
GRAND TOTAL	\$ 61,000

Attachment 7c: Project and Sources of Funds Itemization

EQUIPMENT - NON CONSTRUCTION	TOTAL
Furniture	\$ 250,000
<i>IT (Computer/Security)</i>	\$ 40,000
Client Care - Supplies - Drugs & Medical	\$ 35,000
Client Care - Supplies - Educational Materials	\$ 500
<i>Telephone</i>	\$ 6,000
<i>Maintenance/Repairs</i>	\$ 1,000
Supplies - Janitor / Cleaning / Laundry	\$ 2,400
GRAND TOTAL	\$ 334,900

Attachment 7d: Project and Sources of Funds Itemization

OTHER CAPITALIZED COSTS	TOTAL
<i>Minor Equipment</i>	\$200,000.00
GRAND TOTAL	\$200,000.00

Attachment 8: Project Status and Completion

Documentation about purchase orders, leases or contracts pertaining to the project that have been executed:

The applicant has entered into a lease agreement, contract services with architects and other professional services in support of the project, as follows:

- Lease Letter of Intent, Security Commitment (see Attachment 2)
- LOI & fees/charges for Architect Services - EA Architects
 - Design of Burr Ridge Site (see Appendix A)
 - Design of Alternate Site/Not Chosen (see Appendix B1)
 - Design of Alternate Site/Not Chosen (see Appendix B2)
- CON Preparation Services (Lorenz)
- Payment for Legal Services (Hinch)
- Payment for Marketing Consultant Services (Bonick)
- Bank Fees
- Payment to City of Chicago & attorney Special Use Permit Fee (see Appendix U)

Documentation of the project expenditures that have incurred to date, as a result of these contracts and services, is shown below in recent bank activity report from the applicant:

Birth Center of Chicago		
\$ (11,391.95) EXPENDITURES to date		
date	payments	notes
4/15/2019	\$ (282.15)	marketing / presentation material
4/26/2019	\$ (1,100.17)	attorney fees
7/12/2019	\$ (595.00)	consultant - Kathleen
9/10/2019	\$ (2,370.00)	architecture fees
3/2/2020	\$ (13.00)	bank fee
3/9/2020	\$ (1,341.53)	attorney fees
4/1/2020	\$ (13.00)	bank fee
4/29/2020	\$ (339.28)	attorney fees
5/1/2020	\$ (2.00)	bank fee
5/15/2020	\$ (100,000.00)	open Busey Account
5/15/2020	\$ 100,000.00	returned from bank, fraud concern - RESOLVED
5/20/2020	\$ (65.82)	marketing / presentation material
6/9/2020	\$ (150.00)	attorney fees
6/9/2020	\$ (2,000.00)	contract employee - marketing (20 hrs)
6/17/2020	\$ (750.00)	attorney fees - zoning
6/17/2020	\$ (300.00)	contract employee - marketing (12 hrs)
6/17/2020	\$ (2,070.00)	architecture fees

Attachment 9: Cost and Space Requirements

Provide the Departmental Gross Square Feet (DGSF) or the Building Gross Square Feet (BGSF) and cost.

No response from applicant; this section not applicable to birth centers (per technical assistance from HFSRB).

Attachment 10: Impact on Access

Document impact of service discontinuation.

No response from applicant due to this section not being applicable this project of a new birth center.

Attachment 11: Background of Applicant

Description of applicant ownership in terms of qualifications, background and character to adequately provide a proper standard of health care service for the community.

Birth Center of Chicago, LLC is a limited liability corporation comprised of 13 individual investors, with ownership shares ranging from 5% to 50%.

Birth Partners, INC (BPI): 50% ownership

- Dele Ogunleye, MD, FACOG, is a board-certified obstetrician, gynecologist, and urogynecologist who also practices pelvic medicine and reconstructive surgery at Advanced Women's Healthcare in Bloomington, Illinois. He sympathetically treats fertility issues, pelvic floor prolapses, urinary incontinence, and other complications of menopause, pregnancy, and general womanhood. Dr. Ogunleye earned his medical degree from Obafemi, Awolowo University, in Ife, Nigeria. He completed a residency at Warrington General Hospital in Cheshire, United Kingdom, before moving stateside for another residency at Good Samaritan Hospital in Baltimore. Today, Dr. Ogunleye holds memberships with multiple professional organizations to keep up on the latest advancements in obstetrics and gynecology. He is a fellow of the American Congress of Obstetrics and Gynecology and a member of the American Medical Association, the Greater Medical Council in the UK, and the Ohio State Medical Association. Throughout his career, Dr. Ogunleye has contributed much of his own research to his field. He was given the Organon Research Award in 2003 for his research paper exploring the role of trophoblastic hyperplasia in ectopic pregnancies. At Advanced Women's Healthcare, Dr. Ogunleye frequently performs routine gynecological exams to keep women of all ages up on their health. He's trained in da Vinci® robotic surgery to delicately repair damage to the ovaries, fallopian tubes, and uterus. He treated women in the Bloomington area since 2004 before opening Advanced Women's Healthcare in 2012. He is the President / Co-founder of Birth Partners, INC. Dr Ogunleye has involvement in several other businesses and investment endeavors (including 2 successful Birth Centers and in the process of opening 3 other locations).
- Laura Wiegand -- Laura Wiegand currently serves in a vice-presidential role as the COO/Co-Founder of Birth Partners, Inc. She successfully managed the openings of the Birth Center of Bloomington Normal in Illinois and Beginnings Birth Center in Colorado. At the national level for birth centers, she serves on the AABC Industry Relations Committee. She works at the state and local level to educate the public, medical communities and health insurance providers about the benefits of the midwifery and birth center model of care including better patient outcomes, reduced costs for families and payors. Laura is also the Administrator at Obstetrics and Gynecology Care Associates 2008. Co-owner/Founder of MPR-Medical Practice Resources (medical coding, billing and consulting) 2010, founder of The Baby Expo 2014, Owner/Event Planner of Extravaganza Events 2000. With over 20 years practice management experience, Laura has made a career of directing multiple site operations, while securing financial results and building a team that focuses on maximizing patient care and the entire the patient experience. Laura serves as a resource for all aspects of practice management and birth center operations.

Mike Bisbe: 10% ownership

- Mr. Bisbe holds a finance degree from Miami of Ohio University in Oxford, Ohio. He works as a financial advisor, and has over 15 years' experience in finance. Mr. Bisbe resides in Mason, Ohio with his fiancé and two daughters.

Dr. Olufemi (Femi) Abiodun: 5% ownership

- Dr. Abiodun is a gastroenterologist in private practice for 15 years, in Arlington, Texas. Dr. Abiodun holds active medical licenses in Texas, Wisconsin and Michigan.

Dr. Dapo Afolabi: 5% ownership

- Dr. Afolabi is a Co-Founding Partner, President and CEO of Fort Worth Renal Group. After his college education at University of Ife, Nigeria, he completed his residency in Internal Medicine and Fellowship in Nephrology at Henry Ford Hospital in Detroit, Michigan. He is board-certified in Internal Medicine, Nephrology, and a certified Interventional Nephrologist with over 16 years' experience. Dr. Afolabi has practicing privileges at several Texas Health Resources hospitals, and at several HCA and Baylor Scott and White facilities. He has served as Medical Director for several US Renal Care Dialysis facilities and vascular access centers.

Dr. Fortune Alabi: 5% ownership

- Dr. Alabi is a business owner and physician for Florida Lung Asthma and Sleep Specialists, where he is the managing partner. Under his leadership, the practice has grown over the last decade to four locations, with almost 55 employees. He has served at the University of Central Florida School of Medicine as a Clinical Associate Professor. He has also served as the Medical Director of Intensive Care Unit and the Medical Director of Respiratory Department at Florida Hospital Celebration Health. Fortune is a recipient of multiple awards including being recognized as one of the 2014 Leading Physicians of the World. He has been chosen as one of American's Best Doctors for the last eight years; and he has won the Patients' Choice Award and Compassionate Physician Award multiple times.

Dr. Jason and Mrs. Audrey Davis: 5% ownership

- Dr. Jason Davis is a board-certified radiologist in Bloomington, Illinois. He has been in private practice since 2002 and is currently an owner and partner in Bloomington Radiology in Bloomington, Illinois. Dr. Davis lives in Bloomington, Illinois.
- Mrs. Audrey Davis is a homemaker, and she lives in Bloomington, Illinois with her husband Dr. Jason Davis.

Drs. Brian and Lisa Emm: 5% ownership

- Dr. Brian Emm is a board-certified pediatrician in Bloomington, Illinois. He has been in private practice for over 13 years, and is owner and partner of Bloomington Pediatrics and Allergy in Bloomington, Illinois.
- Dr. Lisa Emm is a board-certified obstetrician/gynecologist in Bloomington, Illinois. She has also been practicing for over 13 years, and is owner and partner in Advanced Women's Healthcare in Bloomington, Illinois.

Dr. Omar Khokhar: 5% ownership

- Dr. Khokhar is a practicing gastroenterologist in Bloomington, Illinois. He also volunteers at the Community Health Care Clinic in Normal, Illinois.

Dr. Ayodele Olowookere: 5% ownership

- Dr. Olowookere is a US citizen, and gynecologist and President/CEO For Women Healthcare in Midland, Texas. Dr. Olowookere is a Member of the Royal College of Obstetrician and Gynecologist, England (MRCOG), and a Fellow of the American Congress of Obstetricians and Gynecologists (FACOG).

Scott Gordon: 5% ownership

- Scott has been employed at State Farm for 18 years, he leads consultants who provide expert financial services advice to the State Farm Agents for the best interest of their customers. He has over 28 years with financial services. He holds a marketing degree from Southern Illinois University, Carbondale, Illinois

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

Birth Center of Chicago, LLC does not own or operate any other healthcare facilities.

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.

Illinois Health Care Facility	Ownership
Advanced Women’s Healthcare (Bloomington, Illinois)	Dr. Dele Ogunleye, Dr. Lisa Emm
Birth Center of Bloomington-Normal (Bloomington, Illinois)	Birth Center of Bloomington-Normal, LLC
Bloomington Pediatrics and Allergy (Bloomington, Illinois)	Dr. Brian Emm
Bloomington Radiology (Bloomington, Illinois)	Dr. Jason Davis
MPR-Medical Practice Resources (Illinois)	Laura Wiegand

3.For each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility, provide the following:

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.

No adverse action has been taken against any of the investing partners of the applicant during the three years prior to filing of this application.

b. A certified listing 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.

No arrests, custody, charges, indictments, convictions, trials or guilty pleas for any felony or misdemeanor or violation of the law have occurred for any of the investing partners of the applicant.

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

No charges for fraudulent conduct or any act of moral turpitude have occurred for any of the investing partners of the applicant.

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

No unsatisfied judgements exist against any of the investing partners of the applicant.

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.

No default in performance or discharge of any duty or imposed obligation exists for any of the investing partners of the applicant.

4.Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to

provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

Birth Center of Chicago, LLC grants permission to HFSRB and DPH to access any documents necessary to verify the information submitted in this section.

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.

Not applicable, because there is not more than one application for permit from this applicant.

Attachment 12: Purpose of Project

1. *How will the project provide health services that improve the health care or well-being of the market area population to be served?*

The proposed Birth Center of Chicago (BCC, or the Center) will offer a new service not otherwise offered in Cook County (Illinois Health Planning Area A-01-5) at this time. It will be only the fourth birth center in the state, and the third in the combined areas of Cook, DuPage, Kane, Lake, McHenry and Will Counties. The proposed site at 3832 N Lincoln Avenue meets the Illinois Healthcare Facilities Plan requirement for geographic location, that no more than ten birth centers exist in the state, and that not more than four are located in the combined area of Cook-DuPage-Kane-Lake-McHenry-Will Counties. Based on a review of the birth centers listed by the American Association of Birth Centers, there are currently a total of two freestanding birth centers in operation in Illinois: one in Cook County at Birth Center at PCC in Berwyn, and one in downstate McLean County at Birth Center of Bloomington-Normal in Bloomington, IL. Furthermore, BRBC meets the Illinois Health Facilities Plan requirement for health planning areas that there shall be no more than two birth centers authorized to operate in any single health planning area for obstetric services.

Illinois is the 6th largest state per 2019 population ranking, down from the 5th ranking in 2010. Our birth rank score is a 59 which is a birth rate of 12. The state of Illinois has a .6% out of hospital births rate compared to other high population states with 1.8% to 4.9% out of hospital births. **Appendix W3**

The Birth Center of Chicago will offer an out of hospital birthing service to those who are low risk and who want to choose a safe alternative in a comfortable environment that minimizes the use of technology and is cost effective. It will address the need to control the upward spiraling trend of healthcare costs without compromising quality of care.

The cost of maternity and newborn care historically has been one of the biggest contributors to state-funded healthcare bills, according to research by the state as part of the legislative work leading up to the enactment of the Alternative Health Care Delivery Act. Ten years ago, the Illinois General Assembly, facing an ever-growing liability of unpaid hospital bills of its own, enacted the "Alternative Health Care Delivery Act". The Act sanctioned a number of innovative healthcare delivery models, including freestanding birth centers designed to deliver high-quality care in a "high touch/low cost" method of care. According to a study done in 2013, commissioned by Childbirth Connection, Catalyst for Payment Reform, and the Center for Health Care Quality and Payment Reform, the cost to Medicaid for a vaginal delivery is approximately \$9,000. Another study, authored by Howell in the *Medicare & Medicaid Research Review* in 2014, calculated the average costs of care for childbirth at a freestanding birth center to be \$2,780 less than that of a hospital, or a savings of nearly 30% per birth. And yet, the most redeeming quality of the birthing center is that it is a safe alternative that delivers quality of care comparable to that of the hospital. According to the National Birth Center Study I, fetal and neonatal outcomes were similar as hospital births: Fetal mortality rate was 0.47/1000; Neonatal mortality rate was 0.40/1000. Furthermore, The National Birth Center Study I, which is a study conducted on 12,000 women who were admitted to 84 birthing centers from 1985 to 1987, retrospectively concluded, "Few innovations in health service promise lower cost, greater availability and a high degree of satisfaction with comparable degree of safety". Another study, "San Diego Birth Center Study – A Prospective Study" done in 1998, backed up the National Birth Center Study I, as it concluded, "Current results suggest similar morbidity and mortality between the birth center model and traditional care model, with less resource utilization translating to lower costs in the collaborative practice model. Results suggest that collaborative practice using a freestanding birth center as an adjunct to an integrated perinatal health care system may provide a quality, lower cost alternative for the provision of perinatal services."

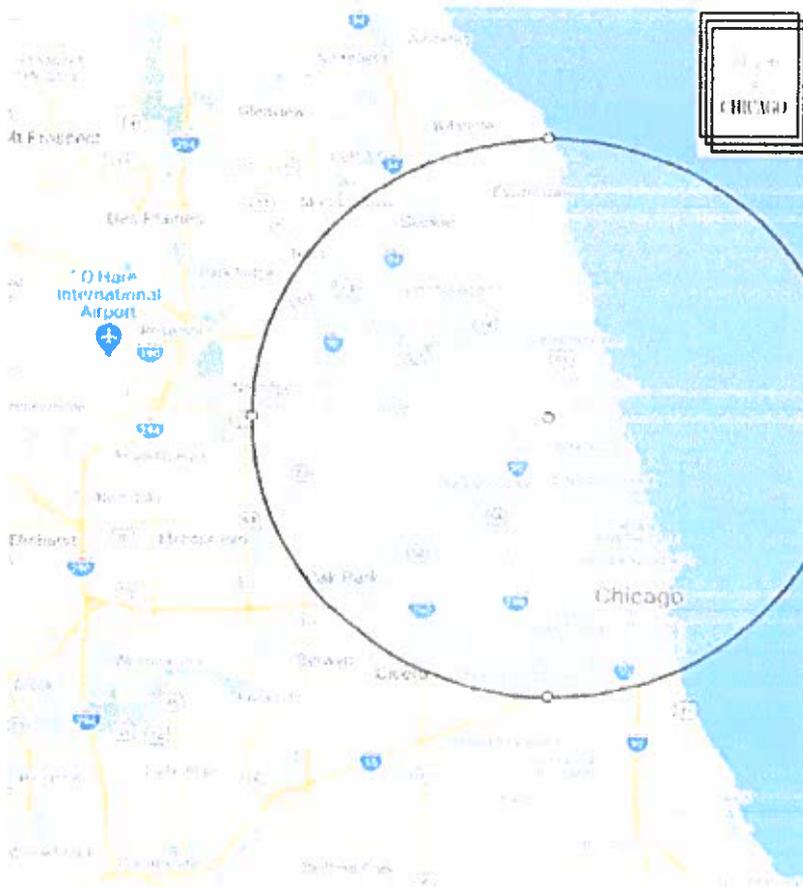
2. Define the planning area or market area, or other, per the applicant's definition.

The proposed birthing center will be located in Chicago, IL. Chicago is the third largest city in the United States with a population of 2.6 million with over 223,000 per year, located in Cook County. (**Appendix W3**) It is situated just east of the I-90 interstate, with easy access from the west, east, north and south. It is also served by Chicago Bus lines with 10 bus stops within a three to six-minute walk, in addition to the Subway Service Brown Line with two stops within a five to seven-minute walk (Irving Park 7-minutes and Addison Subway 5-minutes). This location has a 94 Walk Score (Walker's Paradise) and a 68 Transit Score (Good Transit). **Appendix E**

The proposed site is at 3832 N Lincoln Avenue, which is located in Cook County. The current building is a restaurant, at the corner of N Lincoln Avenue and W Berenice Avenue, in B3-2 Zone for community Shopping District. Marketed as ideal for professional services, medical, and office users, the building's neighbors include many health professionals (dentist, doctor, etc), restaurants/cafes/bakery, fitness/dance studios, hair/esthetic/beauty salons, financial institutions (banks and insurance), furniture store, grocery store, and many other retail shops. Automobile traffic count and proximity to bus public transit all support easy access to the location for prospective patients and visitors. The site will have adequate parking reserved for birth center patrons, and designated ambulance access that allows for immediate access and privacy during transfers. **Appendix E** provides illustration of the parking, bus line and subway access.

Birth centers traditionally having a larger marketing radius than hospitals, according to studies shared by the American Association of Birthing Centers (AABC). Based on this, the expected market area for the Birth Center of Chicago, shown in Figure 1, is expected to cover Cook County and may reach into DuPage, Will, and Kane Counties.

Appendixes W2

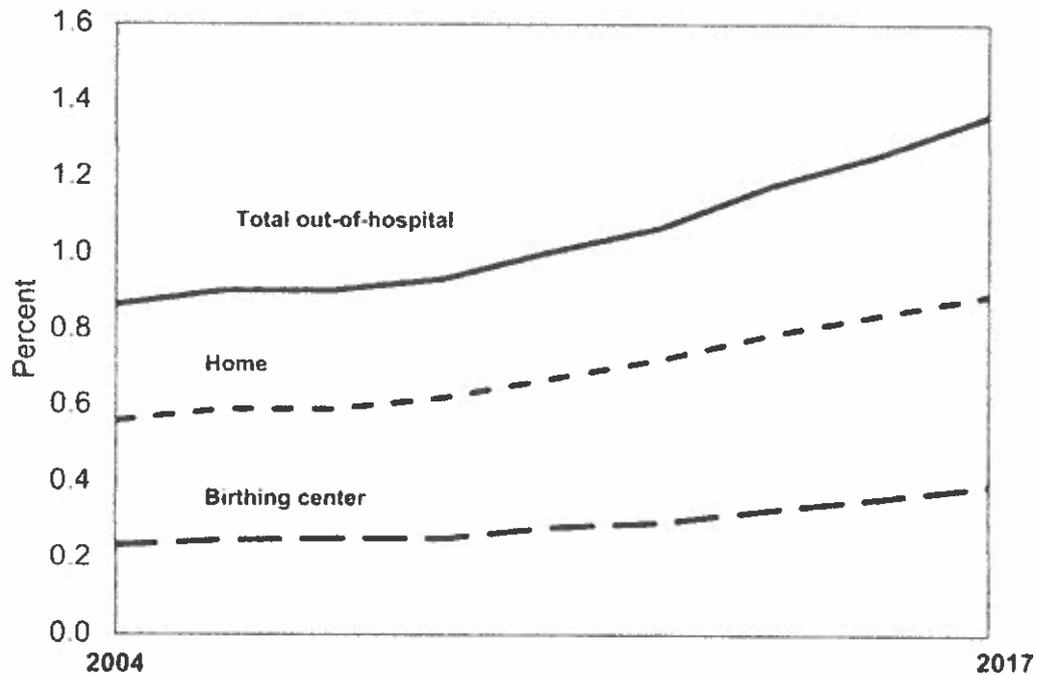


By accessing markets in this region, the Birth Center of Chicago will be an available resource to potential patients living in medically underserved and health professional shortage areas. Cook County does qualify for both areas Health Resources & Services Administration (HRSA), <https://data.hrsa.gov/tools/shortage-area/mua-find>; and <https://data.hrsa.gov/tools/shortage-area/hpsa-find>), the communities within the Center's market area do have underserved and shortage status.

Figure 1: Birth Center of Chicago Proposed Location and Market Area

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

The freestanding birth center model of care, such as that being proposed for the Birth Center, addresses the problem of an increasing home births that seems driven by consumers' choice to avoid the increasing frequency of Cesarean section (C-section) births and resulting higher costs of-hospital births.



Percentage of births occurring out of hospital: United States, 2004-2017

SOURCE: Birth certificate data from the National Vital Statistics System

Figure 2: 2004-2017 Trend of Out of Hospital Birth, United States

Figure 2 illustrates the trend of home births in past 15 years. Its source is an article authored by MacDorman and Declercq, published in the National Center for Biotechnology Information (NCBI) database, which is part of the United States National Library of Medicine (NLM), a branch of the National Institutes of Health (NIH). Their study, which examined the trends in out-of-hospital births, revealed insurance access to be a determining factor, and more recently a strong motivation of personal choice by women to choose an out-of-hospital birth option, regardless of insurance.

The MacDorman/Declercq study confirmed previous studies that showed that the greatest increase has been seen among non-Hispanic white women, who are two to four times more likely to give birth out-of-hospital compared to other racial and ethnic groups. While home births are clearly not a recommended option; properly accredited birth centers staffed by certified nurse midwives do have the support of American College of Obstetrics and Gynecology (ACOG) and American Academy of Pediatrics (AAP).

In a 2012 report, published the *Journal of Midwifery & Women's Health*, researchers analyzed two decades of CDC data that showed a greater proportion of women are choosing to rely on midwives. Experts think this trend is a

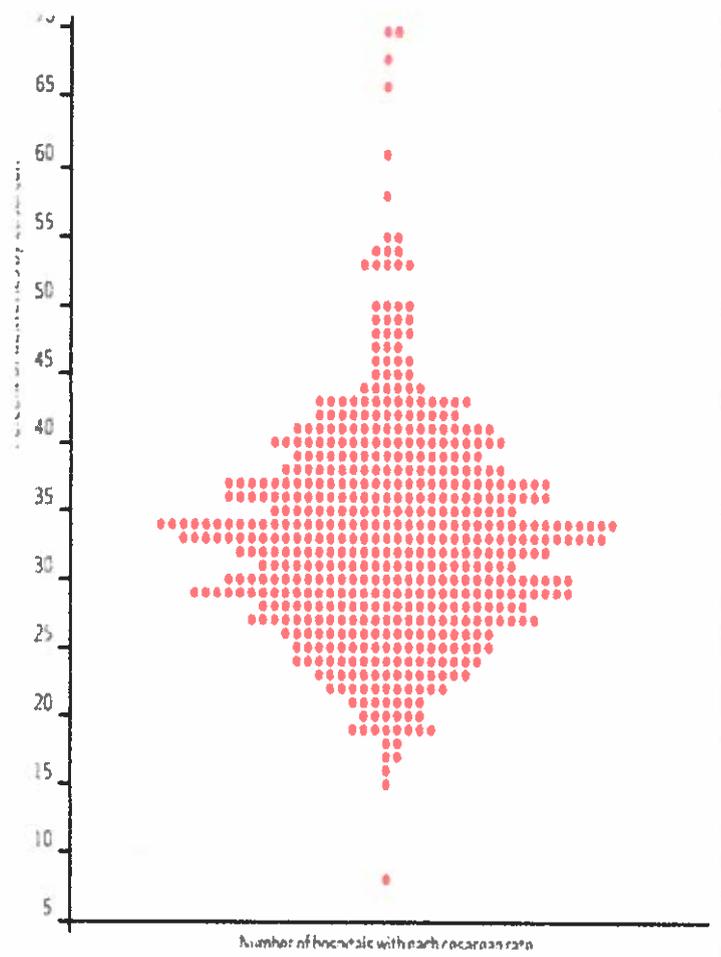
direct reaction to rising rates of C-section births. "Midwives approach birth differently than many physicians: they shy away from inducing labor in most situations, which can lead to a greater likelihood of Cesarean delivery. Starting early in the prenatal period, they may take a more holistic approach, emphasizing diet. In labor, they spend much more time in the delivery room, encouraging a woman to try different positions or to walk around to get labor moving." (Rochman, 2012)

According to an article published in *Health Affairs* in 2013, by Kozhimannil, Law, Virnig, hospital Cesarean rates vary substantially across the U.S. Hospital Cesarean rates varied 10-fold across the U.S., from 7% to 70%, and can vary as much as 15-fold for low-risk hospital Cesarean delivery rates in facilities with at least 100 deliveries. Such large variations around Cesarean rates indicate that differences in practice patterns may be driving costly potential overuse of Cesarean in many U.S. hospitals, and ultimately give the consumer concern over an "over-medicalized" birth. Birth centers give women who meet the low-risk criteria for an out-of-hospital birth the option to have a natural physiological birth. The *National Birth Center Study II* shows that less than 1 in 16 had a Cesarean birth (a 6% CS rate) compared to the nearly 30% nationally.

The Illinois Hospital Report Card, published by the Illinois Department of Public Health, shows the 2017 C-section rate of DuPage County hospitals ranges from 25% to 33%, which places them in comparable to the national median of C-section rates, as shown in Figure 3.

Given that the cost for a C-section can be 50% higher than a vaginal delivery, as reported in the 2013 study commissioned by Childbirth Connection, birth centers help to curtail the costs associated with giving birth.

Figure 3: 2009 Distribution of US Hospital Cesarean Rates



The cost of healthcare is arguably a concern regardless of socio-economic status, but it is especially so for those who fall near or below poverty level, or have limited insurance access. The city of Chicago has with 19.5% poverty compared to statewide 12.1%, while overall, the United States is at 11.8% according to US Census data, as shown in Figure 4.1

Additionally, US Census data about persons under 65 years without health insurance have a similar pattern to the poverty rates, as shown in the Figure 4.2



Figure 4.1: 2018 US Census Data, Income & Poverty

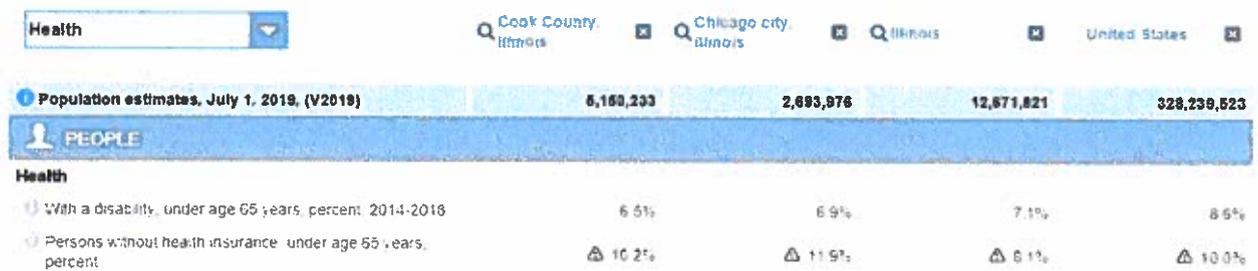


Figure 4.2: 2018 US Census Data, Health Insurance Access

Having a birth center in Chicago, therefore, would serve as an agent of positive change as follows:

- a. To provide a safe alternative for a more affordable price;
- b. To bring some real change to the practice patterns surrounding prevalence of C-sections, and
- c. To better align costs with the actual needs of the low-risk maternity patients, who are generally healthy, as well as motivated and engaged to seek the best possible care for themselves and their baby for this episode of care.

4. Cite the sources of the information provided as documentation.

American Association of Birthing Centers

Bonnie Rochman, "Midwife Mania? More U.S. Babies than Ever Are Delivered by Midwives", TIME, June 25, 2012

Childbirth Connection, Catalyst for Payment Reform, and the Center for Health Care Quality and Payment Reform, (transform.childbirthconnection)

Health Facilities Planning Board, 77 Illinois Administrative Code

<https://www.census.gov/quickfacts/fact/table/US/PST045218>

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> Howell, Embry, et al. "Potential Medicaid Cost Savings From Maternity Care Based At A Freestanding Birth Center." Medicare & Medicaid Research Review 4.3 (2014): E1-E13. Health Business FullTEXT. Web. 6 Nov. 2014.

<http://www.healthcarereportcard.illinois.gov/searches/county/DuPage>

Kozhimannil KB, Law MR, Virnig BA. Cesarean delivery rates vary 10-fold among US hospitals; reducing variation may address quality and cost issues. *Health Affairs*. 2013;32(3):527-535

National Birth Center Study I, 1989

National Birth Center Study II, 2013

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

The following community impact can be expected from the Birth Center of Chicago, offering a unique out-of-hospital birthing service to women in Chicago community:

- Those who are low risk and looking to minimize cost and overuse of technology will have an easily accessible, high quality, safe alternative in a comfortable home-like environment, that is currently not offered anywhere else in the region.
- Having a birth center in the Chicago area will act as an agent of positive change for curtailing both the growing trend of at-home births, and alarmingly high C-section rates and associated costs.
- Introducing a birth center to the health care resources for women's care will better align costs with the actual needs of the low-risk maternity patients, who are generally healthy, as well as motivated and engaged to seek the best possible care for themselves and their baby for this episode of care.
- Placing a birth center in Chicago, given its access to interstate as well as public transit, fulfills the need to provide easy access to the healthcare provider shortage areas.
- Finally, the Center's team of professionals will guide their clients through a very personal and quality birth experience, from prenatal care, natural childbirth, and full postpartum care. The Center will offer an array of educational classes including childbirth education, diet/exercise, as well as pregnancy massage/yoga and support group options. All new clients will receive a consultation to ensure that the birth center is the safest choice for mom and baby's needs.
- The owners of Birth Center of Chicago anticipate a healthy collaboration with community resources, having spoken with AMITA and Advocate hospitals in the area, contacted the area ambulance services, and spoken with the City Services. All are supportive of the Birth Center as a new offering in the community for women's health care.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals, as appropriate.

Based on birth statistics from the 2017 Illinois Health Care Report Card (www.healthcarereportcard.illinois.gov/), of the full and partial counties in the 20 to 25-mile radius around the Birth Center, there are approximately 41,000 births annually. Assuming industry-standard 83% for low risk births, and assuming industry-standard 6% of the eligible low risk patients choose a birth center experience, the following calculations were completed as the basis for Birth Center of Chicago pro forma projections:

41268.9	total births
83%	83% of pregnancies are low-risk
34253.2	low risk pregnancies
6%	Studies show 5-10% of women would choose birth center, estimating lower
2055	# of women that would choose a Birth Center
0.5 1/2	the year
1028	

Adjusting for a partial year in Year 1, the initial market estimate is 1,028 potential patients for the Center. Table 1 below carries forward calculations to account for the attrition that is expected to occur, due to risk or personal choice to opt-out of the birth center model of care (based on industry trends and confirmed by historic data from the applicant's other birth centers). Starting with the base figure of 375, the birth center volume is estimated by applying national birth center utilization statistics from AABC. The term "risked out" is used to reflect the attrition that occurs among patients who may start out at the birth center, but due to a variety of clinical factors, the patients no longer meet the birth center risk criteria. The term "transfer" is used to reflect the patients who require a transfer to higher level care either when they present or during labor. Accounting for the various attrition causes, Year 1 projection is for 270 births, and then projecting a very conservative 5% growth, based on growth assumptions recommended by the American Association of Birthing Centers (AABC), "How to Open a Birth Center", the Center expects a caseload of over 500 by Year 2, and topping 600 births by Year 5.

Table 1: Birth Center Utilization (10% Annual Growth, AABC Risk Out Statistics)

5% Projection Growth Over Five Years

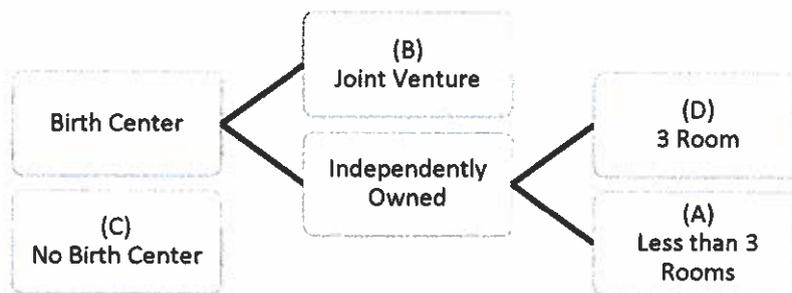
Utilization		Year 1	Year 2	Year 3	Year 4	Year 5
Orientation		1028	1079	1133	1190	1249
Registration	-10%	925	971	1020	1071	1124
Attrition	-19%	749	787	826	867	911
Due this Year	-50%	375	393	413	434	455
Carried over from last year			375	393	413	434
Total Caseload this year		375	768	806	847	889
Transfers: AP and PreAdmit	-18%	7	-138	-145	-152	160
admitted to BC		307	630	661	694	729
Transfers: IP after Admission	-12%	-37	-76	-79	-83	87
Births at Birth Center		270	554	582	611	641
per mos		23	46	48	51	53
per room		11	23	24	25	27
per midwife		5	9	10	10	11
		Year 1	Year 2	Year 3	Year 4	Year 5

For full details of revenue and expense pro forma projections, reference **Appendix F**.

Attachment 13: Alternatives

As with previous birth centers started and operated by the owners of Birth Center of Chicago, consideration was given to a number of alternatives before commencing plans for a two-bed, free-standing birth center, as follows:

- A) Build a birth center of a smaller scope.
- B) Enter in a joint venture with nearby hospital/health system.
- C) Rely on existing health care resources; i.e. “do nothing”, and continue with current in-hospital services and home birth services.
- D) Build an independently-owned, three-bed free-standing birth center.



Consideration of Option C vs Options A, B, or D: The first decision, as illustrated in the above decision tree, was whether or not to pursue a birth center of any type. The birth center choice resulted in the preferred choice based on three factors, lower C-section rate, lower cost of care, and comparable quality outcomes to the non-birth center settings, see Figure 1.

Figure 1: Birth Center vs. No Birth Center

Factor	Birth Center	No Birth Center
C-Section Rate	1 out of 16 (6%) nat'l avg for birth center ¹	25%-33% (2017 Illinois Hospital Report Card)
Cost of Care	70% of hospital ²	\$9,000 ³
Quality Outcomes⁴	Fetal mortality .47/1000 Neonatal mortality: .40/1000	Fetal mortality: .47/1000 Neonatal mortality: .40/1000

¹ National Birth Center Study II, 2013

² Vaginal delivery, Medicare and Medicaid Research Study, 2014

³ Center for Health Care Quality and Payment Reform (www.transform.childbirthconnection)

⁴ National Birth Center Study I, 1989

The “San Diego Birth Center Study – A Prospective Study” done in 1998, backed up the National Birth Center Study I, as it concluded, “Current results suggest similar morbidity and mortality between the birth center model and traditional care model, with less resource utilization translating to lower costs in the collaborative practice model. Results suggest that collaborative practice using a freestanding birth center as an adjunct to an integrated perinatal health care system may provide a quality, lower cost alternative for the provision of perinatal services.”

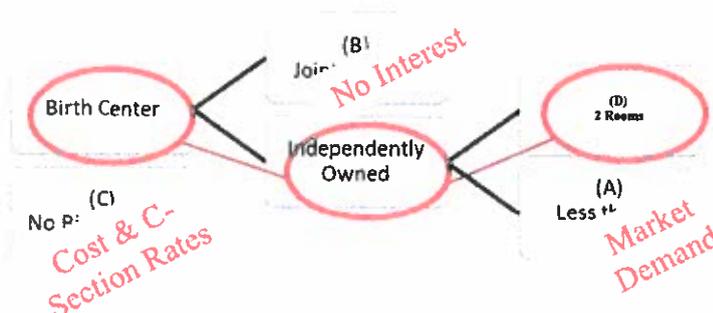
Besides the empirical data supporting birth centers, intuitively speaking, the birth centers’ model of care fosters a more wholistic approach to maternity care, including exercise, education and nutrition – all of which help to encourage a healthier start to families in the community. Such a care model is particularly valuable to low income patients who might not otherwise have access to this breadth of maternity care in traditional care settings. Birth centers offer a high quality and safe alternative comparable to the hospital setting, while keeping consistent with

trends to move low risk patients out of the hospital. Therefore, based on these arguments, Option C (no birth center) was rejected from further consideration.

Consideration of Option B vs Options A or D: Within the birth center option, consideration was given to either an independently-owned operation or a joint venture operation with an area hospital. The experience of the owners of Birth Center of Chicago, LLC, in both Illinois and Colorado, is that many hospitals have not become fully aware of the difference between a free-standing birth center as described in the Alternative Health Care Act and a birth center (obstetrics unit) in the hospital. It is usually after partnering with a free-standing center that the hospital leadership understands the safe guards and benefits of the free-standing birth center resource. Also, the legal opinion has always been concerning for the risk of Stark laws as it pertains to the anti-kickback statute. Since the free-standing birth center will be referring to hospitals for higher levels of care, it has been thought that's if there is a financial relationship it may fall foul of antikick back statute. In conversations and presentations to hospital leaders and other healthcare teams, the owners of the Birth Center explain how a birth center could actually open up new markets, given the larger geographic draw of birth centers, and thus produce new volume for the hospital and new revenue to the hospital from those birth center patients who risk out of the out-of-hospital option. While the hospitals may lose a small percentage of their current local business to the birth center, they have the opportunity to gain business from those patients who come from outside the hospital's normal market, seeking a birth center experience but who risk out, and therefore transfer into the hospital for higher level services. To date, none of the area hospitals have expressed in a partnership at this time, for the reasons described above; thus, they choose to reject Option B and move forward independently. The owners remain open to discussions with area hospitals for potential partnership in the future. However, in the interest of time, the owners prefer to move forward independently, to bring a unique service to the community.

Consideration of Option A vs D/Right Size of a Birth Center: Finally, the decision regarding scope/size of a free-standing birth center stems largely from the experience and market research of the ownership team. research and advice received from industry experts. Representatives from Birth Center of Chicago, LLC have attended the "How to Start a Birthing Center" Workshop offered by the American Association of Birthing Centers. They have also sought the advice of Dr. Steve Calvin, MD, perinatologist from the Minneapolis area and leading expert in birth center start-ups. In addition, have toured and interviewed over 15 Birth Centers nationwide. These experts recommend that a 2- or 3-bed model is a very manageable size for opening a birthing center. Market analysis prepared as part of the business plan bears out what the experts and others were advising: 2-3 beds supports approximately 250 births/year per room for three to five-year return on investment. Based on market research discussed in Attachment 12, projections based on industry and market data indicate the birth center in the proposed region of Cook County will draw a caseload of over 500 births by Year2 and over 600 by Year5. Given that each room with appropriate staffing can support 250 births/year, and the market calculations show a demand of more than 600 births/year, the decision was made to size the proposed birth center with two rooms. Start-up costs of a two-room, roughly 6000 square foot facility are approximately \$2.4M, and the owners of Burr Ridge Birth Center, LLC have raised the necessary funds to make this investment independently.

Summary of Decision:

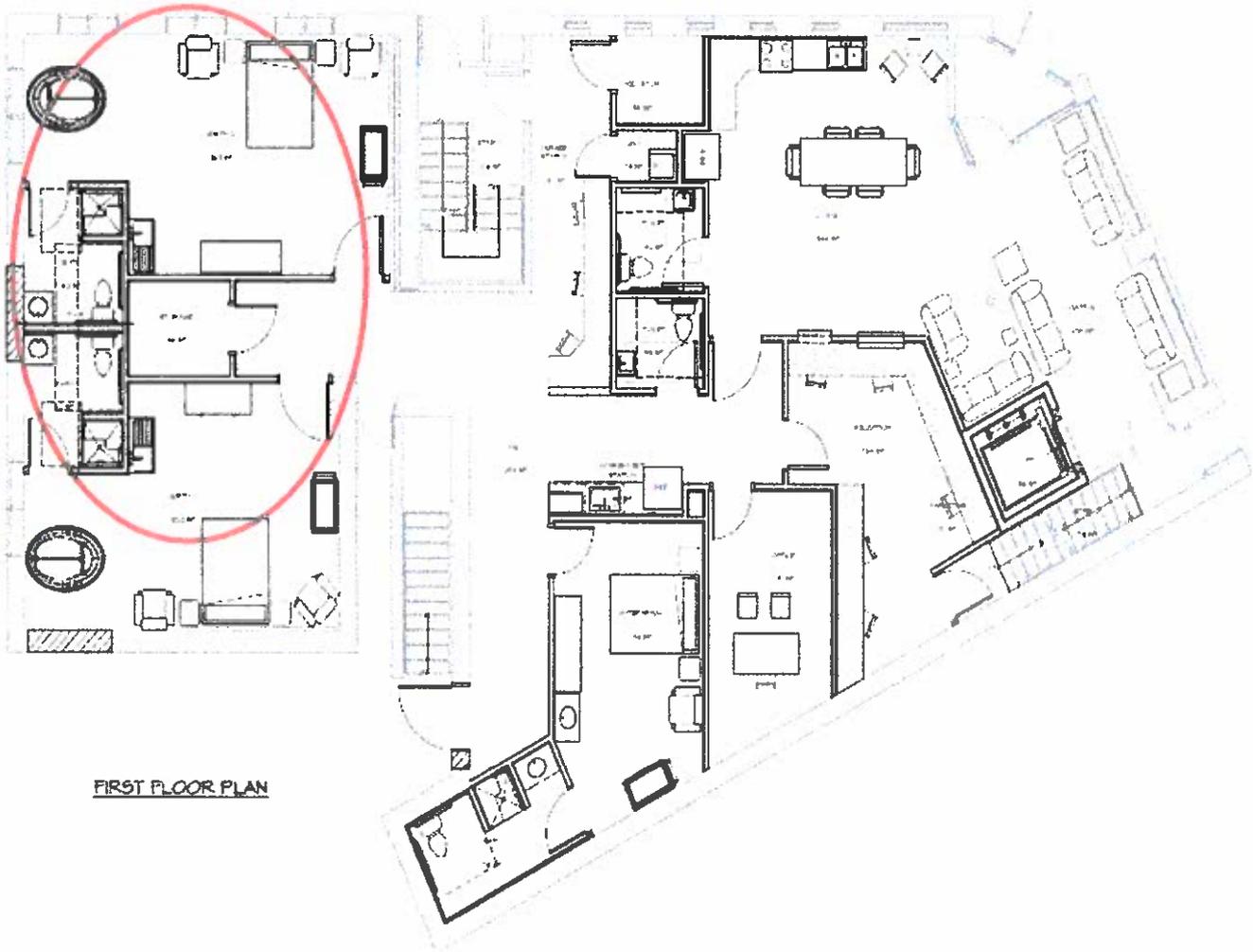


Attachment 14: Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Birth Room	382-425 sf per birthing room	Max. 2750 bgsf per birthing room *	Under by 2368-2325 sf	Yes, within standard

*Utilized Section 1110." APPENDIX B State and National Norms" for ASTC Treatment Rooms (2750 sf) as a proxy for birthing room needs. Similarly, same norms call for 476 sf for obstetric bed, which were also considered when creating dimension floorplans for proposed site.

According to Birth Center's floorplans:



FIRST FLOOR PLAN

Birth Room 1 = 382 sf = 320 + 62 (bathroom)

Birth Room 2 = 425 sf = 363 + 62 (bathroom)

Total	= 807 sf
--------------	-----------------

Attachment 14: Size of Project

The decision regarding scope/size of the birthing center stems from research and advice received from industry experts, as well as local market analysis, as discussed in Attachment 12/Question 6 and Attachment 13, and Attachment 32, and summarized here:

- Owners of applicant have attended the "How to Start a Birthing Center" Workshop offered by the American Association of Birthing Centers. They have sought the advice of Dr. Steve Calvin, MD, Perinatologist from the Minneapolis area and leading expert in birth center start-ups. In addition, to visiting and interviewing several birth centers across the country. These experts recommended that a 2- or 3-bed model is a very manageable size for opening a birthing center. (Reference Attachment 13)
- Market studies of the Birth Center of Chicago market bore out what the experts and others were advising. The market research for this area projects approximately 270 births in Year1, and conservative growth estimates for 582 by Year3 and 641 by Year5. (Attachment 12/Question 6)
- Determination for caseload per room is based on the following calculations. (Attachment 32/1110.275(b)(4) Bed Capacity)

Assumptions:

- Turnover rate per bed = 22 hours
 - 18 hours for labor, delivery, recovery and postpartum
 - 4 hours for room cleaning/restocking)
 - 22 total hours / 24 hours per day = .92
- Maximum capacity staffing = 5 midwives

Volume Calculations and Market Demand

- Single room capacity: $365 \text{ days per year} / .92 \text{ days per birth} = 397 \text{ births/year}$ for each birth room.
- Two room capacity: $397 \text{ births/year per room} \times 2 \text{ rooms} = 794 \text{ births per year}$.
 - Market demand pro forma estimate with maximum capacity staffing, the Center will reach capacity at 641 births Year5 divided by 794 = 81% of maximum capacity.
- Additionally, the Birth Center will have additionally capacity with the combination antepartum/postpartum room for overflow
 - 4 hours for postpartum care
 - 4 hours for room cleaning/restocking)
 - 8 total hours / 24 hours per day = .33
 - $365 \text{ days per year} / .33 \text{ days per birth} = 1106 \text{ postpartum care per year}$ for this room

Attachment 15: 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.

No response from applicant; this section not applicable due to no utilization standards for this project.

Attachment 16: Unfinished Shell Space

Provide information about square footage and use of unfinished shell space.

No response from applicant; this section not applicable due to no shell space for this project.

Attachment 17: Assurances

Provide assurances about completion of unfinished shell space.

No response from applicant; this section not applicable due to no shell space for this project.

Attachment 32: Birth Center Review Criteria**► Criterion 77 IAC 1110.275(b)(1) – “Location”**

1. *Document that the proposed birth center will be located in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.*

The Alternative Healthcare Delivery Act sets forth (specified in Section 1110.275 of the Administrative Rules that pertain to the Alternative Healthcare Delivery Act) that there shall be no more than 10 birth center alternative health care models in the demonstration program including: i) a total of 4 located in the combined Cook, DuPage, Kane, Lake, McHenry and Will counties; ii) a total of 3 located in municipalities with a population of 50,000 or more not located in an area described in subsection (b)(1)(A)(i); and iii) a total of 3 located in rural areas. Further, it specifies that for each of the geographic areas, that one birth center shall be owned or operated by a hospital and one birth center shall be owned and operated by a federally qualified health center.

The Center meets the aforementioned location requirements as follows: The proposed site is 3832 N Lincoln Avenue, Chicago, IL 60613, in Cook County, as verified by **Appendix G**, the Real Estate listing. It will be the fourth (of ten allowed) birth center in the state, and the third (of four allowed) in the combined areas of Cook, DuPage, Kane, Lake, McHenry and Will Counties, based on a review of the birth centers. Currently, according to the Association of Birth Centers, there are currently a total of two freestanding birth centers in operation in Illinois: one in Cook County at Birth Center at PCC in Berwyn, and one in downstate McLean County at Birth Center of Bloomington-Normal in Bloomington, IL.

2. *Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.*

Proof of the Birth Center of Chicago location is documented in Attachment 2, the Letter of Intent for Lease Agreement between property owner of proposed site and owner of Birth Center of Chicago. The private ownership of this Center is documented in Attachment 1f, the Secretary of State Certification of Good Standing.

► Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”

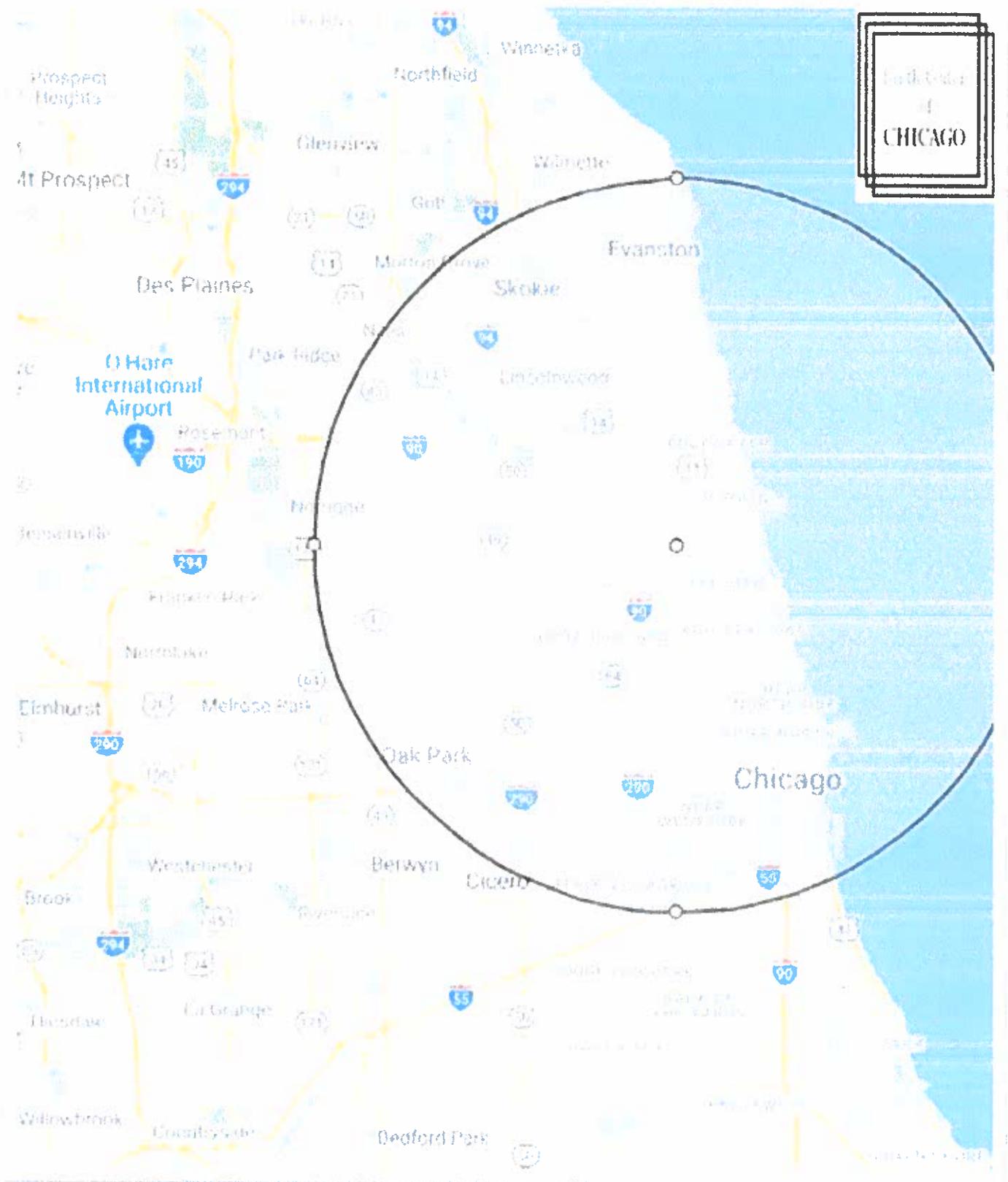
Document whether the proposed site is located in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be located in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

The Center will be the first (of two allowed) birth centers in the A-01-5 Planning Area for obstetric services. The A-01-5 Planning Area encompasses Cook County – North Center, according to the Inventory of Health Care Services and Facilities, published by Health Facilities and Services Review Board and Illinois Department of Public Health (2017). An image of the A-01-5 Planning Areas is included in **Appendix H**. Further, the Center will be situated in a shortage area for Cook County, where there are communities identified as being medically underserved and/or having healthcare professional shortages, according to Health Resources & Services Administration (HRSA), <https://data.hrsa.gov/tools/shortage-area/mua-find>; and <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

Refer to Figures 1 and 2 below, which show market area and underserved/shortage areas, respectively. As discussed in Attachment 12a and 12b, birth centers traditionally having a larger marketing radius than hospitals, ranging between 20-25 miles, according to studies shared by the American Association of Birthing Centers (AABC). This market radius is the area shaded in Figure 1, which covers Cook County.

Attachment 32: Birth Center Review Criteria

Figure 1: Birth Center of Chicago Proposed Location & Market Area

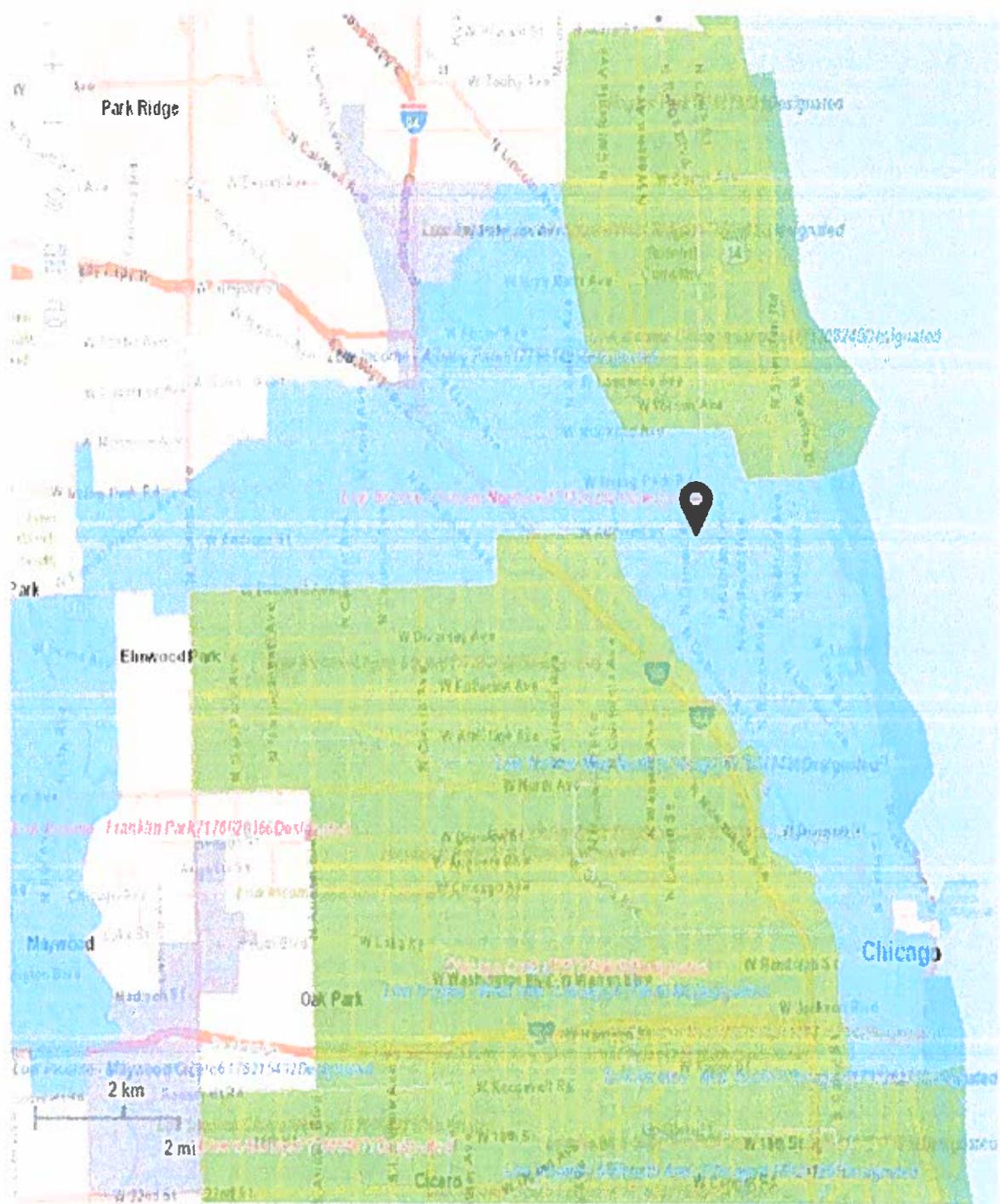


Attachment 32: Birth Center Review Criteria

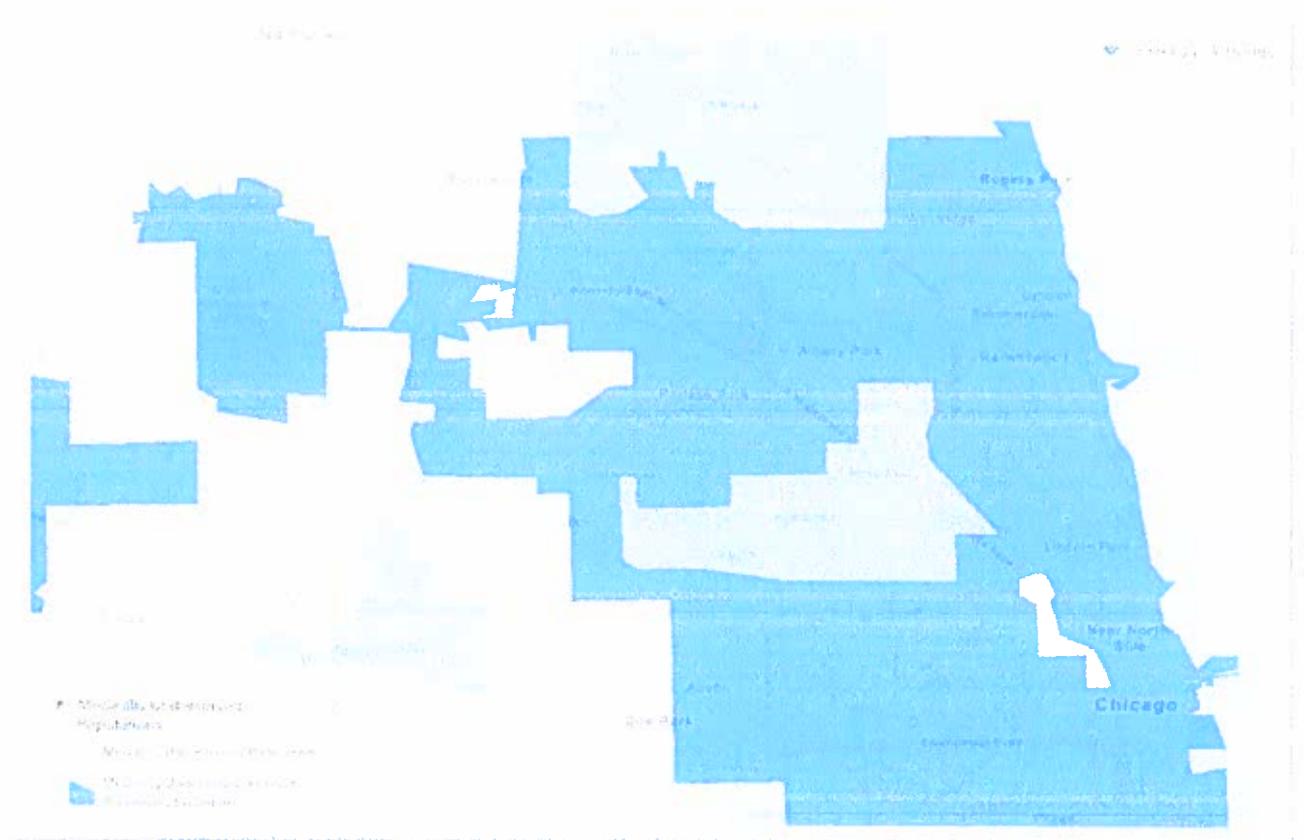
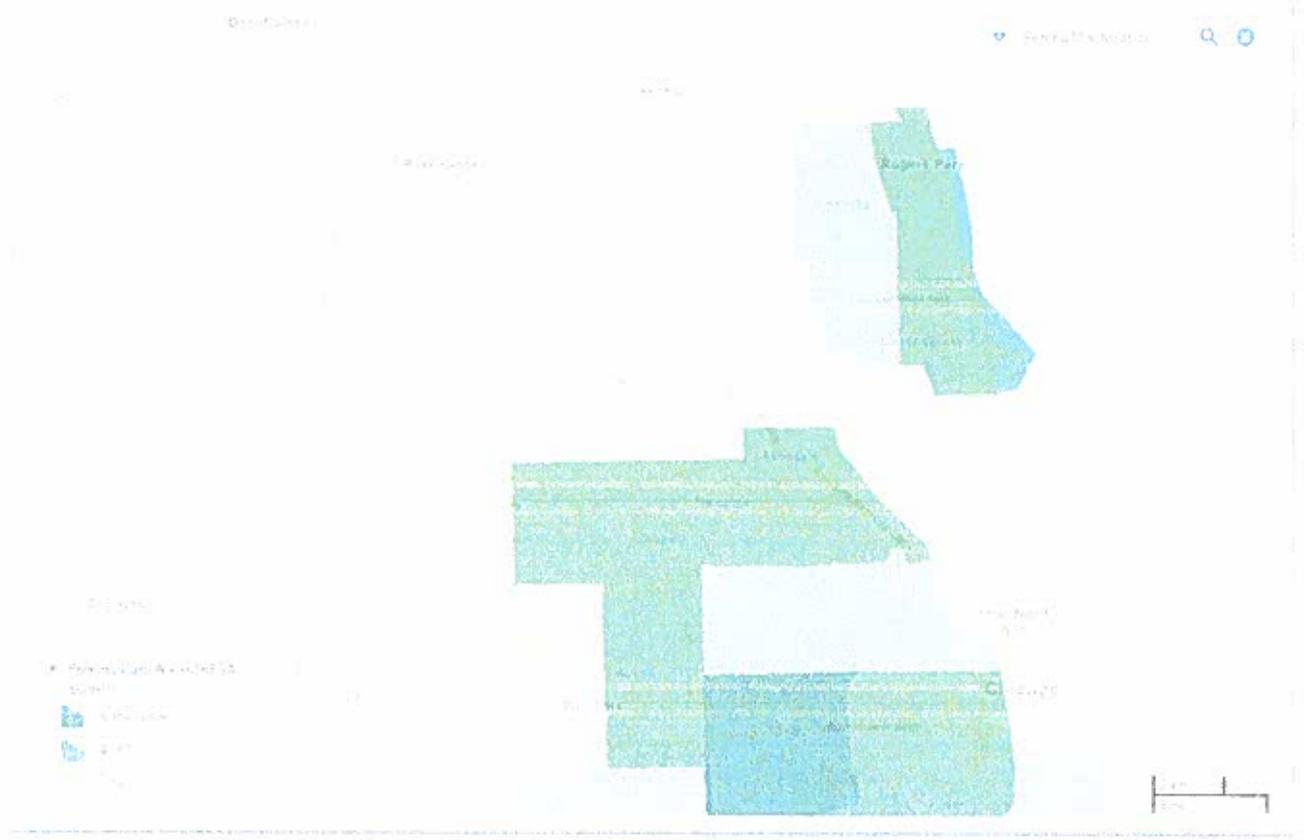
Figure 2 outlines the communities within the Center's market area that are identified as being medically underserved (blue shading) and having health professional shortages for primary care (green shading).

HPSA Data as of 05/20/2020

MUA Data as of 05/20/2020



Attachment 32: Birth Center Review Criteria



Attachment 32: Birth Center Review Criteria

The Chicago/Lakeview location will be entering into a transfer agreement with nearby Advocate Illinois Masonic Medical Center (discussed in a later criterion of this Section V).

▶ **Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”**

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

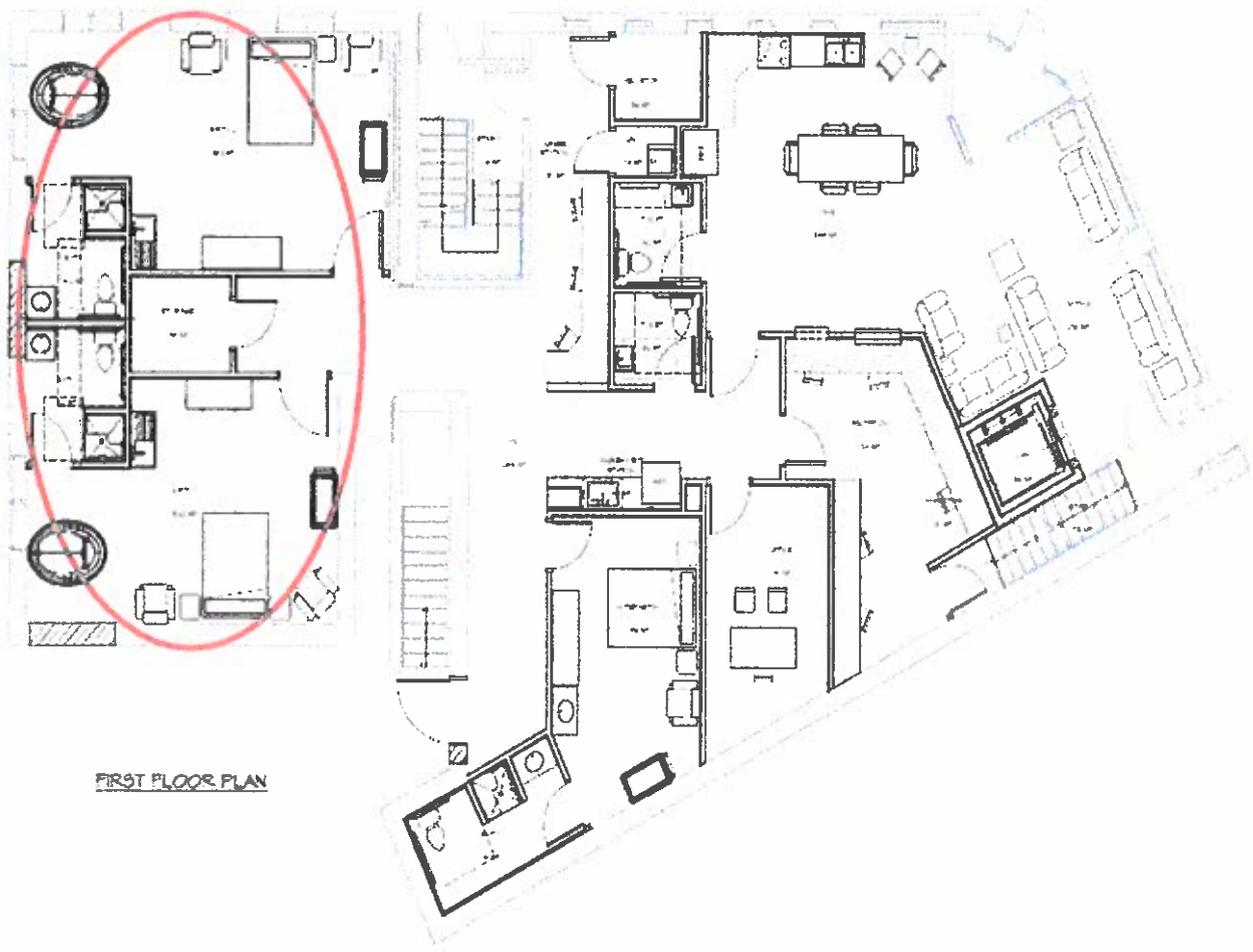
The admission policy to be in effect at the Center, and a signed statement from the Center’s ownership affirming no restrictions on admissions due to payor source are included in **Appendix I**.

▶ **Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”**

Provide documentation that the proposed birth center will have no more than 10 beds.

As shown in the preliminary architectural drawing (Figure 1), Birth Center of Chicago will have 2 birth room beds to support nearly 300 births in year one, with growth capacity to 500-750 annually, from Year3-5. A full set of Architectural drawings ready for IDPH approval is included as **Appendix J**. Capacity calculations and market demand assumptions that drove the two-room design follow below:

Figure 1: Birth Center’s floorplan



Attachment 32: Birth Center Review CriteriaCapacity and market demand documentation for the two-room design:Assumptions:

- Turnover rate per bed = 22 hours
 - 18 hours for labor, delivery, recovery and postpartum
 - 4 hours for room cleaning/restocking)
 - 22 total hours / 24 hours per day = .92
- Maximum capacity staffing = 5 midwives

Volume Calculations and Market Demand

- Single room capacity: 365 days per year/.92 days per birth = 397 births/year for each birth room.
- Two room capacity: 397 births/year per room x 2 rooms = 794 births per year.
 - Market demand pro forma estimate with maximum capacity staffing, the Center will reach capacity at 641 births Year5 divided by 794 = 81% of maximum capacity.
- Additionally, the Birth Center will have additionally capacity with the combination antepartum/postpartum room for overflow
 - 4 hours for postpartum care
 - 4 hours for room cleaning/restocking)
 - 8 total hours / 24 hours per day = .33
 - 365 days per year/.33 days per birth = 1106 postpartum care per year for this room

► Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

Provide a narrative explanation of how the proposed staffing will be achieved.

The pool of candidates for the Birth Center is expected to come primarily from Cook County-based healthcare professionals, in order to keep commute time at a minimum particularly for on-call duties. Candidates from area hospitals and medical offices will be the primary source for applicants. Bringing an alternative healthcare delivery model such as a birth center to the community will give a dedicated place for certified nurse midwives and clinical staff to practice their profession.

To stimulate interest in potential applicants, the owners of Birth Center plan to hold a staffing outreach events. Currently, planners for this event have a list of over 100 interested attendees, representing midwives, nurses, doulas, lactation consultants as well as support professionals such as counselors, chiropractors, prenatal massage therapist, birth photographers, birth related resources. In addition, many health providers for women and children, such as pediatricians, family practice providers, and OBGYNs have expressed interest in attending this event.

Refer to **Appendix K** for Letters of Support, most of which come from women’s health care professionals.

Attachment 32: Birth Center Review Criteria**▶ Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”**

Provide documentation of a contractual agreement that has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Birth Center of Chicago, LLC (Lakeview Birth Center) has a signed contractual agreement with Advocate Illinois Masonic Medical Center for the referral and transfer of patients in need of an emergency caesarian delivery, as shown in **Appendix L**. In addition, in **Appendix M** is the agreement for EMS transfers. **Appendix N** shows several maps illustrating distances and routes between the Center and area EMS/Ambulance Services, as well as all nearby hospitals, including Advocate Illinois Masonic Medical Center.

▶ Criterion 77 IAC 1110.275(b)(7) – “Education”

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

The Birth Center will use a group care model for its education. This model is often referred to as Centering, and will encompass education and support of pregnant women who plan to birth at the birth center. Under the direction of a birthing center practitioner, 8-12 women of similar gestational ages will meet together, to participate in discussions, and develop a support network with other group members. Each pregnancy group meets throughout pregnancy and early postpartum. This model promotes greater client engagement, personal empowerment and community-building. Other services that will be provided to the community would be childbirth preparation, childbirth refresher courses, doula services, newborn care classes and breastfeeding classes. The ownership, leadership and practitioners of the Center support working work with local agencies such as the Health Department’s staff to connect patients with the necessary resources for physical, emotional and financial well-being.

▶ Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”

An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided

Birth Center of Chicago has a transfer agreement (see **Appendix L**, referenced in previous criterion) with Advocate Illinois Masonic Medical Center, which offers Level III Perinatal services with neonatal intensive care unit (NICU).

▶ Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”

Document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

A signed statement from the Center’s ownership affirming that that the Center will be certified to participate in Medicare and Medicaid per the criteria outlined in Criteria 77 IAC 1110.275(b)(9) is included in **Appendix O**.

▶ Criterion 77 IAC 1110.275(b)(10)- “Charity Care”

Provision of a copy of the charity care policy that will be adopted by the proposed birth center.
A copy of the charity care policy that will be adopted by the Center is included in **Appendix P**.

Attachment 32: Birth Center Review Criteria

► **Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”**

Provision of a copy of the quality assurance policy that will be adopted by the proposed birth center.

A copy of the quality assurance policy that will be adopted by the Center is included in **Appendix Q**.

Attachment 33: Availability of Funds

Document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable.

All funding has been privately raised from investors in Burr Ridge Birth Center, or is coming from the building owner in Tenant Improvement Allowance.

- See Attachments 3, 4 and 11 for information about investors. The total amount of investment is \$1,500,000 from nine private entities. All funds will be available in Year 0 for the project start-up. A notarized summary of the anticipated pledges is included in **Appendix R**, and individual attestation statements are included in **Appendix S**.
- Documentation of the Tenant Improvement Allowance is included in the Lease Letter of Intent, under section "Tenant Improvement Allowance" (See Attachment 2), indicating \$75/sf of approximately 6382 sf, equivalent to \$478,650, and will be complete upon execution of lease.

Attachment 34: Financial Viability Waiver

Per Section 1120.130, the applicant is NOT required to submit if all project capital expenditures are completely funded through internal resources. As documented in Attachment 33, this is the case for this project. Documentation of internal resources availability is included in Appendices R and S, noted above.

Attachment 35: Financial Viability Ratios

Per Section 1120.130, the applicant is NOT required to submit ratios if all project capital expenditures are completely funded through internal resources. As documented in Attachment 33, this is the case for this project. Documentation of internal resources availability is included in Appendices R and S, noted above.

Attachment 36: Economic Feasibility

A Reasonableness of Financing Arrangements - Document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests 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.

Refer to

- **Appendix R**, a notarized summary of the anticipated pledges from investing entities.
- **Attachment 2**, section "Tenant Improvement Allowance", indicating \$75/sf of approximately 5489 sf.

B Conditions of Debt Financing -- Not applicable to this project since no debt financing is involved.

C Reasonableness of Project and Related Costs -- See page 44 of application

D Project Operating Costs -- See below and also Appendix F for larger font version.

BIRTH CENTER of CHICAGO OPERATING EXPENSE WORKSHEET						
EXPENSES	Start-Up Cost	Year 1 2020	Year 2 2021	Year 3 2022	Year 4 2023	Year 5 2024
	(thousands)	\$72	\$42	\$72	\$07	\$43
Payroll						
Payroll Salaries	\$52,000	\$705,000	\$665,500	\$1,013,775	\$1,056,863	\$1,108,912
Personal Taxes - 12%	\$9,840	\$131,200	\$115,860	\$171,653	\$176,700	\$182,859
Benefits - 3%	\$4,100	\$52,800	\$49,665	\$73,413	\$75,897	\$78,777
Employee 401K - 1%	\$0	\$0	\$0	\$0	\$31,697	\$32,707
Employee CME / CEU / Education / Training	\$0	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Employee Recruitment / Moving	\$10,000	\$10,000	\$10,500	\$11,025	\$11,575	\$12,155
OPERATING PAYROLL TOTALS	\$76,040	\$899,000	\$851,925	\$1,209,863	\$1,275,965	\$1,353,311
EXPENSES						
Bad Debt Expense (2% Revenue)	\$0	\$37,633	\$76,402	\$80,395	\$84,437	\$88,766
Bank Fees (0.3% Revenue)	\$0	\$9,470	\$19,101	\$20,090	\$21,106	\$22,161
Building Rent \$35 per sq ft 489	\$0	\$241,516	\$253,722	\$266,271	\$279,595	\$293,584
Build out (8201) 7000 total building contingency	\$173,170					
Operating (18,374) per month	\$411,676					
Charitable Contributions	\$0	\$1,000	\$2,100	\$2,200	\$2,315	\$2,411
Client Care - Lab Fees (1%)	\$0	\$18,118	\$39,201	\$40,198	\$42,319	\$44,383
Client Care - Mileage Reimbursement / Travel	\$0	\$12,000	\$25,000	\$26,000	\$27,000	\$28,000
Client Care - Supplies - Drugs & Medical	\$50,000	\$100,000	\$100,000	\$104,000	\$110,250	\$115,763
Client Care - Supplies - Educational Materials	\$1,000	\$1,000	\$1,000	\$1,100	\$1,200	\$1,315
Client Care - ultrasound	\$0	\$34,000	\$70,000	\$73,500	\$77,175	\$81,034
Furniture	\$0	\$5,000	\$5,200	\$5,513	\$5,788	\$6,126
Gas	\$0	\$1,000	\$2,200	\$1,100	\$2,295	\$2,335
Insurance - General	\$1,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,078
Insurance - Professional	\$0	\$100,000	\$105,000	\$110,250	\$115,763	\$121,551
IT & Security	\$0	\$4,200	\$4,200	\$4,410	\$4,631	\$4,862
Laundry and Dry Cleaning	\$0	\$1,000	\$1,050	\$1,103	\$1,158	\$1,210
Loan - Principal Expense	\$0	\$10,000	\$10,200	\$11,025	\$11,575	\$12,155
Loan - Payments	\$0	\$12,000	\$12,600	\$13,230	\$13,942	\$14,586
Loan - Line of Credit	\$0	\$24,000	\$25,300	\$26,460	\$27,783	\$29,172
Maintenance / Repairs	\$0	\$2,000	\$2,325	\$2,750	\$2,884	\$3,033
Marketing / Advertising	\$10,000	\$15,750	\$16,538	\$17,364	\$18,235	\$19,144
Meals & Entertainment	\$500	\$2,400	\$3,000	\$3,760	\$3,860	\$4,167
Membership / Dues / Subscriptions	\$2,000	\$1,000	\$2,200	\$2,513	\$2,788	\$3,038
Minor Equipment	\$0	\$3,500	\$3,871	\$10,000	\$3,688,75	\$4,052
Postage / Shipping	\$1,000	\$1,000	\$1,100	\$1,200	\$1,315	\$1,341
Printing / Copying	\$2,000	\$3,000	\$3,150	\$3,325	\$3,475	\$3,647
Professional Accounting / Bookkeeping	\$6,000	\$6,000	\$6,300	\$6,615	\$6,946	\$7,293
Professional Architect	\$40,000	\$0	\$0	\$0	\$0	\$0
Professional Billing Service (0%)	\$0	\$11,700	\$22,200	\$24,155	\$25,317	\$26,629
Professional Consultation	\$10,000	\$4,000	\$2,500	\$2,625	\$2,758	\$2,894
Professional Legal	\$20,000	\$2,000	\$2,250	\$2,500	\$2,694	\$2,839
Professional Medical Director	\$0	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Professional OB Coverage	\$0	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Regulatory - Accreditation	\$10,000	\$5,000	\$5,500	\$5,513	\$5,788	\$6,078
Regulatory - Licenses	\$3,000	\$6,000	\$6,000	\$6,400	\$6,820	\$7,261
Retained Earnings - Bank Pledge/Requirement	\$0	\$0	\$100,000	\$100,000	\$110,250	\$115,763
Retained Earnings - Charity Care	\$0	\$0	\$10,000	\$10,000	\$10,000	\$10,000
Retained Earnings - Future	\$0	\$0	\$10,000	\$10,000	\$11,225	\$11,710
Supplies - Janitor / Cleaning / Laundry	\$0	\$2,000	\$2,200	\$2,325	\$2,450	\$2,575
Supplies - Office	\$1,000	\$5,000	\$8,000	\$8,400	\$8,820	\$9,261
Uniforms	\$0	\$2,000	\$4,000	\$4,200	\$4,410	\$4,631
Utilities - Energy	\$1,000	\$3,600	\$4,000	\$4,200	\$4,410	\$4,631
Utilities - Gas	\$1,000	\$2,400	\$2,500	\$2,640	\$2,778	\$2,917
Utilities - Internet	\$1,000	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Utilities - Telephone	\$1,000	\$3,600	\$3,780	\$3,960	\$4,140	\$4,320
EXPENSES	\$2,298,000	\$1,709,121	\$2,380,544	\$2,504,749	\$2,644,911	\$2,778,113
TOTAL EXPENSE						
OPERATING PAYROLL TOTALS						
EXPENSES						
Start-Up Cost						
Year 1						
Year 2						
Year 3						
Year 4						
Year 5						

E Effect of the Project on Capital Costs -- No additional capital costs are expected in the first full year at target utilization.

Attachment 37: Safety Impact Statement

The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

The Birth Center of Chicago will also offer educational and counseling services to its patients that will help those in need to know how to navigate and obtain necessary social services. The applicant has a history with its other birth centers of cooperating with area health department's family case management to help connect pregnant women to health and wellness services.

The proposed site of the Birth Center of Chicago will serve residents of medically underserved and healthcare professional shortage areas, within its market area. Details are discussed in Attachment 12 and Attachment 32.

The applicant has affirmed that that the Center will be certified to participate in Medicare and Medicaid, and has affirmed that it will have a Charity Care Policy, per Attachment 32; and has estimated in Attachment 38 that it may incur approximately 1/2% of its net patient revenue in charity care expense.

Attachment 38: Charity Care

The mission of Birth Center of Chicago is to provide a high-quality, cost effective out-of-hospital birth experience for low-risk pregnant mothers and babies, for prenatal care, natural childbirth, and full postpartum care. Inherent in the Center's mission are values of respect and compassion for all human beings. With its mission and values as its guiding philosophy, the Birth Center of Chicago is committed to always putting the needs of the patient first, and thus enacting a charitable policy designed to meet the needs of patients with difficult financial circumstances. See Appendix K for the Center's full Charity Care policy.

Projected patient mix by payer source is shown below in Table 1. Blue Cross is expected to be the largest payor at 40% and other commercial plans accounting for another 30%. Tricare and Medicaid plans will account for another 10% each; and cost sharing plans and self-pay patients will account for 5% each. The applicant's experience with other birth centers shows successful coverage of assistance/direction with insurance coverage, and Medicaid plans.

Given the strict health and safety criteria for treating birth center patients, prospective patients qualifying for charity care typically risk out due to the state's criteria with other related items. In these instances, the Center's staff would make sure these patients/ clients would be referred to the appropriate care providers and facilities. Based on historical data from other birth centers owned and operated by the applicants, it is anticipated that approximately 1/2% net patient revenue annually in charity care expense, Charity Care has been accounted as an expense in the retained earnings category in the expense worksheet (Table 2).

Table 1:

BIRTH CENTER REVENUE WORKSHEET (based on 6% rate of choice)

Patient Revenue	%, Clients	Amount Paid	Year 1		Year 2		Year 3		Year 4		Year 5	
			Volume	Revenue								
TOTAL OB AND NB CARE			270		554		582		611		641	
insurance payment	10%	\$ 1,600	27	\$ 43,200	55	\$ 88,000	58	\$ 92,800	61	\$ 97,600	64	\$ 102,400
insurance payment	10%	\$ 1,800	27	\$ 48,600	55	\$ 99,000	58	\$ 104,400	61	\$ 109,800	64	\$ 115,200
insurance payment	10%	\$ 3,548	27	\$ 95,796	55	\$ 195,140	58	\$ 205,784	61	\$ 216,428	64	\$ 227,072
insurance payment	10%	\$ 3,400	27	\$ 91,800	55	\$ 187,000	58	\$ 197,200	61	\$ 207,400	64	\$ 217,600
insurance payment	40%	\$ 3,542	108	\$ 382,636	222	\$ 785,324	233	\$ 825,286	244	\$ 864,248	257	\$ 910,294
insurance payment	10%	\$ 3,917	27	\$ 105,759	55	\$ 215,435	58	\$ 227,186	61	\$ 238,937	64	\$ 250,688
cost sharing plans	5%	\$ 3,000	14	\$ 40,542	28	\$ 83,112	29	\$ 87,267	31	\$ 91,630	32	\$ 96,212
self-pay	5%	\$ 3,000	14	\$ 40,542	28	\$ 83,112	29	\$ 87,267	31	\$ 91,630	32	\$ 96,212
Facility SERVICE FEES	100%		270		554		582		611		641	
insurance payment	10%	\$ 1,700	27	\$ 45,900	55	\$ 93,500	58	\$ 98,600	61	\$ 103,700	64	\$ 108,800
insurance payment	10%	\$ 1,800	27	\$ 48,600	55	\$ 99,000	58	\$ 104,400	61	\$ 109,800	64	\$ 115,200
insurance payment	10%	\$ 3,500	27	\$ 94,600	55	\$ 192,500	58	\$ 203,900	61	\$ 213,600	64	\$ 224,000
insurance payment	10%	\$ 3,300	27	\$ 89,100	55	\$ 181,500	58	\$ 191,400	61	\$ 201,300	64	\$ 211,200
insurance payment	40%	\$ 2,500	108	\$ 270,000	222	\$ 555,000	233	\$ 582,500	244	\$ 610,000	257	\$ 642,500
insurance payment	10%	\$ 6,700	27	\$ 180,900	55	\$ 363,500	58	\$ 388,600	61	\$ 408,700	64	\$ 428,800
cost sharing plans	5%	\$ 4,000	14	\$ 54,056	28	\$ 110,915	29	\$ 116,356	31	\$ 122,174	32	\$ 128,283
self-pay	5%	\$ 3,500	14	\$ 47,299	28	\$ 96,963	29	\$ 101,812	31	\$ 106,902	32	\$ 112,247
Transfers & Attrition, Infant & GYN												
AP Attnon Initial OB Visit		\$ 100	375	\$ 37,500	768	\$ 76,800	806	\$ 80,600	847	\$ 84,700	889	\$ 88,900
AP Transfer Prenatal & PreAdmt		\$ 500	67	\$ 33,500	138	\$ 69,000	145	\$ 72,500	152	\$ 76,000	160	\$ 80,000
AP Transfer Facility Services Fee		\$ 500	37	\$ 18,500	76	\$ 38,000	79	\$ 39,500	83	\$ 41,500	87	\$ 43,500
Infant fees		\$ 300	270	\$ 81,000	554	\$ 166,200	582	\$ 174,600	611	\$ 183,300	641	\$ 192,300
Office Visits and Procedures (10 per mo)		\$ 100	150	\$ 12,000	152	\$ 13,200	145	\$ 14,500	160	\$ 16,000	176	\$ 17,600
Other Revenue												
Breastfeeding				\$ 5,000		\$ 5,500		\$ 6,050		\$ 6,655		\$ 7,321
Education / Classes				\$ 5,000		\$ 5,500		\$ 6,050		\$ 6,655		\$ 7,321
Ultrasounds				\$ 10,000		\$ 11,000		\$ 12,100		\$ 13,310		\$ 14,641
TOTAL REVENUE				\$ 1,881,631		\$ 3,820,101		\$ 4,019,758		\$ 4,221,870		\$ 4,438,290
				Year 1		Year 2		Year 3		Year 4		Year 5

Table 2:

BIRTH CENTER of CHICAGO
OPERATING EXPENSE WORKSHEET

EXPENSES	Start-Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5
	2020	2021	2021	2022	2023	2024
	delivery estimates	273	542	572	407	643
Payroll						
Payroll Subtotal	\$82,000	\$760,000	\$965,500	\$1,013,775	\$1,056,583	\$1,106,912
Personnel Taxes - 12%	\$9,840	\$91,200	\$115,860	\$121,653	\$126,790	\$132,829
Benefits - 3%	\$4,100	\$22,800	\$29,965	\$30,413	\$31,697	\$33,207
Employee 401K - 1%	\$0	\$0	\$0	\$0	\$31,697	\$33,207
Employee CME / CEU / Education / Training	\$0	\$10,000	\$15,000	\$15,000	\$15,000	\$15,000
Employee Recruitment / Moving	\$10,000	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155
PERSONNEL PAYROLL TOTALS	\$105,940	\$894,000	\$1,135,825	\$1,191,868	\$1,273,344	\$1,333,311
EXPENSES						
Bad Debt Expense (2% Revenue)	\$0	\$37,633	\$76,402	\$80,395	\$84,437	\$88,766
Bank Fees (0.5% Revenue)	\$0	\$9,408	\$19,101	\$20,099	\$21,109	\$22,191
Building / Rent \$36 per sq 5489	\$0	\$241,516	\$253,592	\$266,271	\$279,585	\$293,564
Build out (\$201,700 total building contingency)	\$1,533,700					
Building IA \$/sq per sq 5489	-\$411,675					
Charitable Contributors	\$0	\$2,000	\$2,100	\$2,205	\$2,315	\$2,431
Client Care - Lab Fees (1%)	\$0	\$18,816	\$38,201	\$40,198	\$42,219	\$44,383
Client Care - Mfrage Reimbursement / Travel	\$0	\$12,000	\$25,000	\$26,250	\$27,563	\$28,941
Client Care - Supplies - Drugs & Medical	\$0	\$50,000	\$100,000	\$105,000	\$110,250	\$115,763
Client Care - Supplies - Educational Materials	\$0	\$1,000	\$2,000	\$2,100	\$2,205	\$2,315
Client Care - Ultrasound	\$0	\$35,000	\$70,000	\$73,500	\$77,175	\$81,034
Furniture	\$0	\$5,000	\$5,250	\$5,513	\$5,788	\$6,076
Gifts	\$0	\$1,000	\$2,000	\$2,100	\$2,205	\$2,315
Insurance - General	\$5,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,076
Insurance - Professional	\$0	\$100,000	\$105,000	\$110,250	\$115,763	\$121,551
IT & Security	\$0	\$4,000	\$4,200	\$4,410	\$4,631	\$4,862
Laundry and Dry Cleaning	\$0	\$1,000	\$1,050	\$1,103	\$1,158	\$1,216
Loan - Interest Expense	\$0	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155
Loan - Payments	\$0	\$12,000	\$12,600	\$13,230	\$13,892	\$14,586
Loan - Line of Credit	\$0	\$24,000	\$25,200	\$26,460	\$27,783	\$29,172
Maintenance / Repairs	\$0	\$2,500	\$2,625	\$2,756	\$2,894	\$3,039
Marketing / Advertising	\$15,000	\$15,750	\$16,538	\$17,364	\$18,233	\$19,144
Meals & Entertainment	\$500	\$2,400	\$3,600	\$3,750	\$3,909	\$4,167
Membership / Dues / Subscriptions	\$2,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,076
Minor Equipment	\$0	\$3,500	\$3,675	\$3,860	\$4,056	\$4,262
Postage / Shipping	\$1,000	\$3,000	\$3,150	\$3,309	\$3,473	\$3,647
Printing / Copying	\$2,000	\$3,000	\$3,150	\$3,309	\$3,473	\$3,647
Professional Accounting / Bookkeeping	\$6,000	\$6,000	\$6,300	\$6,615	\$6,946	\$7,293
Professional Architect	\$82,000	\$0	\$0	\$0	\$0	\$0
Professional Billing Service (5%)	\$0	\$112,898	\$229,206	\$241,185	\$253,312	\$266,297
Professional Consultation	\$10,000	\$5,000	\$2,500	\$2,625	\$2,756	\$2,894
Professional Legal	\$20,000	\$3,500	\$2,625	\$2,756	\$2,894	\$3,039
Professional Medical Director	\$0	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Professional OB Coverage	\$0	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Regulatory - Accreditations	\$10,000	\$5,000	\$2,500	\$2,625	\$2,756	\$2,894
Regulatory - Licenses	\$8,000	\$6,000	\$6,000	\$6,400	\$6,820	\$7,261
Retained Earnings - Bank Payback/Requirement	\$0	\$0	\$100,000	\$105,000	\$110,250	\$115,763
Retained Earnings - Charity Care	\$0	\$9,500	\$19,750	\$21,500	\$22,000	\$22,500
Retained Earnings - Future	\$0	\$0	\$10,000	\$10,500	\$11,025	\$11,576
Supplies - Janitor / Cleaning / Laundry	\$0	\$2,500	\$2,625	\$2,756	\$2,894	\$3,039
Supplies - Office	\$5,000	\$5,000	\$5,000	\$5,400	\$5,820	\$6,261

INDEX OF APPENDICES		PAGE
A.	Architect Estimate Burr Ridge Site/Selected Site	122
B.	Architect Estimate for Alternative Site Considered/Not Chosen	123-124
C.	Construction Project Bid Tarter	125
D.	Phone and IT Bid Brick Technology	126-131
E.	Parking and Bus Line Access to Site	132-135
F.	Revenue and Expense Pro Form Projections, Year 1-5	136-139
G.	Real Estate Listing for 7000 County Line Road Site	140-152
H.	Planning Area for ALL Birth Centers	153-165
I.	Admissions Policy and Signed Statement	166-169
J.	Architect Design for Site	170-174
K.	Letters of Support	175-180
L.	Signed Transfer Agreement- <i>Advocate Masonic Medical Center</i>	181-185
M.	Signed Transfer Agreement with Tri-State Fire Protection District	186
N.	Hospital and Ambulance Distances	187-188
O.	Signed Statement Re: Medicare/Medicaid Participation	189
P.	Charity Care Policy	190-191
Q.	Quality Assurance Policy	192-195
R.	Summary of Anticipated Pledges for Funding, Notarized	196
S.	Individual Attestation Statements from Investing Entities	197-206
T.	Artist Rendering of Birth Center Interior	207-211
U.	Special Use Permit Documentation	212-221
V.	Business Plan for Burr Ridge Birth Center, LLC	222-236
W.	Marketing Plan	237-252



16 June 2020

Laura Wiegand
Lakeview Birth Center, LLC
404 N. Hershey Road, Suite C
Bloomington, Illinois 61704

RE: Birth Center of Chicago
3832 N. Lincoln Avenue
Chicago, Illinois 60613

Laura:

This letter is to serve as our *Letter of Intent* with a *Not-To-Exceed Fee Proposal* to provide design services for the renovation of the building located at 3832 N. Lincoln Avenue, Chicago, Illinois 60613. The existing building square footage is approximately, including exterior wall construction, 8,822 square feet. The building is two stories above grade with a basement and currently serves as an existing restaurant. The existing interior of the building will be removed and infilled with the Birth Center. The existing building consists of exterior masonry bearing walls, interior steel post and beam with wood floor joists, with a wood rafter framed sloped roofing structure.

Services to include:

Code Compliance review with IDPH
Code Compliance review for the City of Chicago
Architectural planning services and compilation of construction documents
Interior Design
Mechanical – HVAC design and system documentation
Electrical design and documentation
Plumbing design and documentation
Fire Sprinkler design and documentation
Civil design and documentation has NOT been factored into this scope of work.

A formal proposal for this work will be provided at a later date as the final scope of the work has been defined and evaluated. At this time, EA Architecture & Design, Inc. proposes a **NOT-TO-EXCEED FEE of \$82,000.00.**

Professionally,

A handwritten signature in blue ink, appearing to read 'Nathan Elliott'.

Nathan Elliott, AIA
Registered Architect – Illinois #001.020622
EA Architecture & Design, Inc.

WWW.EA-AD.NET

2416 E. WASHINGTON STREET SUITE C-3 BLOOMINGTON, IL 61704 309.663.7111



EA ARCHITECTURE & DESIGN, INC.

6/16/2020

Birth Partners, Inc.
 404 N. Hershey Road, Suite C
 Bloomington, Illinois 61704

Invoice for Professional Services

Period: Dec '19-Jun '20

Invoice #	Terms	Project Number	Project
4417	Due on receipt	20-###	3664 Lincoln Avenue
Description			Current Amount
Architectural Design - Pre-design at 960 Grove 8.5 Hrs.			1,275.00
Architectural Design - Pre-design at Clybourn location - 14.5 hrs.			2,175.00
Architectural Design - Pre design at Halstead location - 1 hr			150.00
Sub-Total			3,600.00
Write-off Charges for projects that did not come to fruition.			-3,600.00
Architectural Design - Pre-design at 3664 Lincoln Avenue 23 hrs @ \$150/hr.			3,450.00
Discount (40%) Project was terminated.			-1,380.00

Total	\$2,070.00
Payments/Credits	\$0.00
Balance Due	\$2,070.00

Please Remit Payment to:

EA Architecture & Design, Inc.
 2416 E. Washington Street, Suite C3
 Bloomington, Illinois 61704

WWW.EA-AD.NET

POTENTIAL SITES FOR A BIRTH CENTER

#	ADDRESS	REASON
1	3832 N Lincoln	ESTABLISHING AT THIS LOCATION
2	3664 N Lincoln	couldn't reach agreeable purchase amount for the amount of renovations that need to be completed
3	2818-9 N Halsted	Ceilings too low and no exit for EMS transfer or windows for birth rooms
4	3753 N Clark Street	space configuration not conducive for our layout - unable to add windows for birth suites
5	2300 N Clybourn	Owner not able to wait on CON process / decided to sell
6	Belmont and Racine	project won't be completed until 2022
7	3123 N Clybourn Ave	too large, can't divide space
8	2121 N Clybourn	space configuration not conducive for our layout - unable to add windows for birth suites
9	2217 N Clybourn	space configuration not conducive for our layout - unable to add windows for birth suites
10	1837 W. Grand Ave	Too far for hospital transfers
11	3167 N Lincoln Ave	Condo association not open possibility of transfers 24/7
12	801 W Diversy Pkwy	Owners entered into another agreement
13	812 W Belmont Ave	No Parking for EMS / Ambulance transfers
14	855 W Belmont Ave	space configuration not conducive for our layout - unable to add windows for birth suites
15	2828 N Clark St	space configuration not conducive for our layout - unable to add windows for birth suites
16	906 W Belmont Ave	space configuration not conducive for our layout - unable to add windows for birth suites
17	960 Grove, Evanston	Hospital transfer agreement

TARTER CONSTRUCTION

19-Jun-20

PROJECT Birthing Center Chicago
 LOCATION Chicago, IL
 ARCH
 BLANKS = FULL SHEET

\$1,533,700

DURATION = 1 MONTHS
 PROJECT SQ FT = 7,000 SQ FT

BID DATE
 BID TIME

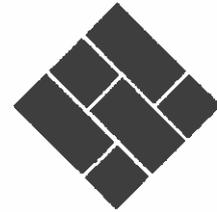
SECTION	DESCRIPTION	SUBCONTRACTOR	SUMMARY	ALT. #1	ALT. #2	ALT. #3	ALT. #4	ALT. #5	ALT. #6	ALT. #8	COST PER SQ. FOOT	PERCENT OF TOTAL
1	GENERAL CONDITIONS	Tarter	100,000								\$14.29	6.52%
2A	EXCAVATION / SITE UTILITIES / PAVEMENT										\$0.00	
2B	DEMOLITION	Tarter	20,000								\$2.88	1.30%
2C	FENCING										\$0.00	
2D	ALUMINUM CANOPIES	Tarter	10,000								\$1.43	0.65%
3A	NEW UNDERGROUND PLUMBING CONCRETE	Tarter	6,500								\$0.93	0.42%
3B	PRECAST										\$0.00	
4	MISC. EXTERIOR MASONRY REPAIRS	Tarter	5,000								\$0.71	0.33%
5A	STRUCTURAL STEEL / MISC. METALS										\$0.00	
5B	ORNAMENTAL METALS										\$0.00	
6A	ROUGH CARPENTRY	Tarter	225,000								\$32.14	14.67%
6B	FINISH CARPENTRY	Included with 6A									\$0.00	
7A	INSULATION & WATERPROOFING	Included with 6A									\$0.00	
7B	MISC. ROOFING REPAIRS	Tarter	5,000								\$0.71	0.33%
7C	METAL WALL & ROOF PANELS										\$0.00	
7D	CAULKING										\$0.00	
8A	DOORS / FRAMES / HARDWARE	Tarter	80,000								\$11.43	5.22%
8B	SPECIALTY DOORS										\$0.00	
8C	GLASS AND GLAZING	Tarter	6,000								\$0.86	0.39%
9A	DRYWALL & ACOUSTICAL	Included with 6A									\$0.00	
9B	FLOORING	Tarter	85,000								\$12.14	5.54%
9C	PAINTING & WALL COVERING	Tarter	35,000								\$5.00	2.28%
9D	CABINETS AND COUNTERTOPS	Tarter	75,000								\$10.71	4.89%
9E	EQUIPMENT										\$0.00	
12	FURNISHINGS										\$0.00	
13	SPECIAL CONSTRUCTION										\$0.00	
14	ELEVATOR	Tarter	170,000								\$24.29	11.08%
15A	PLUMBING	Tarter	135,000								\$19.29	8.80%
15B	HVAC	Tarter	95,000								\$13.57	6.19%
15C	FIRE PROTECTION	Tarter	90,000								\$12.86	5.87%
16	ELECTRICAL	Tarter	125,000								\$17.86	8.15%
SUB TOTALS----->>>>			1,267,500	0	0	0	0	0	0	0	\$181.07	82.64%

RATE	DESCRIPTION	BASED ON	BY OWNER	BY OWNER	BY OWNER	BY OWNER	BY OWNER	BY OWNER	BY OWNER	BY OWNER	PERCENT
NO	BUILDING PERMIT	1,406,925									
NO	OWNER'S & CONTR. LIAB. - /1000	1,406,925									
1.00%	GENERAL LIABILITY & UMBRELLA	1,406,925	12,675	0	0	0	0	0	0	0	0.90%
0.00%	WBE CONSULTANT FEE	1,406,925		NOT REQ	NOT REQ	NOT REQ	NOT REQ	NOT REQ	NOT REQ	NOT REQ	
10.00%	CONTINGENCY ALLOWANCE		126,750	0	0	0	0	0	0	0	8.26%
COST OF WORK ----->>>>			1,406,925	0	0	0	0	0	0	0	91.74%
10.00%	CONTRACTOR'S FEE		126,750	0	0	0	0	0	0	0	8.26%
CALCULATED BID AMOUNT ----->>>>			1,533,675	0	0	0	0	0	0	0	100.00%
BID AMOUNT ----->>>>			\$1,533,700	NO CHANGE	\$18,400	NO CHANGE	100.00%				

Brick Technology Group

1 Brickyard Drive
Bloomington, IL 61701
(309) 727-4444

www.bricktechgroup.com



BRICK TECHNOLOGY GROUP

We have prepared a quote for you

Birth Center of Chicago, LLC Office Build-Out Quote

QUOTE # 000311 V1

PREPARED FOR

Birth Center of Chicago, LLC

PREPARED BY

Mindy Taylor



(309)727-4444
 mindy.taylor@bricktechgroup.com
 www.bricktechgroup.com

Phone System Hardware

Description	Price	Qty	Ext. Price
Grandstream Enterprise IP Color VoIP Phone	\$129.99	14	\$1,819.86
Hardware must be paid for in full upon ordering.			
Subtotal:			\$1,819.86

Phone System Software

Description	Price	Qty	Ext. Price
PBX EndPoint Manager License	\$160.00	1	\$160.00
Software must be paid for in full upon ordering.			
Subtotal:			\$160.00

Phone System Monthly Service

Description	Price	Qty	Ext. Price
3 VoIP Phone Service	\$149.99	1	\$149.99
Includes phone system management and support, unlimited minutes, caller ID, unlimited inbound/outbound concurrent calls, hosted system, and voicemail. Price does not include taxes.			
Subtotal:			\$149.99

Office and Network Hardware

Description	Price	Qty	Ext. Price
Ubiquiti UniFi Wireless Access Point Wireless Access Point	\$119.99	2	\$239.98
Ubiquiti UniFi Network Switch 48-Port PoE Switch	\$999.99	1	\$999.99
ICC 48-Port Blank Patch Panel 48-Port Blank Patch Panel	\$24.99	1	\$24.99
Cat6 HD Keystone Jack Cat6 High Density Keystone Jack	\$2.99	48	\$143.52
22U Wall Mount Open Frame Network Equipment Rack 17.75" deep network equipment rack	\$376.99	1	\$376.99
NavePoint Server Shelf 19" Server Shelf	\$32.99	2	\$65.98



(309)727-4444
 mindy.taylor@brcktechgroup.com
 www.brcktechgroup.com

Office and Network Hardware

Description	Price	Qty	Ext Price
Ubiquiti Dome IP Camera Wide-Angle 1080p Dome IP Camera with Infrared	\$174.99	4	\$699.96
Ubiquiti Cloud Key Ubiquiti Cloud Key Gen2 Plus	\$249.99	1	\$249.99
2TB HDD for NVR 2TB HDD	\$159.99	1	\$159.99
Epson Workforce Scanner Epson Scanner	\$364.99	2	\$729.98
Epson All-in-One Wireless Printer Epson All-in-One Color Inkjet Wireless Printer	\$249.99	2	\$499.98
Canon imageCLASS Printer Canon imageCLASS Monochrome Laser Printer with Scanner, Copier, and Fax	\$269.99	1	\$269.99
Logitech Pro Stream Webcam Logitech Pro Stream Webcam	\$94.99	1	\$94.99
Samsung 55" Smart LED HD TV Samsung 55" Smart LED HD TV	\$449.99	3	\$1,349.97
Monoprice Wall Mount Monoprice Full-Motion Articulating TV Wall Mount Bracket	\$134.99	3	\$404.97
HP ProBook G7 i5, 8GB RAM, 256GB SSD, FHD Display, Windows 10 Pro	\$799.99	5	\$3,999.95
Cat6 HD Keystone Jack Cat6 High Density Keystone Jack	\$2.99	30	\$89.70
SonicWALL TZ350 Firewall SonicWALL TZ350 Firewall	\$499.99	1	\$499.99
Wall Plate Keystone Wall Plate, Flush Mount, 1 Gang, 1 Port - White	\$1.49	30	\$44.70
Hardware must be paid for in full upon ordering.			
Subtotal:			\$10,945.61



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 mindy.taylor@bricktechgroup.com
 www.bricktechgroup.com

Door Entry Security System Hardware

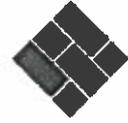
Description	Price	Qty	Ext. Price
Door Entry Security System Estimate of \$800 - \$1,500 PER door. Due to the uncertainty of the type of door and door jam, we will need to evaluate the doors closer to the build-out.	\$1,500.00	7	\$10,500.00
Hardware must be paid for in full upon ordering.			
			Subtotal: \$10,500.00

Labor

Description	Price	Qty	Ext. Price
Labor Camera system and NVR configuration and installation, cabling for network.	\$95.00	18	\$1,710.00
Labor Build new PBX system, phone configuration, cabling for network, installation, training, and system customization.	\$95.00	66	\$6,270.00
Labor Firewall, network, rack, and WiFi installation, cabling for network.	\$95.00	24	\$2,280.00
Labor Door security system installation and customization.	\$95.00	30	\$2,850.00
Labor TV and mount installation with network setup.	\$95.00	12	\$1,140.00
Our estimate for total labor costs is 150-175 hours total. The figures above represent labor based on 150 hours, our highest estimate on time is 175 hours which includes travel time. If anything unforeseen should occur and labor goes beyond 175 hours, all subsequent labor will be fair billed at \$47.50 per hour.			
			Subtotal: \$14,250.00

Monthly Email Service

Description	Price	Qty	Ext. Price
Microsoft O365 Business Premium Email Subscription Price is PER user	\$12.50	1	\$12.50
			Subtotal: \$12.50



(309)727-4444
mindy.taylor@brcktechgroup.com
www.brcktechgroup.com

Contingency

Description	Price	Qty	Ext. Price
Contingency Amount Brick Technology Group shall use all reasonable commercial efforts to keep costs within this estimate; provided, however, that the parties acknowledge and agree that because this project entails, among other things, completion of a design and development effort commenced by a third party, costs may exceed the sum of Brick Technology Group's original estimate, up to 10% of the original estimate.	\$3,765.45	1	\$3,765.45
Subtotal:			\$3,765.45



(309)727-4444
mindy.taylor@brcktechgroup.com
www.brcktechgroup.com

Birth Center of Chicago, LLC Office Build-Out Quote

Prepared by:

Brick Technology Group
Mindy Taylor
(309)727-4444
mindy.taylor@bricktechgroup.com

Prepared for:

Birth Center of Chicago, LLC
3832 N Lincoln
Chicago, IL 60613
Laura Wiegand

Quote Information

Quote #: 000311
Version: 1
Delivery Date: 06/02/2020
Expiration Date: 06/24/2020

lauraw@obgyncaare.com

Quote Summary

Description	Amount
Phone System Hardware	\$1,819.86
Phone System Software	\$160.00
Office and Network Hardware	\$10,945.61
Door Entry Security System Hardware	\$10,500.00
Labor	\$14,250.00
Contingency	\$3,765.45
Subtotal:	\$41,440.92
Estimated Tax:	\$2,379.21
Total:	\$43,820.13

Need to pay by card? Call us at (309) 727-4444 to make a payment by phone or to request a virtual invoice.

Brick Technology Group

Birth Center of Chicago, LLC

Signature: Mindy Taylor

Name: Mindy Taylor

Title: Office Administrator

Date: 06/02/2020

Signature: _____

Name: Laura Wiegand

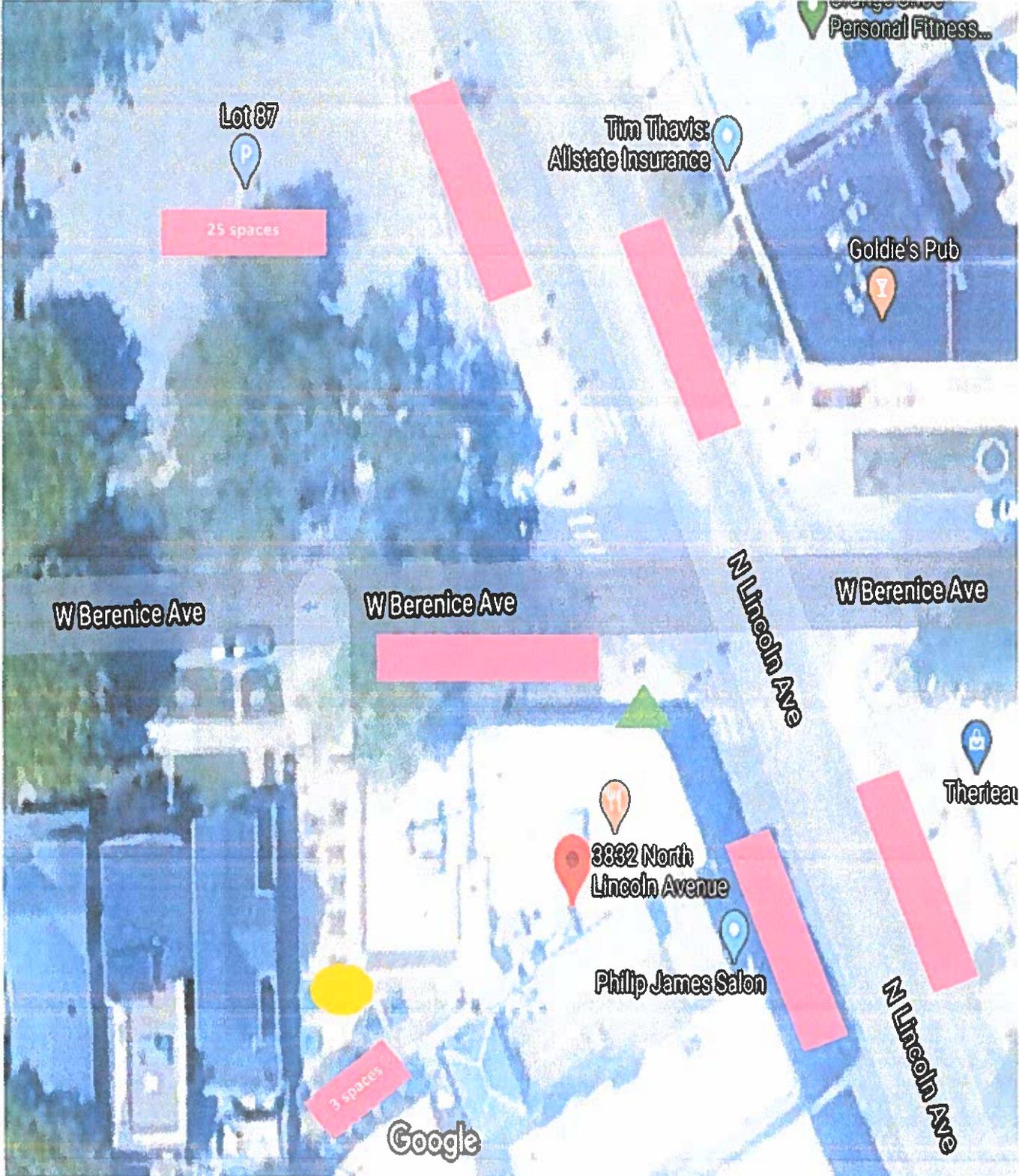
Date: _____

PARKING & ENTRANCE: 3832 N Lincoln Avenue, Chicago, IL

 Parking spots available for staff plus ample additional street parking & lot parking (25 spaces)

 TRANSFERS: Ambulance Parking, grade level, 1st floor & sheltered from inclement weather

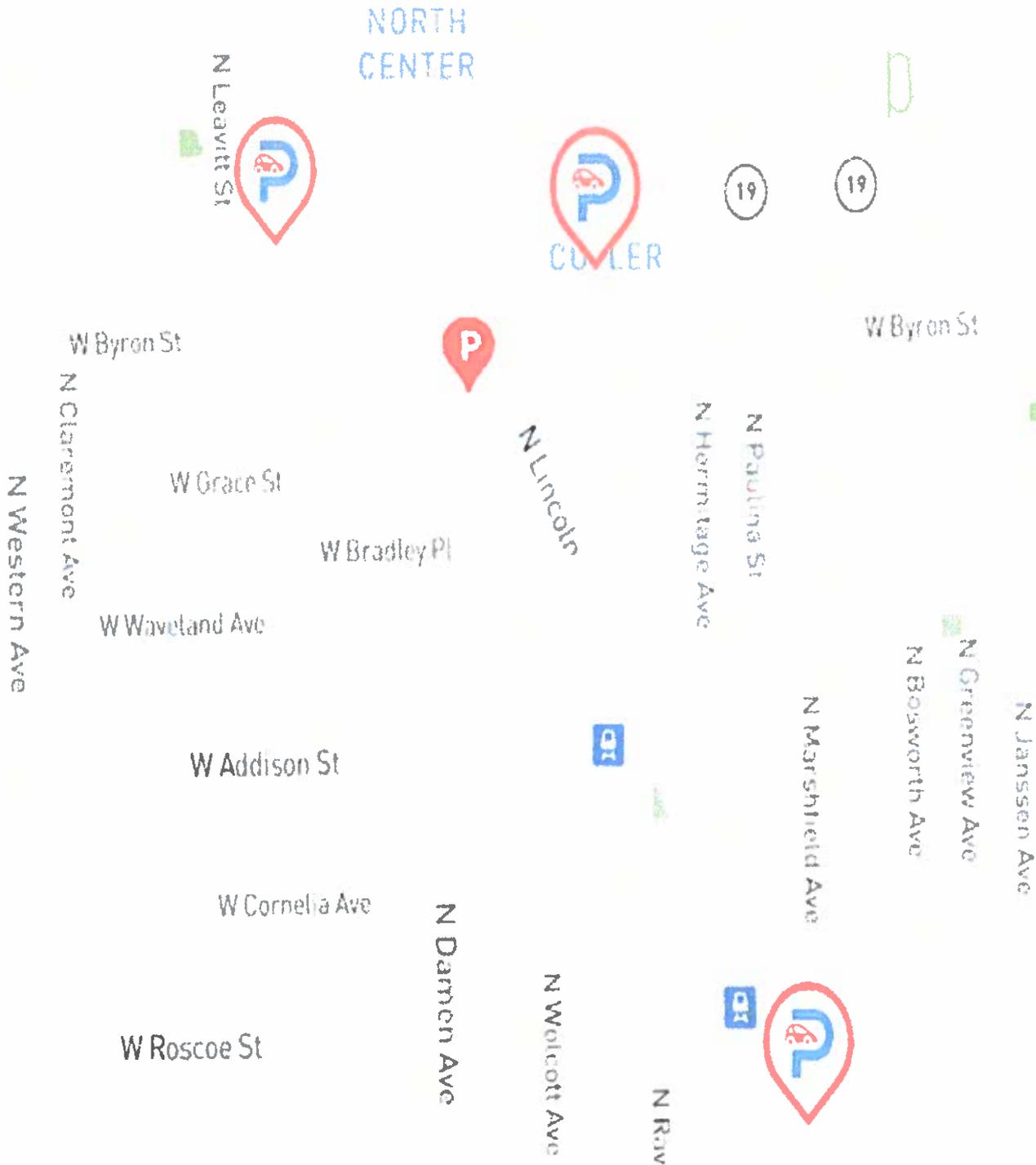
 ENTRANCE: Grade level, sheltered from inclement weather & handicap accessible



4 PARKING Lots: 3832 N Lincoln Avenue, Chicago, IL

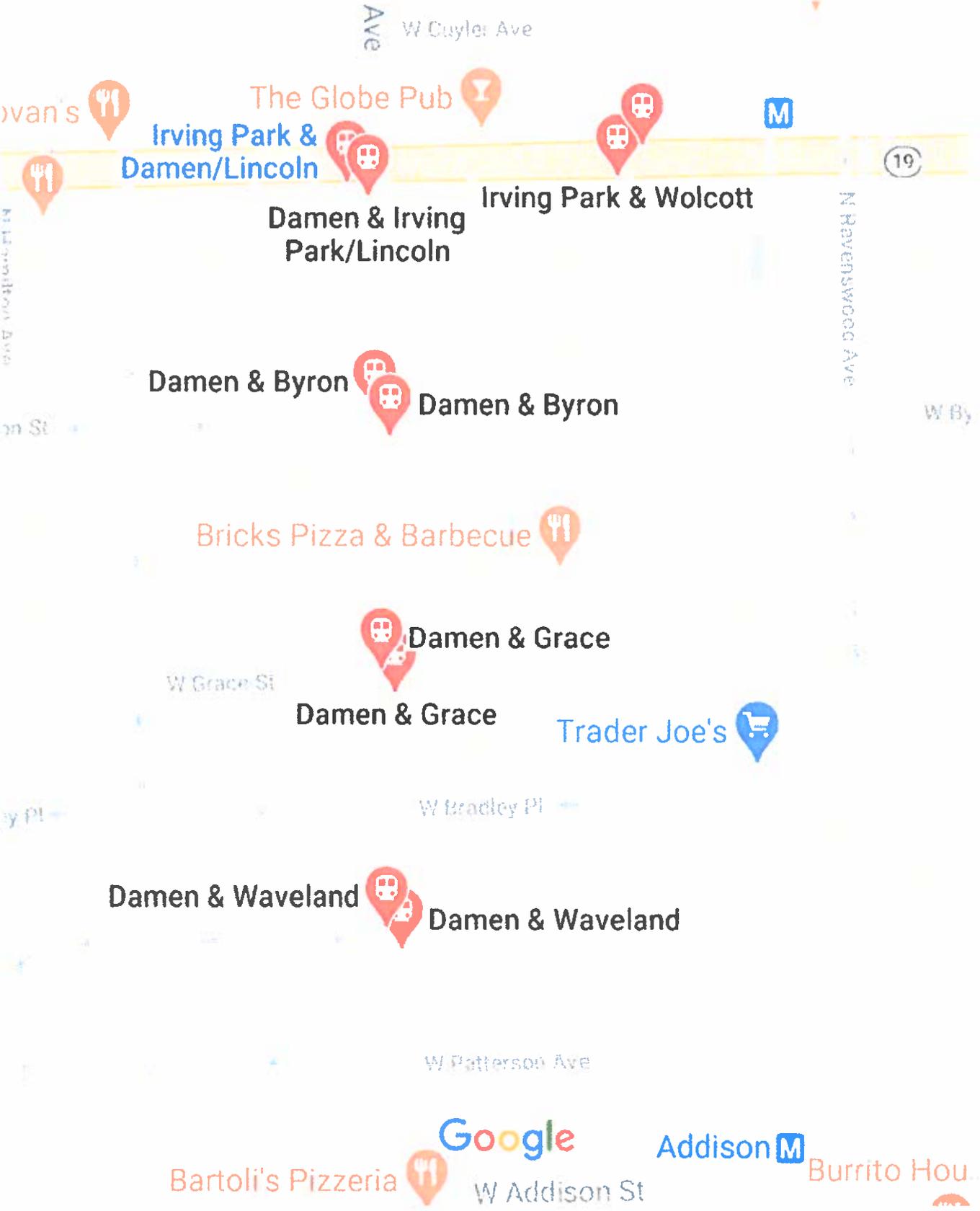
 Lot 87 – less than 1-minute walk

 Cuyler Ave Parking – less than a 5-minute walk
Leavitt St Parking – less than 7-minute walk
Patterson Ave – less than 7-minute walk



Public Transportation/Bus Stops: 3832 N Lincoln Avenue, Chicago, IL

10 Bus Stops within walking distance (3 to 6 minutes walking distance)





41268.9 total births
 83% 83% of pregnancies are low-risk
 34253.2 low risk pregnancies
 6% Studies show 5-10% of women would choose birth center, estimating lower
 2055 # of women that would choose a Birth Center
 0.5 1/2 the year
1028

5% Projection Growth Over Five Years

	Year 1	Year 2	Year 3	Year 4	Year 5		
Utilization							
Orientation	1028	1079	1133	1190	1249		
Registration	-10%	925	971	1020	1071	1124	90%
Attrition	-19%	749	787	826	867	911	81%
Due this Year	-50%	375	393	413	434	455	50%
Carried over from last year			375	393	413	434	
Total Caseload this year		375	768	806	847	889	
Transfers: AP and PreAdmit	-18%	-67	-138	-145	-152	-160	82%
admitted to BC		307	630	661	694	729	
Transfers: IP after Admission	-12%	-37	-76	-79	-83	-87	88%
Births at Birth Center		270	554	582	611	641	
per mos		23	46	48	51	53	12 mos
per room		11	23	24	25	27	2 rooms
per midwife		5	9	10	10	11	5 midwives
	Year 1	Year 2	Year 3	Year 4	Year 5		

BIRTH CENTER REVENUE WORKSHEET (based on 6% rate of choice)

Patient Revenue	% Clients	Amount Paid	Year 1		Year 2		Year 3		Year 4		Year 5	
			Volume	Revenue								
TOTAL OB AND NB CARE			270		554		582		811		641	
insurance payment	10%	\$ 1,600	27	\$ 43,200	55	\$ 88,000	58	\$ 92,800	61	\$ 97,600	64	\$ 102,400
insurance payment	10%	\$ 1,800	27	\$ 48,600	55	\$ 99,000	58	\$ 104,400	61	\$ 109,800	64	\$ 115,200
insurance payment	10%	\$ 3,548	27	\$ 95,796	55	\$ 195,140	58	\$ 205,784	61	\$ 216,428	64	\$ 227,072
insurance payment	10%	\$ 3,400	27	\$ 91,800	55	\$ 187,000	58	\$ 197,200	61	\$ 207,400	64	\$ 217,600
insurance payment	40%	\$ 3,542	108	\$ 382,536	222	\$ 786,324	233	\$ 825,286	244	\$ 864,248	257	\$ 910,294
insurance payment	10%	\$ 3,917	27	\$ 105,759	55	\$ 215,435	58	\$ 227,186	61	\$ 238,937	64	\$ 250,688
cost sharing plans	8%	\$ 3,000	14	\$ 40,542	28	\$ 83,112	29	\$ 87,267	31	\$ 91,630	32	\$ 96,212
self-pay	5%	\$ 3,000	14	\$ 40,542	28	\$ 83,112	29	\$ 87,267	31	\$ 91,630	32	\$ 96,212
Facility SERVICE FEES	100%		270		554		582		811		641	
insurance payment	10%	\$ 1,700	27	\$ 45,900	55	\$ 93,500	58	\$ 98,600	61	\$ 103,700	64	\$ 108,800
insurance payment	10%	\$ 1,800	27	\$ 48,600	55	\$ 99,000	58	\$ 104,400	61	\$ 109,800	64	\$ 115,200
insurance payment	10%	\$ 3,500	27	\$ 94,500	55	\$ 192,500	58	\$ 203,000	61	\$ 213,500	64	\$ 224,000
insurance payment	10%	\$ 3,300	27	\$ 89,100	55	\$ 181,500	58	\$ 191,400	61	\$ 201,300	64	\$ 211,200
insurance payment	40%	\$ 2,500	108	\$ 270,000	222	\$ 555,000	233	\$ 582,500	244	\$ 610,000	257	\$ 642,500
insurance payment	10%	\$ 6,700	27	\$ 180,900	55	\$ 368,500	58	\$ 388,600	61	\$ 408,700	64	\$ 428,800
cost sharing plans	5%	\$ 4,000	14	\$ 54,056	28	\$ 110,815	29	\$ 116,356	31	\$ 122,174	32	\$ 128,283
self-pay	5%	\$ 3,500	14	\$ 47,299	28	\$ 96,963	29	\$ 101,812	31	\$ 106,902	32	\$ 112,247
Transfers & Attrition, Infant & GYN												
AP Attrition Initial OB Visit		\$ 100	375	\$ 37,500	768	\$ 76,800	806	\$ 80,600	847	\$ 84,700	889	\$ 88,900
AP Transfer Prenatal & PreAdmit		\$ 500	67	\$ 33,500	138	\$ 69,000	145	\$ 72,500	152	\$ 76,000	160	\$ 80,000
IP Transfer Facility Services Fee		\$ 500	37	\$ 18,500	76	\$ 38,000	79	\$ 39,500	83	\$ 41,500	87	\$ 43,500
Infant fees		\$ 300	270	\$ 81,000	554	\$ 166,200	582	\$ 174,600	611	\$ 183,300	641	\$ 192,300
Office Visits and Procedures (10 per mo)		\$ 100	120	\$ 12,000	132	\$ 13,200	145	\$ 14,500	160	\$ 16,000	176	\$ 17,600
Other Revenue												
Breastfeeding				\$ 5,000		\$ 5,500		\$ 6,050		\$ 6,655		\$ 7,321
Education / Classes				\$ 5,000		\$ 5,500		\$ 6,050		\$ 6,655		\$ 7,321
Ultrasounds				\$ 10,000		\$ 11,000		\$ 12,100		\$ 13,310		\$ 14,641
TOTAL REVENUE				\$ 1,881,631		\$ 3,820,101		\$ 4,019,758		\$ 4,221,870		\$ 4,438,290
				Year 1		Year 2		Year 3		Year 4		Year 5

**BIRTH CENTER of CHICAGO
OPERATING EXPENSE WORKSHEET**

EXPENSES	Start - Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5
	delivery estimates	2020	2021	2022	2023	2024
		270	540	572	607	643
Payroll						
Payroll Subtotal	\$82,000	\$760,000	\$985,500	\$1,013,775	\$1,056,583	\$1,106,912
Personnel Taxes - 12%	\$9,840	\$91,200	\$115,860	\$121,653	\$126,790	\$132,829
Benefits - 3%	\$4,100	\$22,800	\$28,965	\$30,413	\$31,697	\$33,207
Employee 401K - 1%	\$0	\$0	\$0	\$0	\$31,697	\$33,207
Employee CME/ CEU / Education / Training	\$0	\$10,000	\$15,000	\$15,000	\$15,000	\$15,000
Employee Recruitment / Moving	\$10,000	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155
PERSONNEL PAYROLL TOTALS	\$105,940	\$894,000	\$1,135,825	\$1,191,868	\$1,273,344	\$1,333,311
EXPENSES						
Bad Debt Expense (2% Revenue)	\$0	\$37,633	\$76,402	\$80,395	\$84,437	\$88,766
Bank Fees (0.5% Revenue)	\$0	\$9,408	\$19,101	\$20,099	\$21,109	\$22,191
Building / Rent \$38 per sq 5489	\$0	\$241,518	\$253,592	\$266,271	\$279,585	\$293,564
Build out (\$201) 7000 total building contingency	\$1,533,700					
Building IFA \$75 per sq 5489	-\$411,675					
Charitable Contributions	\$0	\$2,000	\$2,100	\$2,205	\$2,315	\$2,431
Client Care - Lab Fees (1%)	\$0	\$18,818	\$38,201	\$40,198	\$42,219	\$44,383
Client Care - Mileage Reimbursement/ Travel	\$0	\$12,000	\$25,000	\$26,250	\$27,563	\$28,941
Client Care - Supplies - Drugs & Medical	\$35,000	\$50,000	\$100,000	\$105,000	\$110,250	\$115,763
Client Care - Supplies - Educational Materials	\$500	\$1,000	\$2,000	\$2,100	\$2,205	\$2,315
Client Care - Ultrasound	\$0	\$35,000	\$70,000	\$73,500	\$77,175	\$81,034
Furniture	\$250,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,078
Insurance - General	\$5,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,078
Insurance - Professional	\$0	\$100,000	\$105,000	\$110,250	\$115,763	\$121,551
IT & Security	\$40,000	\$4,000	\$4,200	\$4,410	\$4,631	\$4,862
Laundry and Dry Cleaning	\$0	\$1,000	\$1,050	\$1,103	\$1,158	\$1,216
Loan - Interest Expense	\$0	\$10,000	\$10,500	\$11,025	\$11,578	\$12,155
Loan - Payment(s)	\$0	\$12,000	\$12,600	\$13,230	\$13,892	\$14,586
Loan - Line of Credit	\$0	\$24,000	\$25,200	\$26,460	\$27,783	\$29,172
Maintenance / Repairs	\$1,000	\$2,500	\$2,625	\$2,756	\$2,894	\$3,039
Marketing / Advertising	\$15,000	\$15,750	\$16,538	\$17,364	\$18,233	\$19,144
Meals & Entertainment	\$500	\$2,400	\$3,600	\$3,780	\$3,969	\$4,167
Membership / Dues / Subscriptions	\$2,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,078
Minor Equipment	\$200,000	\$3,500	\$3,675	\$10,000	\$3,858.75	\$4,052
Postage / Shipping	\$1,000	\$3,000	\$3,150	\$3,308	\$3,473	\$3,647
Printing / Copying	\$2,000	\$3,000	\$3,150	\$3,308	\$3,473	\$3,647
Professional Accounting / Bookkeeping	\$8,000	\$6,000	\$6,300	\$6,615	\$6,948	\$7,293
Professional Architect	\$82,000	\$0	\$0	\$0	\$0	\$0
Professional Billing Service (6%)	\$0	\$112,898	\$229,206	\$241,185	\$253,312	\$266,297
Professional Consultation	\$10,000	\$5,000	\$2,500	\$2,625	\$2,756	\$2,894
Professional Legal	\$20,000	\$2,500	\$2,625	\$2,756	\$2,894	\$3,039
Professional Medical Director	\$0	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Professional OB Coverage	\$0	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Regulatory - Accreditations	\$10,000	\$5,000	\$5,250	\$5,513	\$5,788	\$6,078
Regulatory - Licenses	\$8,000	\$6,000	\$8,000	\$8,400	\$8,820	\$9,261
Retained Earnings - Bank Payback/Requirement	\$0	\$0	\$100,000	\$105,000	\$110,250	\$115,763
Retained Earnings - Charity Care	\$0	\$9,500	\$19,700	\$21,500	\$24,000	\$26,200
Retained Earnings - Future	\$0	\$0	\$10,000	\$10,500	\$11,025	\$11,576
Supplies - Janitor / Cleaning / Laundry	\$2,500	\$2,500	\$2,625	\$2,756	\$2,894	\$3,039
Supplies - Office	\$5,000	\$5,000	\$8,000	\$8,400	\$8,820	\$9,261

Confidential

6/26/2020

Page

BIRTH CENTER of CHICAGO
OPERATING EXPENSE WORKSHEET

EXPENSES	Start - Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5
	delivery estimates	2020	2021	2022	2023	2024
		270	540	572	607	643
Payroll						
Uniforms	\$0	\$2,000	\$4,000	\$4,200	\$4,410	\$4,631
Utilities - Energy	\$1,000	\$3,600	\$4,000	\$4,200	\$4,410	\$4,631
Utilities - Garbage	\$500	\$2,400	\$2,520	\$2,646	\$2,778	\$2,917
Utilities - Gas	\$1,000	\$2,400	\$2,520	\$2,646	\$2,778	\$2,917
Utilities - Internet	\$1,200	\$1,200	\$1,260	\$1,323	\$1,389	\$1,459
Utilities - Telephone	\$3,000	\$3,600	\$3,780	\$3,969	\$4,167	\$4,376
EXPENSES	\$2,238,800	\$1,705,121	\$2,380,544	\$2,504,749	\$2,844,911	\$2,773,113
TOTAL EXPENSE						
TOTAL PROFIT / (LOSS) YTD						
NET OPERATING MARGIN						
Cost per Birth		\$9,626	\$9,612	\$9,458	\$9,458	\$9,385
	Start - Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5

3. PrePlanning Costs	\$133,140
8 Moderation	\$1,533,700
10 Archtural	\$82,000
11 Consulting and Other Fees	\$61,000
Movable or Other EQUIPMENT	\$334,900
Fair Market	\$0
18 Capitalized	\$200,000
TOTAL	\$2,344,740
	(\$411,675)
Needed for start-up	\$1,933,065
Investors	\$1,500,000
Line of Credit	\$500,000
Cash / Money Spent to date	\$11,392
Balance	(\$78,327)



Results

Big Bricks 3832 N Lincoln Ave

7,000 SF 22% Leased Retail Building Chicago, IL \$1,399,000 (\$200/SF)

Restaurants / Illinois / Chicago / 3832 N Lincoln Ave Chicago, IL 60613



INVESTMENT HIGHLIGHTS

Established Business Included

Incidental Liquor, Retail Food & Outdoor Patio Licenses

All FF&E and Inventory Included, Owner will Train

George Simos

312-575-0480

Contact

EXECUTIVE SUMMARY

LoopNet™



Share



Print

Two-Story Freestanding

Business Included. **PRICE REDUCED!**Restaurant/Bar Building for Sale **Big Bricks 3832 N Lincoln Ave**

7,000 SF 22% Leased Retail Building Chicago, IL \$1,399,000 (\$200/SF)

PROPERTY FACTSSale Type **Owner User**Property Type **Retail**Property Subtype **Restaurant**Building Size **7,000 SF**Building Class **B**Year Built **1902**Price **\$1,399,000**Price Per SF **\$200**Percent Leased **22%**Tenancy **Multiple**Building Height **2 Stories**Building FAR **1.46**Land Acres **0.11 AC**Zoning **B1-2**Opportunity **No**

Zone

ZONINGZoning Code **B1-2**

George Simos

312-575-0480



Contact

ABOUT 3832 N LINCOLN AVE, CHICAGO, IL 60613

Share Print



Results

Freestanding two-story restaurant/bar for sale with established Pizza & BBQ business.

Includes large private event room on second floor and private outdoor patio. Large finished basement with smoker, prep kitchen, walk-in coolers, bathrooms, office and

Big Bricks 3832 N Lincoln Ave
7,000 SF 22% Leased Retail Building

storage. Located in the desirable North Center neighborhood in the center of entertainment, shops and restaurants. Operating business. Do not disturb employees or management.

5,489 SF Interior
4,798 SF Lot

ATTACHMENTS

[Marketing Packet G119](#) ↓

MAP



Results

Big Bricks 3832 N Lincoln Ave
 7,000 SF 22% Leased Retail Building Chicago, IL \$1,399,000 (\$200/SF)

WALK SCORE®
Walker's Paradise (95)

BIKE SCORE®
Very Bikeable (71)

NEARBY MAJOR RETAILERS

TRAFFIC

COLLECTION STREET CROSS STREET

TRAFFIC VOLUME YEAR DISTANCE

Lincoln Ave

W Berenice Ave, NW

312-57520780 2017 0.00 mi

COLLECTION	STREET	CROSS STREET	LoopNet	TRAFFIC VOLUME	YEAR	DISTANCE
Results	N Damen Ave	Alley, S		20,001	2015	0.16 mi
	N Damen Ave	Alley, N	Big Bricks 3832 N Lincoln Ave	8,525	2018	0.19 mi
	N Damen Ave	Alley, N	Retail Building Chicago, IL	\$1,399,000 (\$200/SF)		
	W Irving Park Rd	N Wolcott Ave, W		34,508	2012	0.21 mi
	W Irving Park Rd	N Wolcott Ave, W		30,453	2015	0.21 mi
	W Irving Park Rd	Alley, E		28,507	2015	0.23 mi
	W Irving Park Rd	N Ravenswood Ave, W		30,395	2015	0.26 mi
	W Irving Park Rd	N Hermitage Ave, W		38,881	2018	0.32 mi
	W Addison St	N Ravenswood Ave, W		19,034	2015	0.33 mi
	N Lincoln Ave	Alley, SE		19,900	2018	0.33 mi

TRANSPORTATION

TRANSIT/SUBWAY

Irving Park Station	 	7 min walk	0.3 mi
Addison Station	 	7 min walk	0.4 mi
Paulina Station	 	13 min walk	0.7 mi
Montrose Station	 	17 min walk	0.8 mi

COMMUTER RAIL

Ravenswood Station Commuter Rail (Union Pacific North Line)		4 min drive	1.5 mi
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 Home Station Commuter Rail (Union Pacific North Line, Union Pacific Northwest Lines)	George Simos 312-575-0480 	5 min drive	2.5 mi
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COMMUTER RAIL



Share

Print

Results

Big Bricks 3832 N Lincoln Ave

7,000 SF 22% Leased Retail Building Chicago, IL \$1,399,000 (\$200/SF)

AIRPORT

Chicago O'Hare International Airport	21 min drive	13.0 mi
Chicago Midway International Airport	25 min drive	13.8 mi

TAXES & OPERATING EXPENSES (ACTUAL - ANNUAL ANNUAL PER 2017) SF

Taxes	\$15,449	\$2.21
Operating Expenses	-	-
Total Expenses	\$15,449	\$2.21

PROPERTY TAXES

Parcel Number	14-19-211-026-0000	Total Assessment	\$108,308 (2018)
Land Assessment	\$26,868 (2018)	Annual Taxes	\$15,449 (\$2.21/sf)
Improvements Assessment	\$81,440 (2018)	Tax Year	2017

More public record information on 3832 N Lincoln Ave, Chicago, IL 60613

The Retail Property at 3832 N Lincoln Ave, Chicago, IL 60613 is currently available for sale. Contact Kudson Group, Inc. for more information.

RBY LISTINGS George Simos

2215 W North Ave, Chicago IL

312-575-0480

2301 N Pulaski Rd, Chicago IL

Contact



PROPERTY RECORD

3832 N Lincoln Ave, Chicago, IL 60613



Map data ©2020 Google

THIS PROPERTY IS FOR SALE

3832 N Lincoln Ave, Chicago, IL 60613

General Retail SAI E

\$1,399,000

7,000 SF

View Listing

NEARBY LISTINGS FOR SALE OR LEASE

[3832 N Lincoln Ave](#)
Chicago, IL 60613
\$1,399,000
7,000 SF
RETAIL

[3664 N Lincoln Ave](#)
Chicago, IL 60613
\$1,523,910
6,436 SF
RETAIL

Chicago, IL
\$3,200,000
740 - 2,400 SF
RETAIL

[3700 N Ashland Ave](#)
Chicago, IL 60613
\$299,000
975 SF
RETAIL

[3517 N Spaulding Ave](#)
Chicago, IL 60618
Negotiable
200 - 24,000 SF Avail
RETAIL

[1925-1927 W Irving Park Rd](#)
Chicago, IL 60613
\$18/SF/Yr
1,125 SF Avail
RETAIL

[VIEW ALL](#)

DEMOGRAPHICS

	1 MILE	3 MILE	5 MILE
2020 Total Population	50,914	527,825	1,100,640
2025 Population	49,082	519,524	1,089,541
Pop Growth 2020-2025	(3.60%)	(1.57%)	(1.01%)
Average Age	35	36	37
2020 Total Households	23,612	241,319	479,879
HH Growth 2020-2025	(4.38%)	(1.88%)	(1.03%)
Median Household Inc	\$109,898	\$75,284	\$73,022
Avg Household Size	2.10	2.10	2.20
2020 Avg HH Vehicles	1.00	1.00	1.00
Median Home Value	\$665,967	\$385,637	\$368,894
Median Year Built	1946	1948	1950

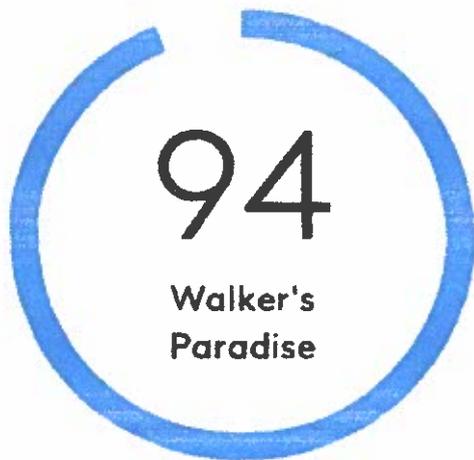
NEARBY PLACES



+



WALK SCORE®



TRANSIT SCORE®



PUBLIC TRANSPORTATION

TRANSIT/SUBWAY	DRIVE	WALK	DISTANCE
Irving Park Station (Brown Line)	1 min	7 min	0.3 mi
Addison Station (Brown Line)	1 min	7 min	0.4 mi
Paulina Station (Brown Line)	3 min	13 min	0.7 mi
Montrose Station (Brown Line)	2 min	17 min	0.8 mi

COMMUTER RAIL	DRIVE	WALK	DISTANCE
Ravenswood Station Commuter Rail (Union Pacific North Line)	4 min		1.5 mi
Clybourn Station Commuter Rail (Union Pacific North, Union Pacific Northwest Lines)	5 min		2.5 mi

AIRPORT	DRIVE	WALK	DISTANCE
Chicago O'Hare International Airport	21 min		13.0 mi
Chicago Midway International Airport	25 min		13.8 mi

 FREIGHT PORTS	DRIVE	WALK	DISTANCE
Port of Baltimore	785 min		708.9 mi

NEARBY PROPERTIES

ADDRESS	LAND USE	TOTAL SQ FT	LOT SIZE	ZONING
---------	----------	-------------	----------	--------

3828 N Lincoln Ave, Chicago, IL	Commercial Condominium			
3826 N Lincoln Ave, Chicago, IL	Apartment	4536	0.0717 AC	50
3820 N Lincoln Ave, Chicago, IL	Apartment	6098	0.1435 AC	50
1855 W Berenice Ave, Chicago, IL	Stores & Residential	4700	0.2706 AC	10
3816 N Lincoln Ave, Chicago, IL	Commercial (Nec)		0.0647 AC	
3837 N Lincoln Ave, Chicago, IL	Stores & Residential	2000	0.145 AC	50
3812 N Lincoln Ave, Chicago, IL	Commercial (Nec)	3400	0.0906 AC	50
3810 N Lincoln Ave, Chicago, IL	Commercial (Nec)	3400	0.0752 AC	50
1900 W Berenice Ave, Chicago, IL	Tax Exempt		0.1393 AC	
3843 N Lincoln Ave, Chicago, IL	Apartment	3455	0.1119 AC	50

[SEE MORE](#) 

Start a new search to find other properties for sale or lease

For Sale

For Lease

Buy/Invest

Enter a property type

3832 N Lincoln Ave, Chicago, IL 60613 - Big Bricks

Health Planning Area

Birth Center of Chicago, LLC, Chicago A-01-5

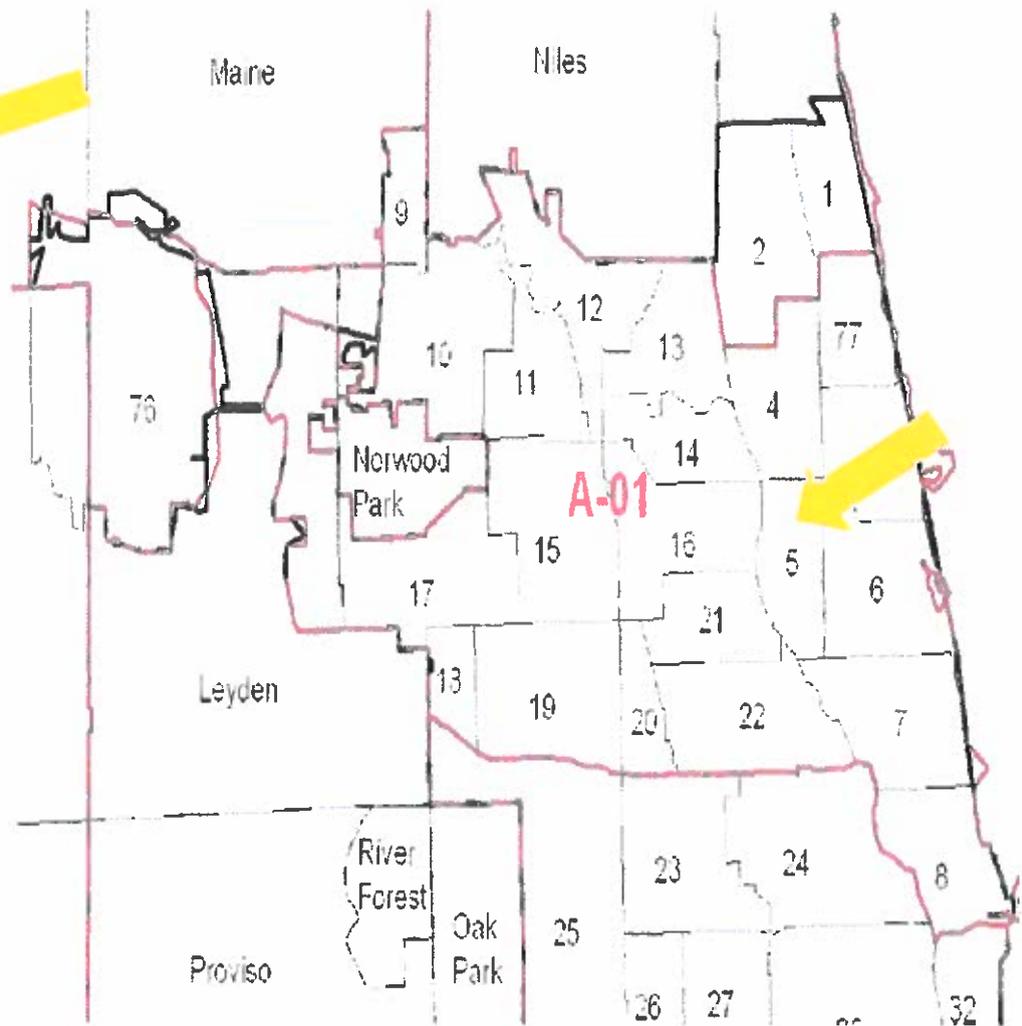
INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

PLANNING AREA A-01

Chicago Community Areas

- 3 - Uptown
- 4 - Lincoln Square
- 5 - North Center
- 6 - Lakeview
- 7 - Lincoln Park
- 8 - Near North Side
- 9 - Edison Park
- 10 - Norwood Park
- 11 - Jefferson Park
- 12 - Forest Glen
- 13 - North Park
- 14 - Albany Park
- 15 - Portage Park
- 16 - Irving Park
- 17 - Dunning
- 18 - Montclare
- 19 - Belmont Cragin
- 20 - Hermosa
- 21 - Avondale
- 22 - Logan Square
- 76 - O'Hare
- 77 - Edgewater

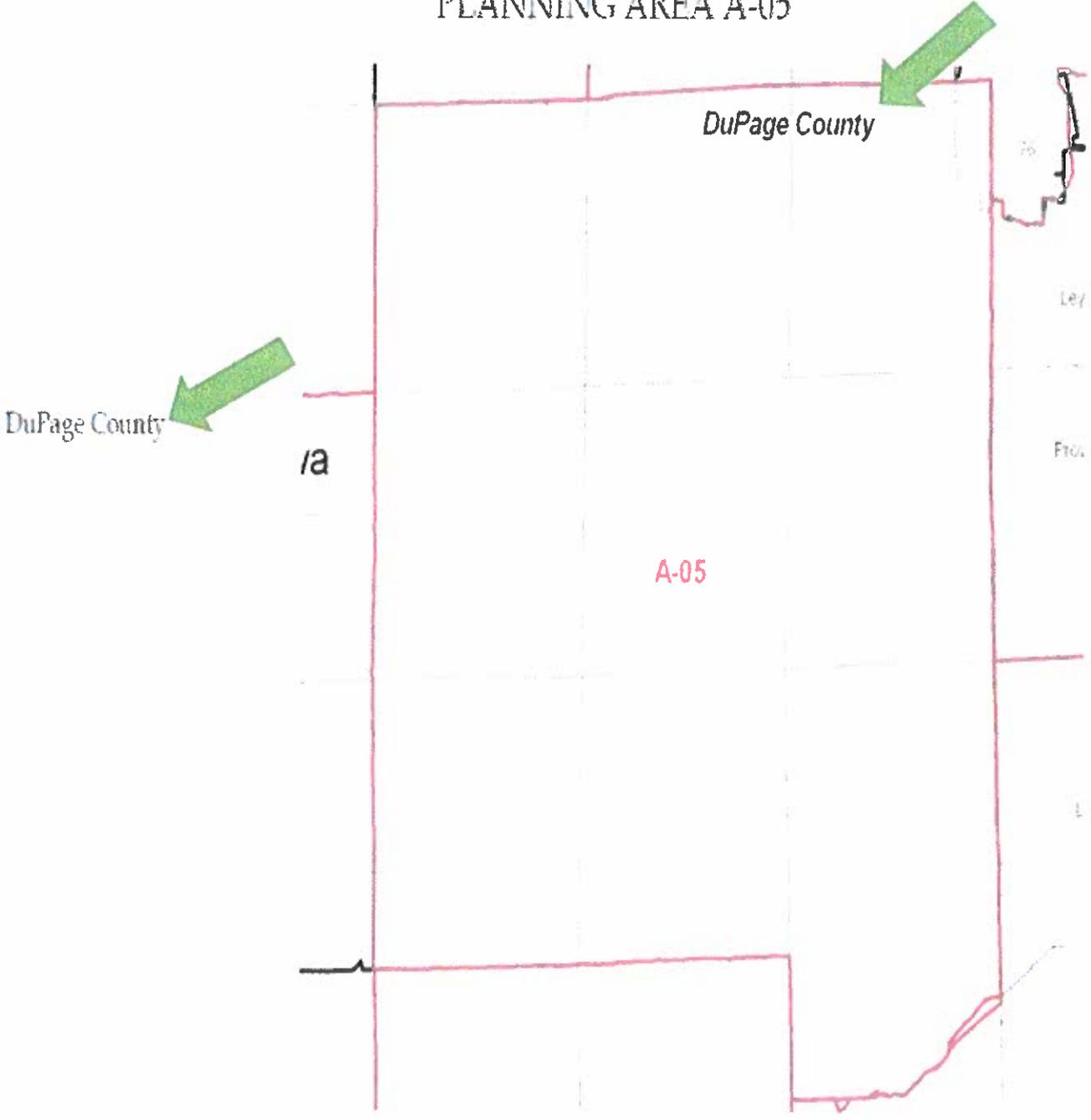


Burr Ridge Birth Center Chicago A-05

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

PLANNING AREA A-05

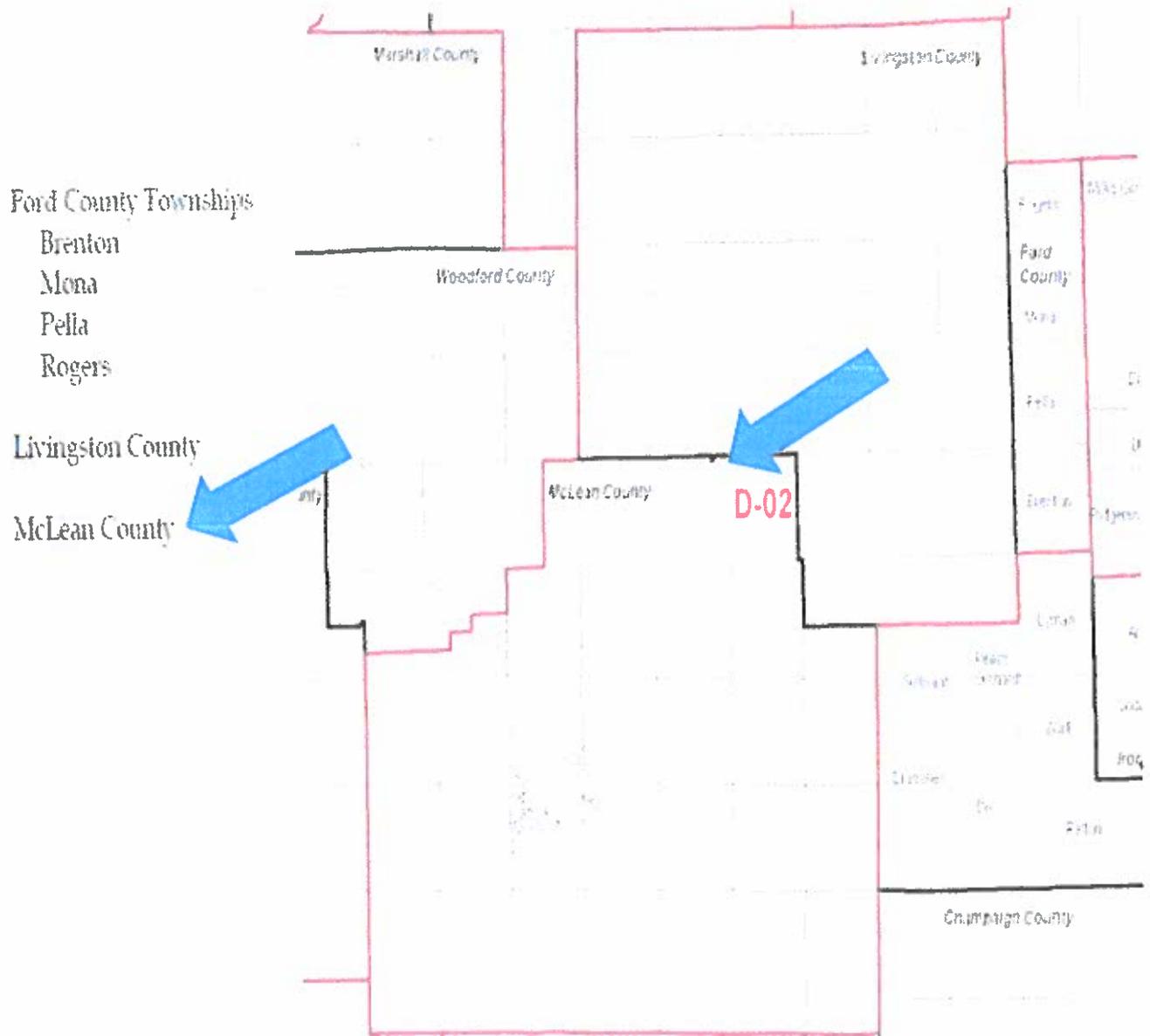


Bloomington-Normal Birth Center D-02

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

PLANNING AREA D-02

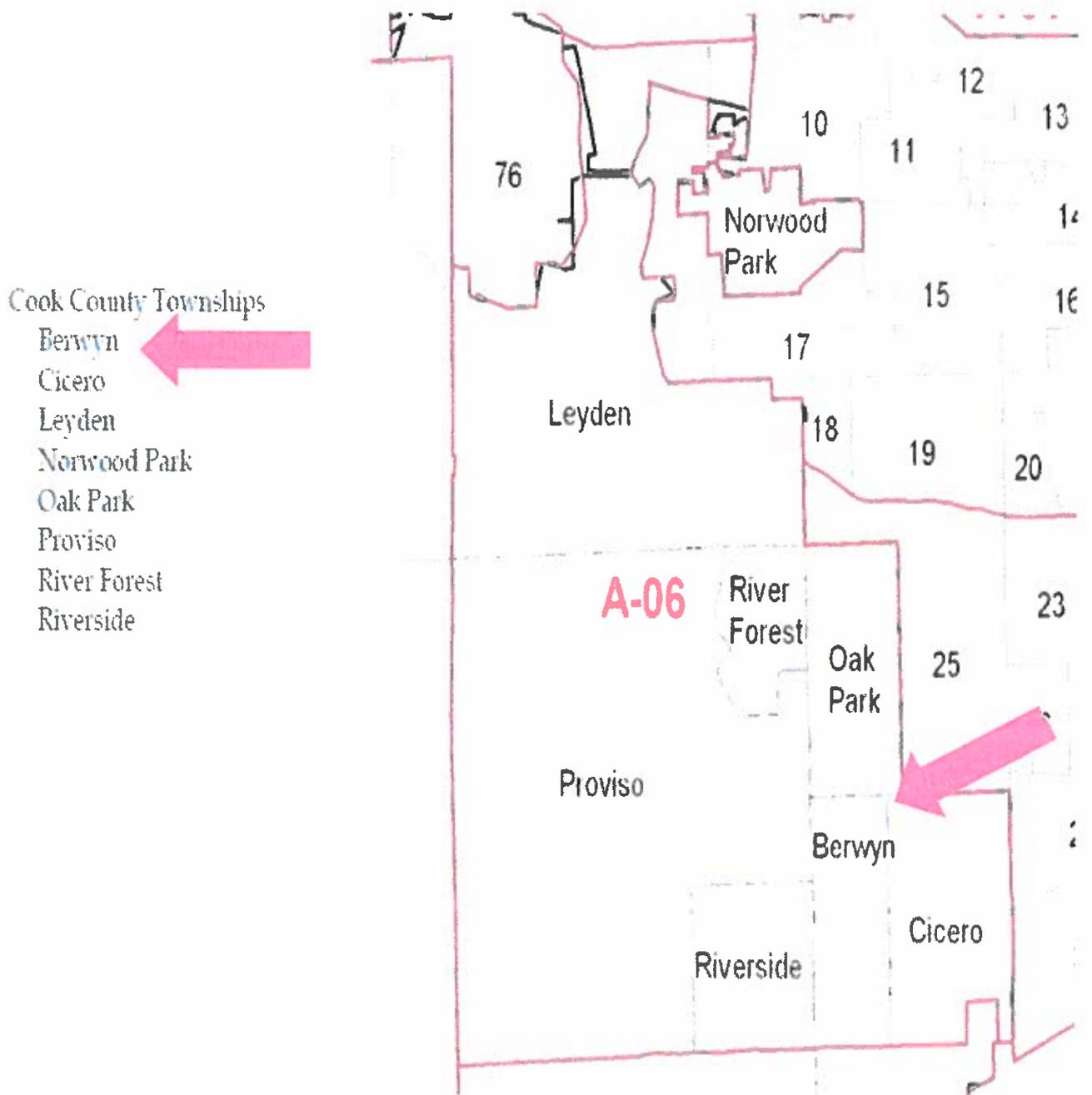


Berwyn PCC Birth Center Chicago A-06

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

PLANNING AREA A-06



Health Planning Area

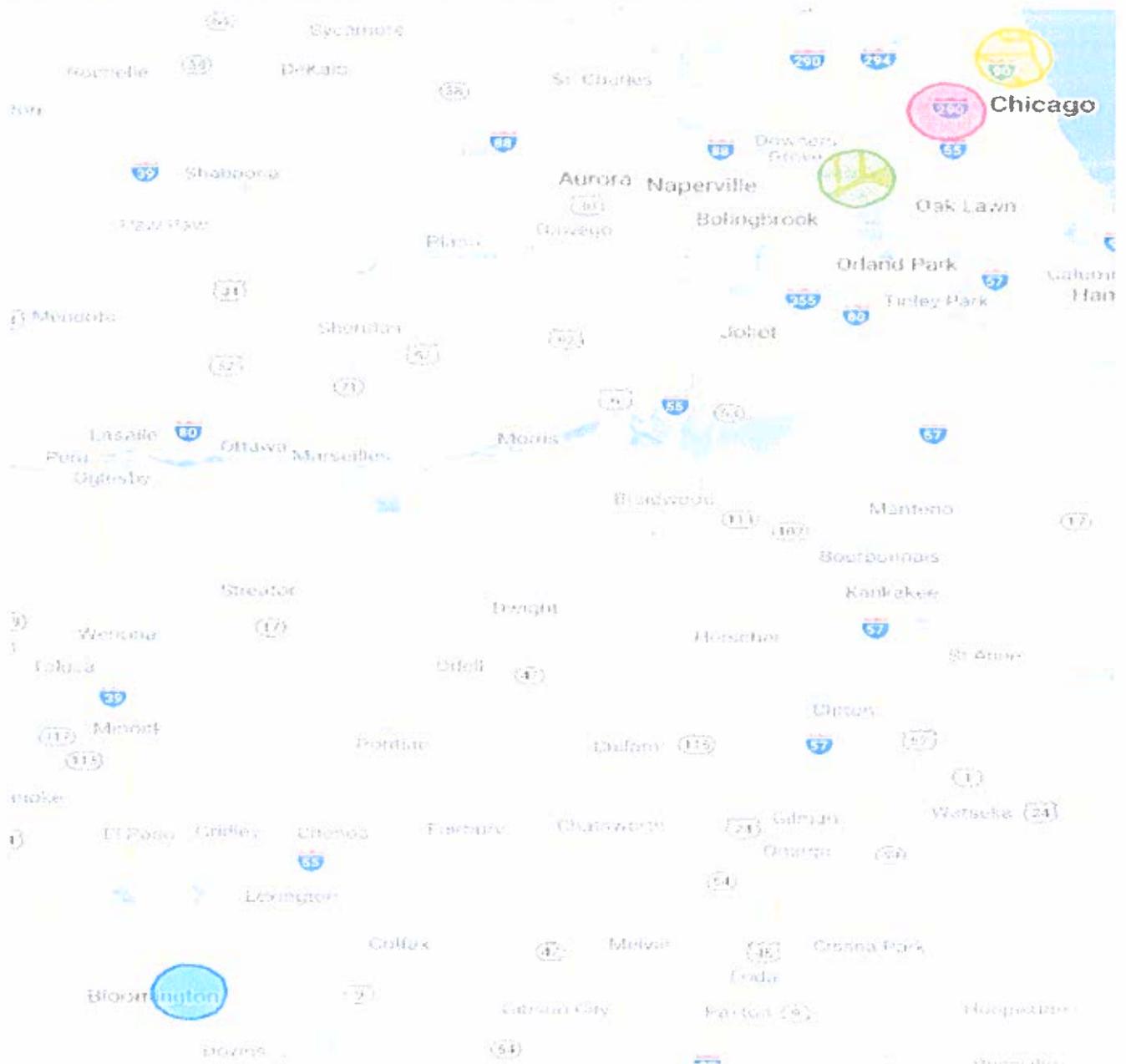
Illinois Birth Center Locations

Lakeview Birth Center, LLC – 3664 North Lincoln Avenue, Chicago, IL 60613 – A-01-5

Burr Ridge Birth Center, LLC - 7000 South County Line Road, Burr Ridge, IL 60527 – A-05

Bloomington-Normal Birth Center, LLC- 6 Westport Ct, Bloomington, IL 61704 – D-02

Birth Center at PCC- 6201 Roosevelt Rd, Oak Park, IL 60304 - A-06



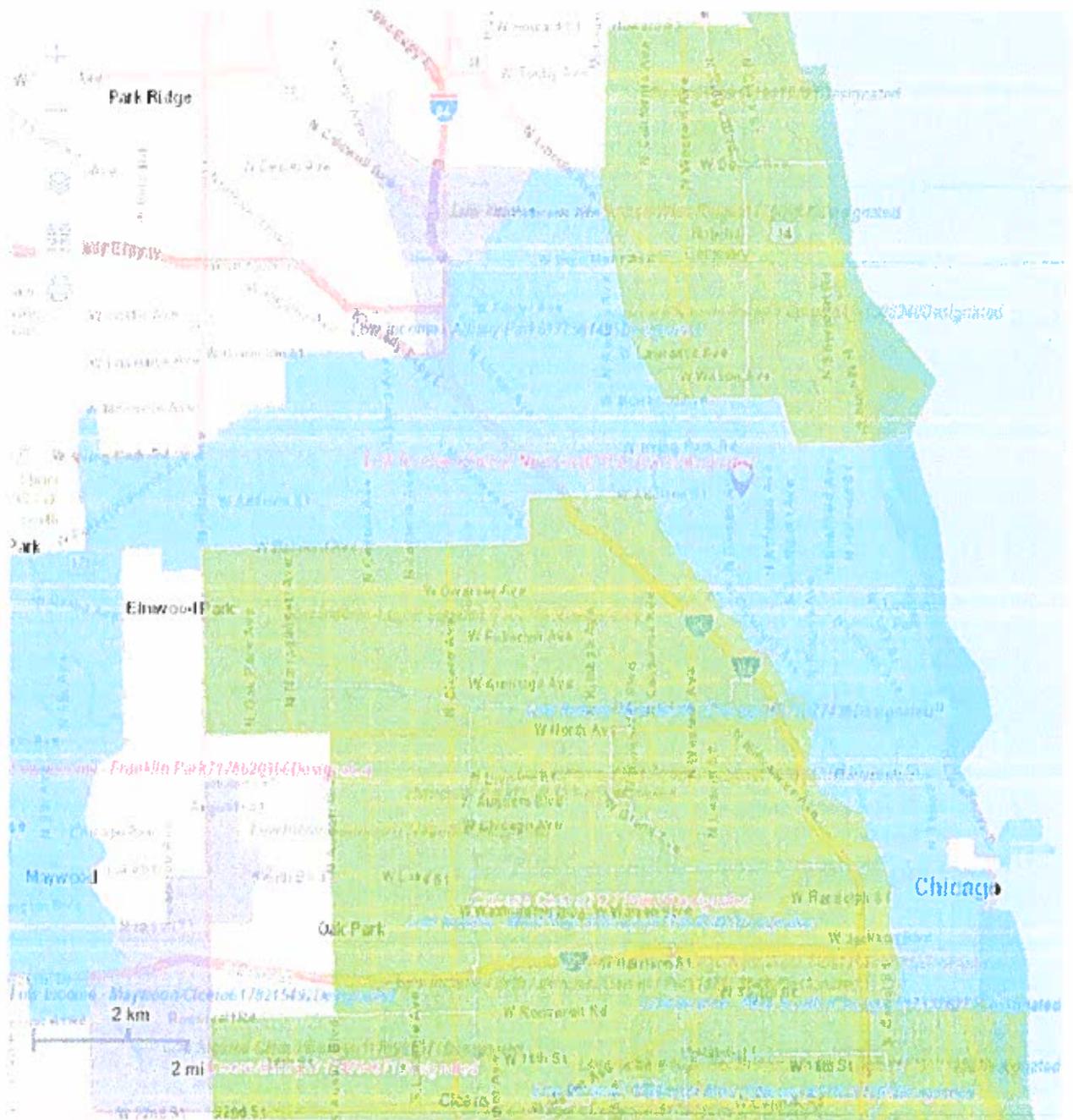
Birth Center of Chicago, LLC – 3832 N. Lincoln Avenue, Chicago, IL 60613

Find Shortage Areas by Address

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.

HPSA Data as of 05/20/2020

MUA Data as of 05/20/2020



Data.HRSA.gov - DEMOGRAPHICS

Explore Demographics

Demographic Statistics Compare by State Compare by County

Fiscal Year: 2017
 State/Territory: Illinois

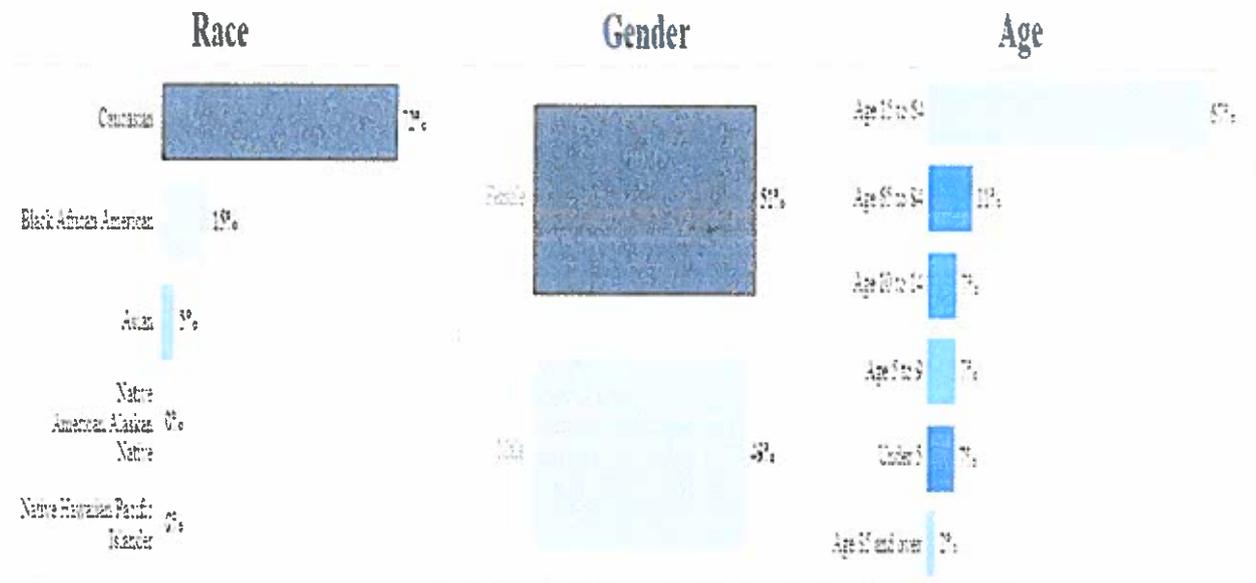
2017 Illinois Demographics

12,873,761
Population

\$57,574
Median House hold Income

785,220
Low Income Population

Hover over the bar graph to view Census 2010 data on the race, gender, and age composition of the population.



Population Statistics

Identify Key Program Areas that are serving the population within a state. Select a state from the filter above and select a Key Program Area from the legend beside the map to view this data.

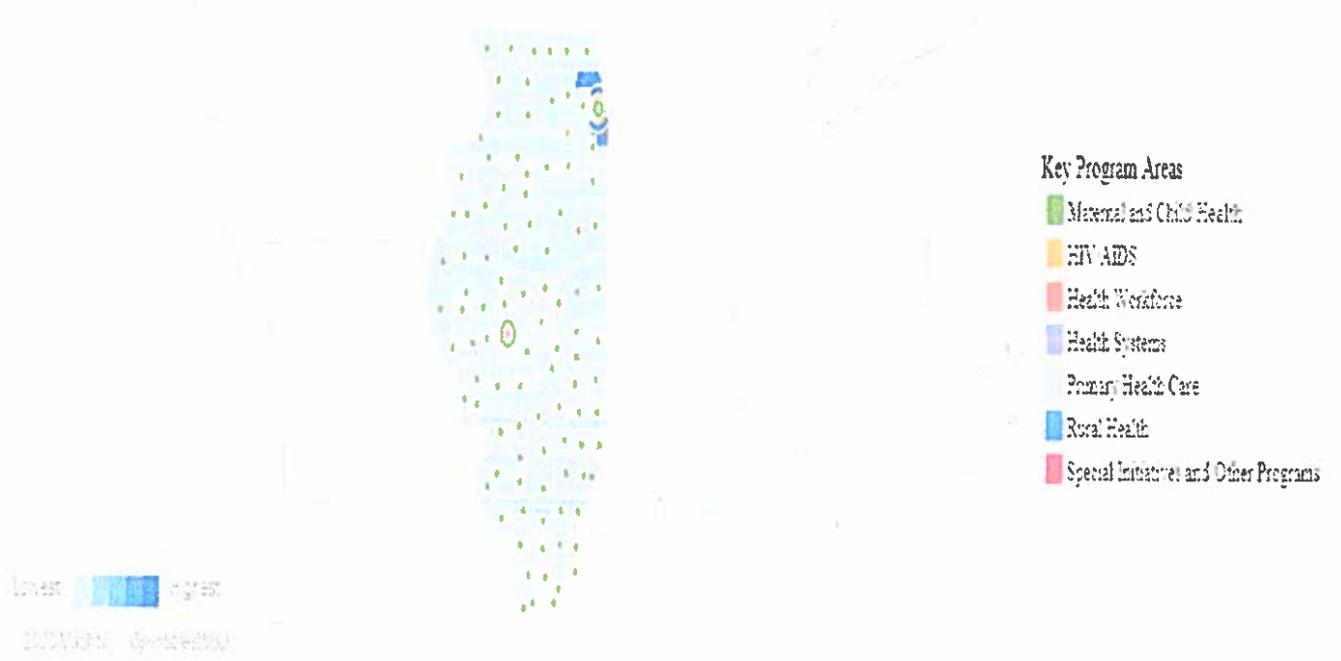
Note: The legend on the map represents the number of families that are two times below the U.S. poverty line.

Population Statistics

Identify Key Program Areas that are serving the population within a state. Select a state from the filter above and select a Key Program Area from the legend beside the map to view this data.

Note: The legend on the map represents the number of families that are two times below the U.S. poverty line.

State/Territory: Illinois



Fiscal Year	Key Program Area	Grants	Grantees	Funding
2017	Primary Health Care	47	46	\$156,528,600
2017	HIV/AIDS	29	15	\$73,159,789
2017	Maternal and Child Health	25	17	\$41,911,688
2017	Health Workforce	41	23	\$28,187,160
2017	Rural Health	15	12	\$4,786,279
2017	Health Systems	5	3	\$1,100,656
2017	Special Initiatives and Other Programs	0	0	\$250,000

Fiscal Year: 2020
 State: Illinois
 County: Cook



2020 Awards & Demographics

Awards Summary

103 Grants 43 Grants \$196,703,470 Funding

Demographics

5,236,393 Population 555,251 Median Household Income 356,176 Total To-Be-Professionals

Health Professional Shortage Areas

60 Primary Care 45 Dental/Dental 44 Mental Health

Loan Repayment and Scholarship Programs

27 Grants 12 Grants \$23,492,703 Funding

Key Program Areas by Funding



Fiscal Year: 2020
 State: Illinois
 County: DeWitt



2020 Awards & Demographics

Awards Summary

2 Grants 2 Grants \$1,306,432 Funding

Demographics

930,412 Population \$79,658 Median Household Income 35,437 Total To-Be-Professionals

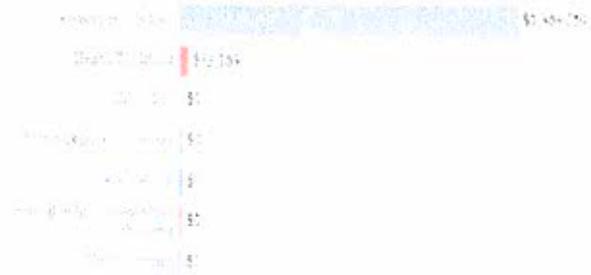
Health Professional Shortage Areas

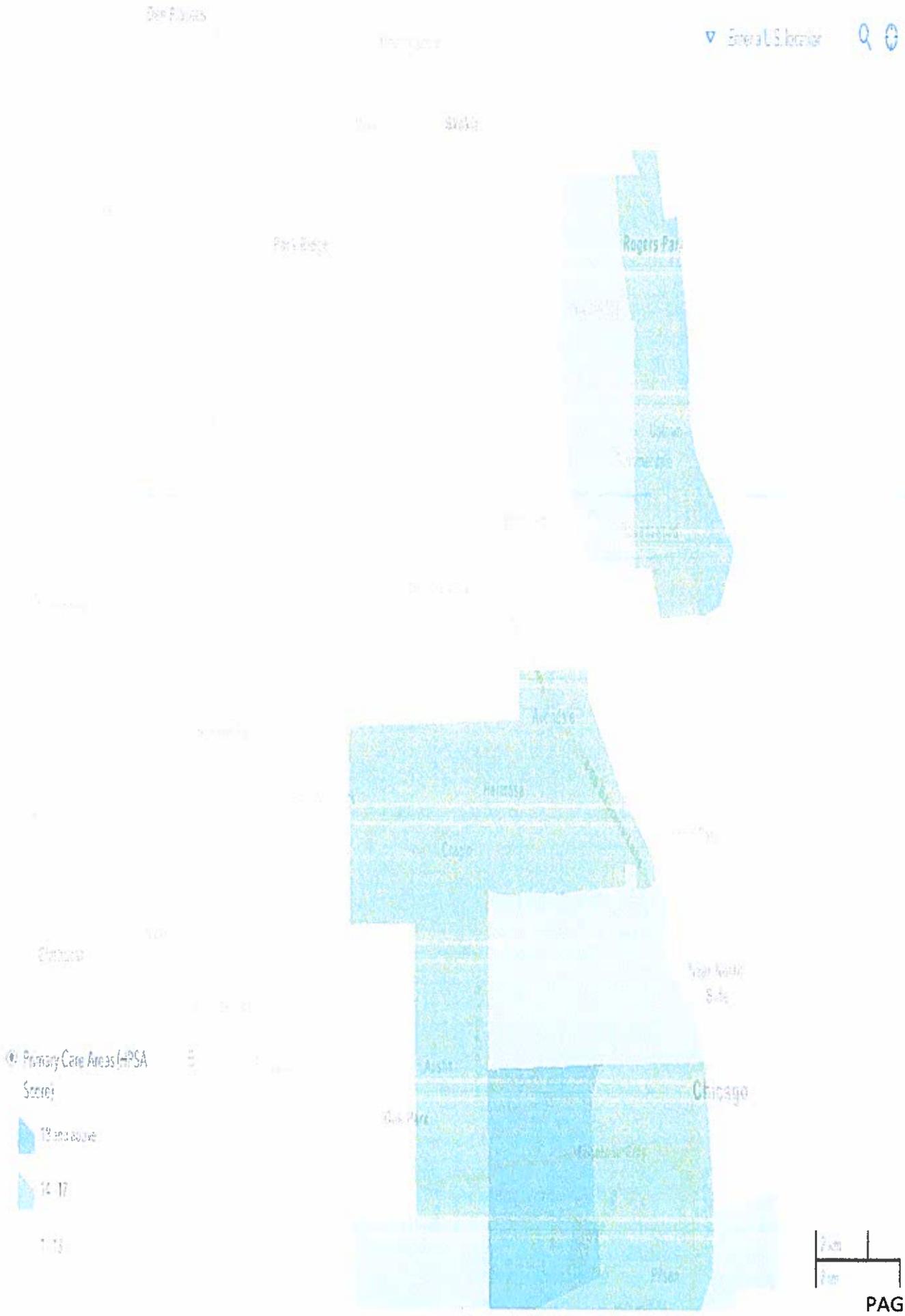
0 Primary Care 0 Dental/Dental 1 Mental Health

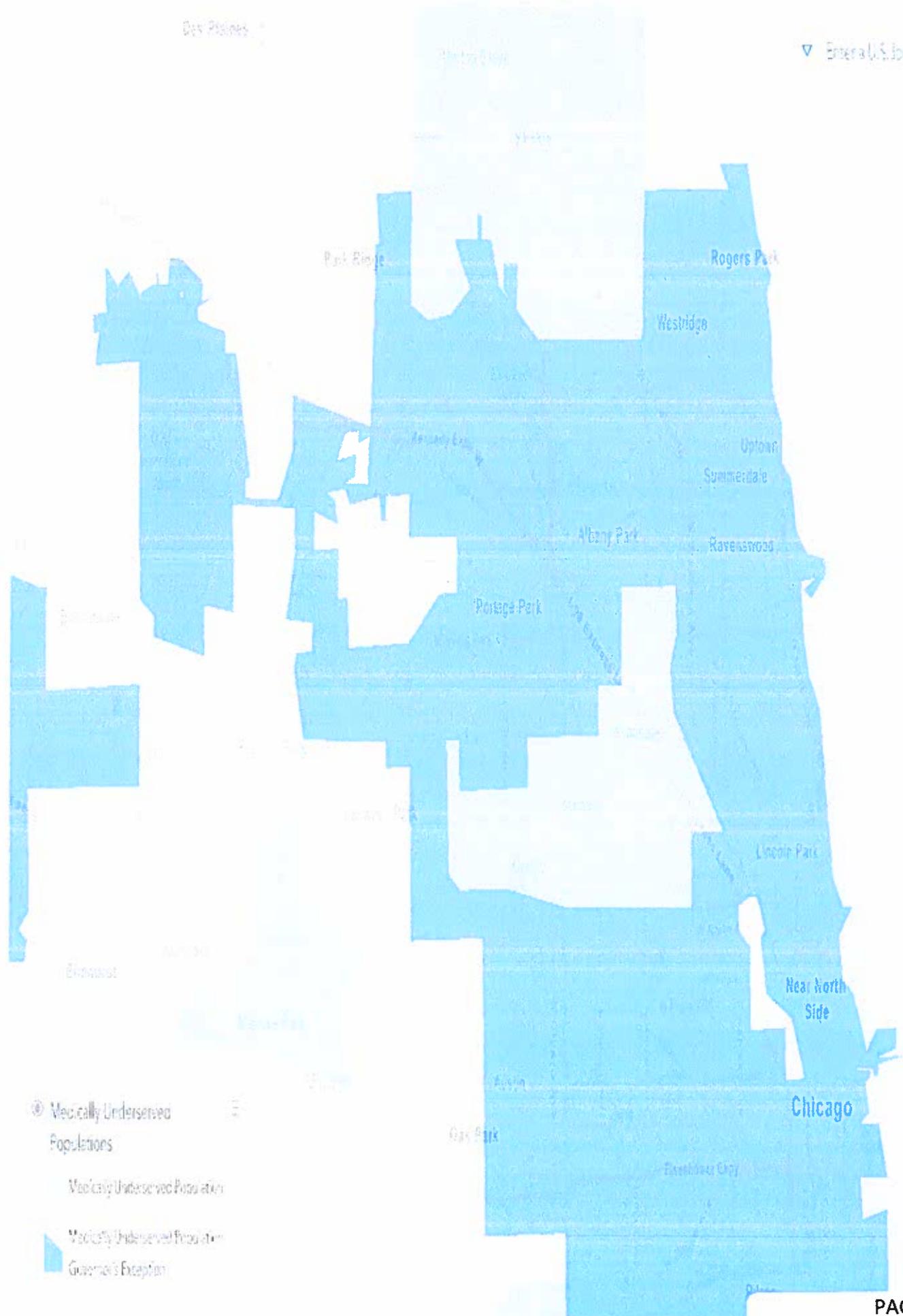
Loan Repayment and Scholarship Programs

1 Grants 1 Grants \$33,163 Funding

Key Program Areas by Funding









data.HPSA.gov

Zipcode	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Spot	HPSA Score	Status	Rural Status	Designation Date	Update Date
Healthy Care	1171368110	LF Polina D. Brown, M.D., F.A.C.P. J.D.	Low Income Population HPSA	Missis	COHEN COUNTY IL	10,5400	16	Designated	Non-Rural	06/07/2011	11/10/2018

ADMISSION POLICY

Screening Risk Criteria for admission and retention of birth center clients

1. The following criteria will be used by the Certified Nurse Midwives to determine which women and newborns can be safely cared for in the birth center. Risk screening is a continuous, on-going process that begins with the prospective OB inquiry and ends when the mother and newborn are discharge from the birth center in stable condition.
2. In general, eligibility for giving birth in the birth center requires an essentially healthy woman who has carried a singleton fetus to term, whereas the fetus is in vertex presentation for delivery, and who by general clinical standards can reasonably anticipate a normal spontaneous vaginal delivery.
3. The following factors identified as **absolute** contraindications to Birth Center care:
 - a. Previous uterine surgery, including but not limited to cesarean section.
 - b. Three or more consecutive spontaneous abortions prior to this pregnancy
 - c. Pre-existing disease requiring medical management including but not limited to diabetes, hypertension, heart disease, renal pulmonary, hemolytic disease, hyperthyroidism, neuro-psychiatric disorders and seizure disorders.
 - d. Drug or alcohol abuse.
 - e. Multiple gestation
 - f. Previously undetermined physical or emotional illness that requires medical management beyond the CNM scope of practice.
 - g. Abnormal lab results including but not limited to: confirmed HIV positive, Confirmed RPR positive, hemoglobinopathies, Rh Sensitization
4. The following factors identified are **relative** contraindications to Birth Center care:
 - a. Age at delivery <16
 - b. Primigravida >40
 - c. Multigravida >45
 - d. Grand-Multiparity >10 pregnancies
 - e. History of premature delivery, pregnancy or delivery complications.
 - f. Family history or prior child with hereditary disease or congenital anomalies
 - g. Pregnancy >24 weeks with no prenatal care this pregnancy.
 - h. Fetal loss (>2nd trimester) or neonatal loss with the last pregnancy
5. These additional factors which appear or develop in the course of the antepartum care may require consult or referral to appropriate level of medical management
 - a. Hyperemesis associated with weight loss persisting into the second trimester.
 - b. Incompetent cervix
 - c. Anemia unresponsive to treatment

Cut-off values for anemia in pregnant women

<u>Trimester</u>	<u>Hgb (<g/dl)</u>	<u>Hct (<%)</u>
First	11.0	33.0
Second	10.5	32.0
Third	11.0	33.0
 - d. Gestational diabetes requiring management with oral medication or insulin.
 - e. Gestational hypertension unresponsive to midwifery management.
 - f. Preeclampsia with or without severe features.
 - g. Abnormal fetal growth, fetal anomalies, IUGR, IUFD.
 - h. Polyhydramnios or oligohydramnios
 - i. Preterm labor with cervical change

- j. Placental complications including but not limited to placenta previa or placental abruption.
 - k. Pregnancy exceeding 42 completed weeks.
 - l. Acute onset or exacerbation of a medical condition requiring care beyond the midwifery scope.
 - m. Client noncompliance with healthcare responsibilities or required birth center care and or inability to form or maintain respectful relationship with the staff.
6. The following conditions which appear or develop during the intrapartum course which may necessitate transfer or admission to the hospital and medical management. The CNM will determine the appropriate ongoing role for the CNM should any of these conditions occur:
- a. Onset of labor at <37 weeks
 - b. Fetal malpresentation
 - c. Active HSV lesion
 - d. Rupture of membranes >24 hours without labor
 - e. Chorioamnionitis
 - f. Fever
 - g. Cord Prolapse
 - h. Hemorrhage
 - i. Blood pressure >150/100 or indicators of preeclampsia
 - j. Fetal distress
 - k. Thick meconium stained amniotic fluid
 - l. Failure to progress in labor.

The following will serve as the guidelines for dysfunctional labor patterns and require consultation with MD:

Dysfunctional labor:

- a. In the first stage of labor, 6cm or greater with membranes ruptured, arrest of labor will be determined along with the clinical judgment of the CNM and the collaborating physician if there has been no cervical change with adequate contractions palpating every 2-3 minutes, for 4 to 6 hours.
 - b. In the second stage of labor, arrest will be determined along with the clinical judgment of the CNM and the collaborating physician if no progress (descent or rotation) for 3 hours or more in a nulliparous women without epidural and 2 hours or more in a multiparous women without epidural. (Epidural analgesia is not offered at the birthing center).
7. The following post-partum conditions would require that the mother be transferred to the hospital for medical management.
- a. Retained placenta
 - b. Hemorrhage (EBL >1500) or hemodynamically unstable
 - c. Laceration requiring extensive repair not in the scope or expertise of the midwife. (MD will have discretion over whether the client needs transferred. MD may decide to repair an extensive laceration including a 3rd or fourth degree laceration at the birth center if able to perform adequately and with appropriate pain management.)
 - d. Any medical condition of the mother requiring > 12 hours observation post-partum.
 - e. Post-partum preeclampsia.
8. The following conditions of the newborn require transfer of the infant to pediatric care and or the hospital.
- a. Apgar score < 7 at 5 minutes of age
 - b. Weight < 2500 grams and or indications of prematurity.
 - c. Major anomaly

- d. Problems with respiration of thermoregulation
- e. Any medical condition of the newborn requiring more than 12 hours of observation after birth.

Pre-admission contact- All inquiries to the Birth Center will be addressed with open, honest communication about the birth center encouraging a positive public image.

1. Procedure:
 - a. A client inquiry sheet is completed by the nurse on all women seeking information about the Birth Center.
 - b. The nurse will obtain all the necessary information on the inquiry sheet as appropriate.
 - c. If it is clear that the person does not meet the risk criteria, she should be advised of that fact with an explanation of the risk criteria for prenatal care and safe birth practices at the birth center.
 - d. After the initial phone interview, potential clients meeting the risk criteria qualifications are scheduled for "Good Beginnings" class as an orientation to the birth center, midwifery care and out of hospital birth.
 - e. The inquiry sheet will be filed in the "Good Beginnings" binder so it is available at the time of the schedule orientation/class.
2. Orientation
 - a. Welcome and introduction
 - b. Review some history of the Birth Center and the philosophy of midwifery care as well as the Birth Center.
 - c. Explain Midwifery and the team concept of care. Discuss team members may include (but is not limited to) by consultation; CNM's, Nurse Practitioner, nurses, physicians, lactation consultant and psychologist, family practice physician and pediatrician. The client is a team member as well.
 - d. Discuss risk criteria and the rationale for each criteria as they set a foundation for safe delivery of care.
 - e. Review the Birth Center program
 - i. Prenatal visits: traditional care vs. Prenatal Care Plus (PCP)
 - ii. Family involvement
 - iii. Educational program and available resources
 - iv. Out of hospital Labor and Birth
 - v. Post-partum and newborn follow up
 - f. Role of the OB consultant, collaborative management and transfer of care for emergency circumstances.
3. Tour
4. Answer Questions
5. Review Paper work. Insurance confirmation to be completed. If client is private pay, these arrangements are also made however, client is not required to commit to care until after the initial orientation class.

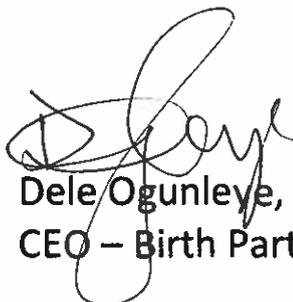


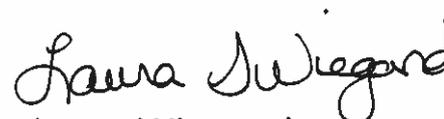
RE: Admissions per Payor Source

To Whom It May Concern

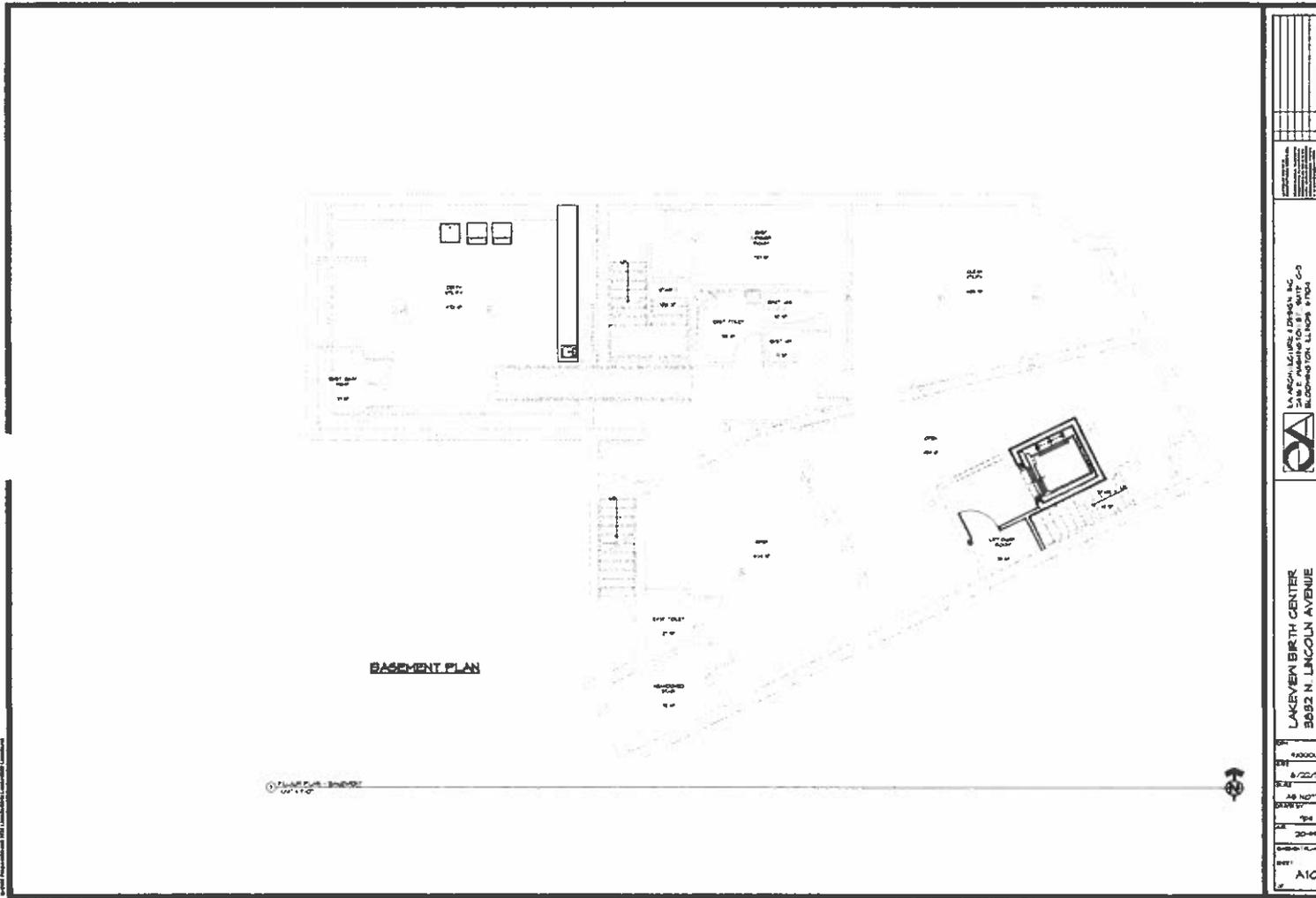
With our signature below, the owners of Birth Center of Chicago, LLC confirm that, there will be no restrictions of admissions to the birth center due to the payor source.

Sincerely,


Dele Ogunleye, MD
CEO – Birth Partners, INC

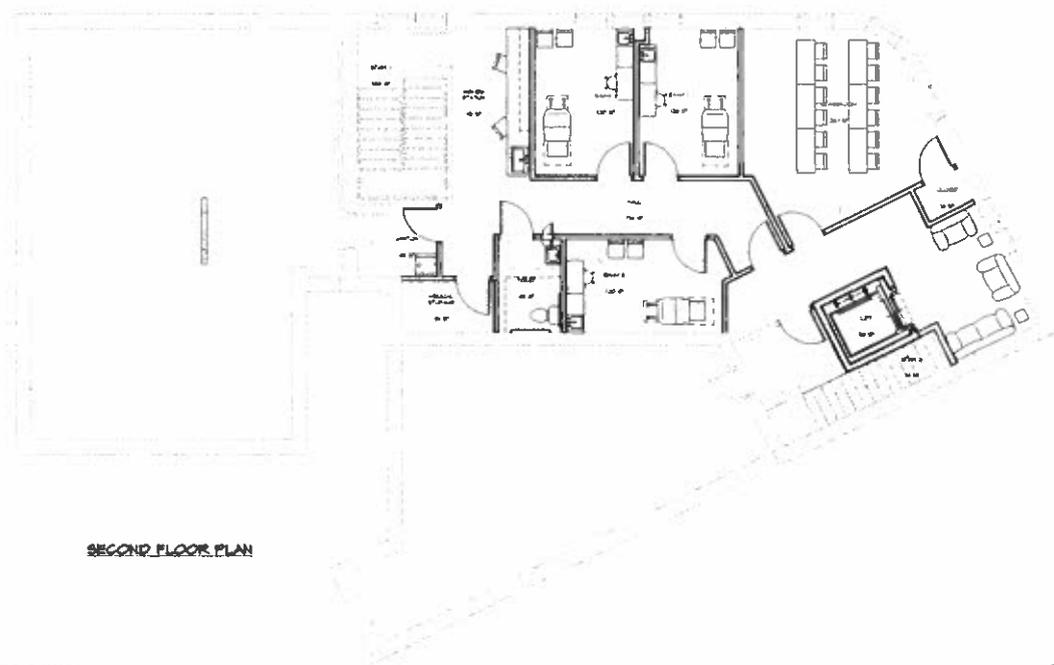

Laura Wiegand
COO – Birth Partners, INC

(Officer of ownership organization)



PROJECT:	LAKEVIEW BIRTH CENTER
OWNER:	LAKEVIEW BIRTH CENTER, INC.
ARCHITECT:	LAKEVIEW BIRTH CENTER, INC.
DATE:	8/22/11
SCALE:	AS SHOWN
DRAWN BY:	AK
CHECKED BY:	AK
DATE:	8/22/11
PROJECT NO.:	20-029
REV.:	1
BY:	AIC
DATE:	8/22/11

LAKEVIEW BIRTH CENTER
3032 N. LINCOLN AVENUE



SECOND FLOOR PLAN

© 2013 by [unreadable]

PROJECT NO.	#20-029
DATE	10/1/13
PROJECT NAME	LAKEVIEW BIRTH CENTER
ADDRESS	3092 N. LINCOLN AVENUE
CITY	LAKEVIEW, WY
ARCHITECT	LAKEVIEW ARCHITECTURE & DESIGN, INC.
OWNER	W. JOHNSON FOR, ALLISON & TONY
SCALE	AS SHOWN
DATE	10/1/13
BY	[Signature]
CHECKED BY	[Signature]
DATE	10/1/13
PROJECT	A1C
SHEET NO.	1
TOTAL SHEETS	1



Tyler Manic
70 W. Madison Street
Suite 5300
Chicago, IL 60602
Main (312) 345-5700
tmanic@schainbanks.com
www.schainbanks.com

Via e-mail
May 26, 2020

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street
Second Floor
Springfield, Illinois 62761

RE: Letter of Support for the Birth Center

To whom it may concern:

I believe the introduction of the Birth Center will be a welcome addition to the area. I believe the introduction of the Birth Center option for low-risk maternity patients has been especially beneficial to the community. The Birth Center gives women who meet the low-risk criteria the option to have a physiological birth. Providing options and reducing healthcare costs is especially important during these turbulent times. As a result, I wholeheartedly support the Birth Center and the opportunities it provides to give a greater range of healthcare options and reducing the healthcare costs associated with giving birth.

Thank you for taking the time to read my letter of support.

Sincerely,

Tyler Manic

Jennifer Jaume

5831 N Sheridan Rd
Chicago, IL 60660
(773) 808-9923
jennifer.jaume@gmail.com

May 21, 2020

To Whom It May Concern,

I am expressing support for a birth center on the north side of Chicago, IL. Now, more than ever, women and families are seeking out-of-hospital births. This birth center will provide a home-like setting that is integrated with a local hospital--the marriage of comfort and safety that expecting families desire. According to the National Birth Center Study II, this model of care has a proven safety record with a c-section rate (6%) below the national average (31.9%). In addition, birth centers are more cost effective while also providing high quality care.

This birth center will be an asset to my community. It will provide a dedicated place for certified nurse midwives to practice as well increase job opportunities for nurses and needed support staff. The center will be a community hub for prenatal education, prenatal fitness, and a gathering space for organizations serving expecting families. A birth center is needed in our community. I encourage you to strongly consider support for this birth center.

Sincerely,

Jennifer Jaume, CNM

Ticol Health Services
P O BOX 158, Orland Park, IL 60462
Phone 708-850-5020; Fax 708-590-0804
ticolhealthservices@gmail.com

06/03/2020

Illinois Health Facilities and Service Review Board,
525, W. Jefferson St., 2nd Floor
Springfield, IL 62762

Dear Members of the Board,

Letter of Support for the Birth Center of Chicago, LLC

I write this letter in support of the proposed Birth Center of Chicago, LLC being designed to give low risk mothers a desirable and safe birthing experience.

At birth centers, expectant mothers get personalized care giving women the opportunity to deliver their babies in more natural and private settings and providing them a safe and pleasurable birthing experience.

According to CrissCross, Volume 4, Issue 1, a publication of the Illinois Wesleyan University, "Low risk laboring mothers should deliver at a birth center as it provides more benefits than a hospitalized birth experience including a decreased risk of cesarean section, lower hospital expense, and better neonatal health outcomes". During the ongoing COVID-19 pandemic, birth centers would be ideal places for delivery for some expectant mothers who are afraid to seek care at hospitals because of the risk of exposure to the virus.

The owners of the proposed birth center have experience with operating and managing birth centers. Their hospital transfer rate, complication rate, and cesarean section rates are low, hence this birth center will continue their already established success.

I urge the members of the board to approve the application for the Birth Center of Chicago.

Sincerely,



Titilayo C. Abiona, MD, MPH

President, Ticol Health Services

5/19/20

To Whom it may concern,

I am writing in support of the Chicago Area Birth Center. I am a Certified Nurse Midwife in Illinois and have been serving pregnant clients and their families since 2012. This will be the first freestanding birth center in Chicago, opening up this unique healthcare model to low-risk individuals and I believe it will be a very welcome addition to the area!

Not only do birth centers lower the cost of birth expenses, but they provide enormous health benefits. The National Birth Center Study II showed that less than 1 in 16 birth center clients required a cesarean section birth (8% cesarean section rate) compared to 27% for the sates of Illinois (according to 2015 data). Birth centers also aim to reduce the staggering health disparities that exist for black and indigenous pregnant individuals and are successfully making a difference around the country. The evidence in support of the birth center model of care led by Certified Nurse-Midwives is abundant, and the need for more of these models in Illinois is dire.

The current COVID-19 crisis has highlighted even more the importance of community-based care settings like birth centers. Birth centers keep healthy folks out of the hospital and help to reduce transmission to vulnerable populations like pregnant clients. More than ever before, individuals are seeking out-of-hospital care and birth, and there are just not enough safe options for them in Chicago.

In addition to pregnancy and birth, the birth center's midwives will also be able to provide primary care and gynecology services, becoming one more resource for the community to access respectful, quality, evidenced-based health care services. I strongly endorse this birth center, and implore you to approve it.

Thank you!

Sarah Stetina, MSN, APRN-FPA, CNM

A handwritten signature in black ink, appearing to read 'S Stetina', written in a cursive style.



BIRTHGUIDE
CHICAGO

To whom it may concern:

BirthGuideChicago.com is a website that helps pregnant women in the Chicago area find care providers who are a good fit for them. Over 1000 visitors come to the site every month, and that number is rapidly increasing.

Among other features, BirthGuide offers information about the [benefits](#) and [well-documented safety](#) of birth centers. **For the many low-risk women who want to avoid interventions and minimize their likelihood of having a c-section, freestanding birth centers offer an invaluable alternative to hospital birth.**

The demand among women for birth center care is increasing. [As a recent editorial from the editors of Scientific American](#) notes,

A national shortage of birth centers further limits women's choices. These homelike settings are designed to support naturally laboring women with amenities such as warm baths and spacious beds and are consistently rated highly in surveys of patient satisfaction. Yet there are only around 350 existing freestanding birth centers in the entire nation, and nine states lack regulations for licensing such facilities. **More government support for birth centers would help midwives meet a growing demand, which has already fueled an increase of 82 percent in centers since 2010.**

Policy makers, providers and insurers all have good reasons to encourage a shift toward midwifery. The result will be more choices and better outcomes for mothers and babies.

While Illinois women are fortunate to live in a state that licenses birth centers, to date there is only one freestanding birth center in the greater Chicago-area. Approval for an additional birth center, will help to meet the growing demand for birth center care, and will reduce travel distances for women seeking that care in the West suburbs.

More birth centers in Illinois will mean more choices for families, better outcomes for mothers and babies, and more cost-effective care for insureds and payors.

Sincerely,

Anne Nicholson Weber
President, BirthGuide LLC

From: Victoria Michonski <vmichonski@gmail.com>
Date: June 12, 2020 at 3:58:17 PM CDT
Subject: In support of a Chicago area Birth Center

To whom it may concern:

I believe the introduction of the Birth Center will be a welcome addition to the area. I believe the Introduction of the Birth Center option for low-risk maternity patients has been especially beneficial to this community, which has typically struggled with higher Cesarean Section rates. The Birth Center gives women who meet the low-risk criteria the option to have a physiological birth. The National Birth Center Study II shows that less than 1 In 16 birth center patients require a Cesarean Section birth (a 8% cesarean rate) compared to the nearly 35% of births locally done by Cesarean Section. As a result, the Birth Center will help reduce the healthcare costs associated with giving birth.

In my Chicago doula practice, I have nearly 200 clients yearly and meet many more families expecting babies in my childbirth education classes who desire a free-standing birth center but are not willing to travel the far distance outside of Chicago to the ONE southwest suburban option available. Thank you for taking the time to read my letter of support.

Warmly,

Victoria Michonski

312Douglas Co-founder // 312Douglas@gmail.com // 773.312.7005

SpinningBabies® Parent Educator, Evidence Based Birth® Instructor,
Hypnobabies® Instructor, Certified Lactation Counselor, Labor Support &
Postpartum Doula

TRANSFER AGREEMENT

This Transfer Agreement is entered into on January 1, 2020 (the "Effective Date"), by and between Advocate North Side Health Network d/b/a Advocate Illinois Masonic Medical Center ("Hospital"), an Illinois not-for-profit corporation, and Lakeview Birth Center, LLC ("Facility").

WHEREAS, Hospital is licensed under Illinois law as an acute care hospital;

WHEREAS, Facility provides comprehensive support through pregnancy, labor, and the postpartum period.

WHEREAS, Hospital and Facility desire to cooperate in the transfer of patients from Facility to Hospital, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from Facility to Hospital, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 The term of this Agreement shall be for one (1) year from the Effective Date. This Agreement shall automatically renew for additional one (1) year terms unless terminated by either party as set forth herein.

II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 In accordance with the regionalized Perinatal Health Care Code (77 Ill/ Adm. Code) and as required for the Birth Center by the IDPH Birth Center initial licensure application (Section 265.1250(h) & Section 265.2250), the parties agree to enter into this Agreement.

3.2 Facility agrees:

a. That Facility shall refer and transfer patients to Hospital for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's provider ("Transferring Provider") or in an emergency medical situation;

b. That the Transferring Provider shall contact the inhouse obstetrician prior to transport, to verify the transport and acceptance of the emergency patient by Hospital. The decision to accept the transfer of the emergency patient shall be made by Hospital's receiving obstetrician, hereinafter referred to as the "Accepting Physician". The Transferring Provider shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by Hospital and/or Accepting Physician;

c. That Facility shall be responsible for affecting the transfer of all patients referred to Hospital under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the

83353v4 01/10/2020

patient during the transfer. The Transferring Provider shall determine the appropriate level of patient care during transport in consultation with the Accepting Physician:

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Accepting Physician:

e. That, prior to patient transfer, the Transferring Provider is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Provider to be unable to give informed consent to transfer:

f. That the Medical Director and the Clinical Director for the Birth Center shall attend periodic Morbidity & Mortality Review Meetings at the Hospital to review patient transferred from the birth center; and

g. To maintain and provide proof to Hospital of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.3 Hospital agrees:

a. To accept and admit in a timely manner, subject to bed availability, Facility patients referred for medical treatment, as more fully described in Section 3.1:

b. To accept patients from Facility in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Provider at Facility:

c. That Hospital will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Providers and/or transfer patients:

d. That Hospital shall provide Facility patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services, and

e. To maintain professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.3 Parties agree to work together to develop a clinical collaborative agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, Facility shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to Hospital, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of Hospital and Facility shall remain the property of each respective institution.

4.2 Personal Effects. Facility shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to Hospital. Hospital shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at Hospital.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, demand, judgment and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

4.4 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either Hospital or Facility. The governing body of Hospital and Facility shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.5 Publicity and Advertising. Neither the name of Hospital nor Facility shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/802101 et seq., as may be amended from time to time.

4.7 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate

against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.8 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.10 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of Hospital and Facility with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 Notices. All notices permitted or required to be given under the terms of this Agreement shall be deemed received when delivered personally within three (3) days after it has been post-marked in the United States Mail, certified, postage prepaid and addressed as follows:

If to the Hospital: Advocate Illinois Masonic Medical Center
836 West Wellington
Chicago, Illinois 60657
Attention: President

With a Copy to: Advocate Health Care
3075 Highland Parkway
Suite 600
Downers Grove, Illinois 60515
Attention: Chief Legal Officer

If to the Facility: Lakeview Birth Center, LLC
2300 N Clybourn Avenue
1st Floor
Chicago, Illinois 61614

With a Copy to: Birth Partners, INC
2107 Crimson Lane
Bloomington, Illinois 61704

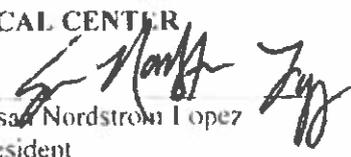
Any party may change the address for notice by notifying the other party, in writing, of the new address

IN WITNESS WHEREOF, this Agreement has been executed by Hospital and Facility as of the Effective Date.

ADVOCATE ILLINOIS MASONIC
MEDICAL CENTER

By:

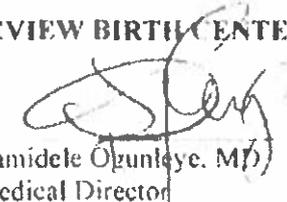
Susan Nordstrom Lopez
President



LAKEVIEW BIRTH CENTER, LLC

By:

Bamidele Ogunleye, MD
Medical Director



Date:

1-15-2020

Date:

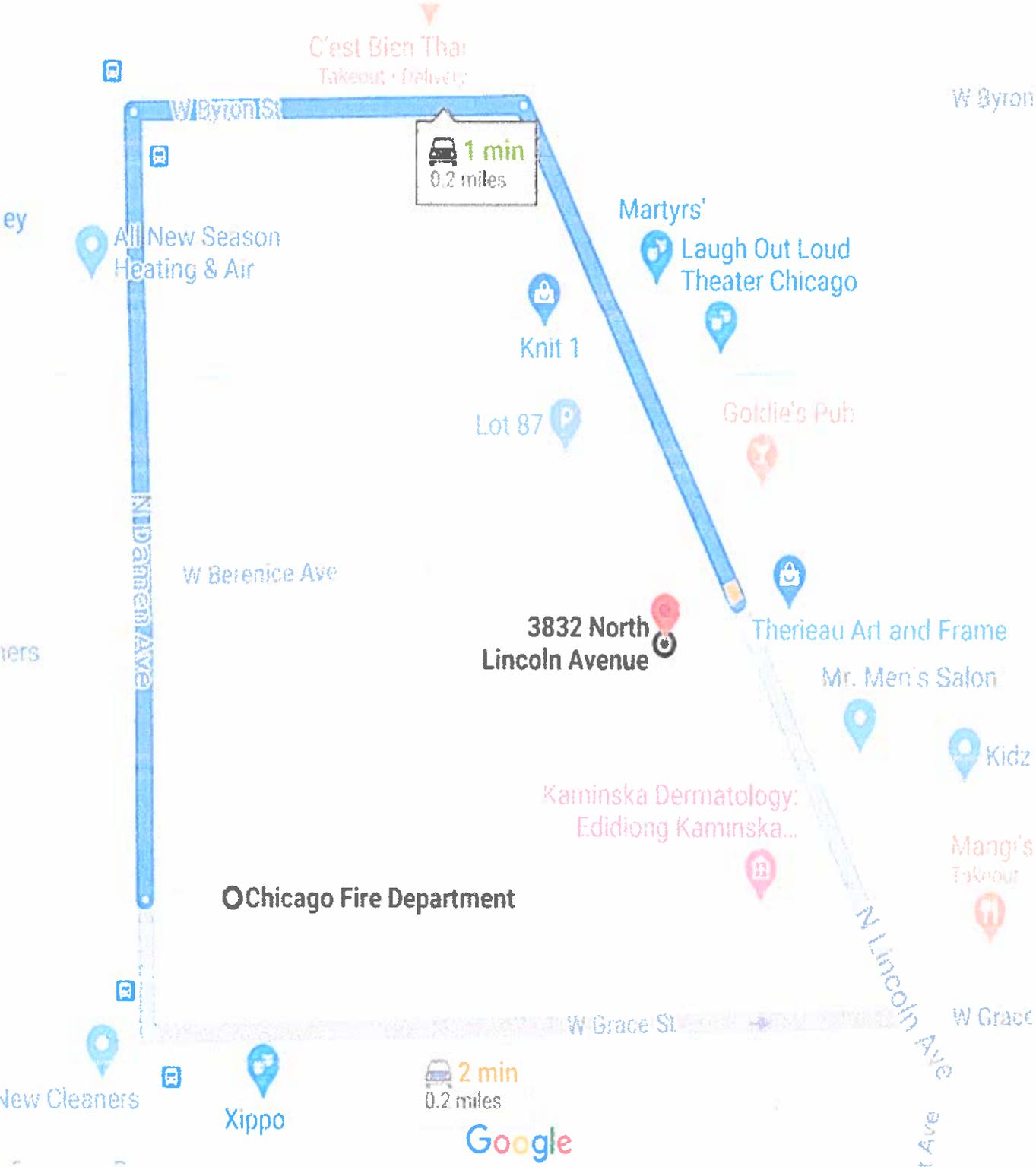
1/14/2020

TRANSFERS ROUTE FOR AMBULANCE for:

3832 N Lincoln, Avenue, Chicago, IL 60613

Chicago Fire Department, 3801 N Damen Ave, Chicago, IL 60618

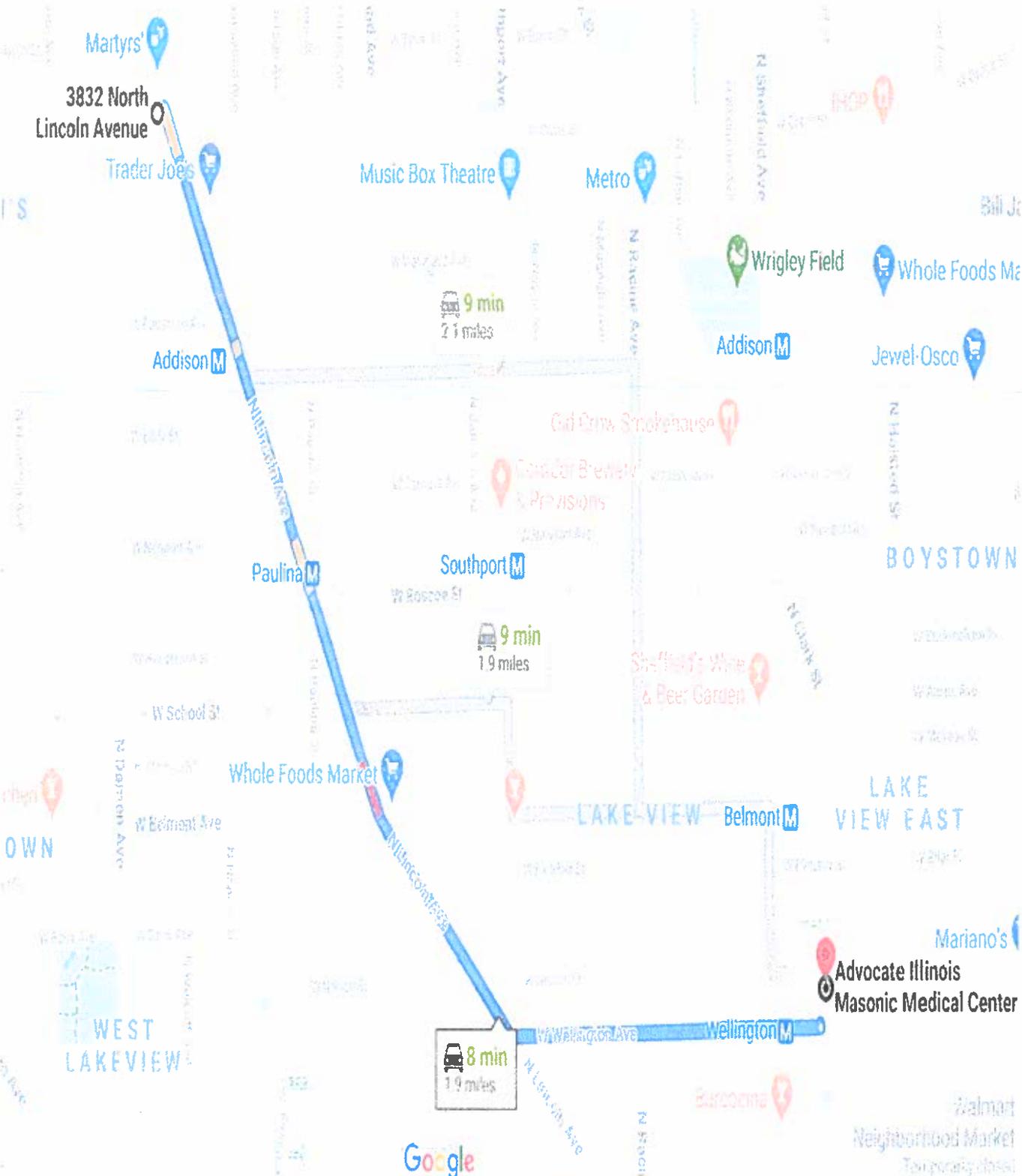
Only 1 minute from the Birth Center with NO lights & NO sirens



TRANSFERS ROUTE to HOSPITAL from:

3832 N Lincoln, Avenue, Chicago, IL 60613

Advocate Illinois Masonic Medical Center; driving distance only 8 minutes from the Birth Center with NO lights and sirens





RE: Medicare/Medicaid Certification

To Whom It May Concern

With our signature below, the owners of Birth Center of Chicago confirm that we intend to seek certification of the birth center, and any and all practitioners of the Center, for participation in the Medicare and Medicaid programs under titles XVII and XIX, respectively, of the federal Social Security Act (42 USC 1395 and 1396)

Sincerely,

A handwritten signature in blue ink, appearing to read "Dele Ogunleye".

Dele Ogunleye, MD
CEO – Birth Partners, INC

A handwritten signature in blue ink, appearing to read "Laura Wiegand".

Laura Wiegand
COO – Birth Partners, INC

(Officer of ownership organization)

CHARITY CARE POLICY

Financial Policy:

The mission of Birth Center is to provide a high-quality, cost effective out-of-hospital birth experience for low-risk pregnant mothers and babies, for prenatal care, natural childbirth, and full postpartum care. Inherent in the Center's mission are values of respect and compassion for all human beings. With its mission and values as its guiding philosophy, the Birth Center is committed to putting the needs of the patient first, and thus enacting a policy designed to meet the financial needs of patients.

Birth Center care is intended to be a lower cost option than traditional obstetrical/ hospital care. Our preference would be to provide a package of comprehensive services that cover all the essentials of prenatal care, birth and follow-up services. This is what we are able to do when we offer a set fee to our self-pay, under insured or uninsured clients. However, insurance companies/ "third party" payers (someone else is being billed for your care) require that services be broken out and billed separately.

COMPREHENSIVE BIRTH CENTER CARE includes the following:

- initial history and physical exam
- basic prenatal lab work
- prenatal visits and/ or group sessions (typically one first trimester visit then every 4 weeks to 32 weeks; every 2 weeks to 38 weeks; then weekly until delivery)
- 24 hour telephone counseling and availability
- nurse-midwife attendance throughout labor and birth
- labor and delivery in the Birth Center facility
- postpartum and newborn care in the Center up to 12 hours with a nurse in attendance
- postpartum office visits for mother at 24- 72 hours after birth, one week and six weeks.

The following services, if needed, are charged separately:

- ultrasound(s)
- laboratory test(s)
- specialized testing or treatment beyond the customary
- birth class and breastfeeding class
- drugs or medications
- emergency transport charges
- obstetrician's and pediatrician's fees
- hospital charges
- a follow up visits for the newborn, along with state mandated screening tests; metabolic screening, CCHD and hearing screening
- circumcision of the newborn
- additional visits for illnesses that are not routine prenatal care will be billed separately

Note regarding special circumstances: 1). In the event of a transfer of care during pregnancy, fees are determined on the basis of the services rendered. 2) For a planned hospital birth, the midwives charge the professional fee. The hospital will bill you separately for the services you and your baby receive. 3) When labor has been managed by the nurse-midwives, the professional fee and facility fee will be charged for use of the Birth Center even if a transfer occurs in labor and birth occurs in the hospital.

INSURED CLIENTS The Birth Center must bill separately for professional care , use of the facility and newborn care. The contracted laboratory will bill for laboratory services. Every insurance plan differs as to what they pay for such services. Your insurance will be verified in accordance with practice policy. Currently our billing service provides this service after you register and upon payment of their associated

fee. You will be responsible for payment of the difference between the total fee and the estimated expected insurance benefit. You may pay the balance due in full at the first visit or in installments. We will set up a payment contract. Please remember that the filing of an insurance claim is a courtesy to you. Payment is ultimately your responsibility. Your insurance company contract is with you.

SELF-PAY The fee for comprehensive birth center care for uninsured clients is substantially discounted. **An initial \$500 payment is expected for self-pay clients and those with unmet insurance deductibles exceeding \$500.** This payment (part of the total fee) reflects the cost of this initial visit. Arrangements for the payment of the fee balance are made on an individual basis as described below. Information on finance services is available upon request. All payment plans are to be paid in full by the estimated due date. Any account with a balance remaining 60 days after delivery is subject to turnover to a collection agency.

MEDICAID Illinois Medicaid reimbursement is accepted as a form of payment. Charges not covered by Medicaid are your responsibility. We will inform you of your payment obligations if you should become ineligible for Medicaid prior to the end of your pregnancy. Please stay aware of your continuing Medicaid eligibility. It is your responsibility to keep Medicaid and our practice informed of any changes in your insurance and to ensure that we have information on all policies that you have.

CHARITY CARE The scope of the Birth Center Charity Care policy has two components:

- a) providing a fair and equitable financial assistance program;
- b) providing education and resources for our patients

The center will work with each family to ensure quality care and will budget accordingly for charity care, including faith based health sharing plans.

Financial Assistance: The Birth Center will follow a fair and consistent method for the reviewing and granting requests for charitable medical care to our patients who are unable to pay their hospital and/or clinic bills due to difficult financial situations. A designated representative will review individual cases and make a determination of financial assistance that may be offered. Eligible individuals include patients who do not have insurance and patients who have insurance but are underinsured. Patients must cooperate with any insurance claim submission and exhaust their insurance coverage before becoming eligible for financial assistance. The need for financial assistance will be based on a historical financial profile and current financial situation, including income, assets, employment status, family size and availability of alternative sources of payment. Assistance may include individualized payment plans, medical services at reduced rates, and full write-offs, using federal poverty income guidelines, using fair and consistent collection practices that are in the best interest of all parties involved.

Education & Resources: Birth Center will provide education and assistance to help patients find sources to fund their care, including identifying alternative sources for their medical care and opportunities to work with outside agencies. The Center will work with local agencies such as the Health Department's staff to connect patients with the necessary resources for physical, emotional and financial well-being.

QUALITY OF SERVICES/CONTINUOUS QUALITY IMPROVEMENT POLICY

Quality of Services:

1. The Birth Center strives to provide high quality, gynecological and well woman care, as well as family centered, maternal and newborn care to healthy women anticipating uncomplicated pregnancies, labor and birth.
2. The staff at the birth center maintains the all professional standards for each respective discipline.
3. The birth center staff will maintain continued personal and professional continuing education in order to keep up to date in advances or changes in evidence based care.
4. The staff cares for the woman and her family; however, *the woman* defines her family.
5. Each client receives an information packet to inform them of the quality of services provided. At the initial appointment written information is given describing level of care, confidentiality and patient rights and responsibilities.

Procedure for evaluation:

1. Each patient will be provided with an Evaluation after birth. Forms will be reviewed by the Birth Center Director, CNM and at board and staff meetings.
2. Cumulative statistics on all phases of care will be gathered and reviewed quarterly by the Director. Any trend of concern will be brought to the staff and consultants meetings for discussion and plans for improvement.
3. The Board of Directors will review the cumulative statistics yearly. The education program will be reviewed at least yearly by the CNMs and revised as needed.
4. The Administrator will survey clients' periodically on client satisfaction and other issues as directed by the Board of Directors or requested by the CNM Director or staff. This information will be presented at staff and board meetings
5. The professional staff and consultants will periodically review cases of transports as well as cases with outcome problems. Recommendations for changes will then be proposed and approved.
6. Chart Reviews will be done by trimester. Gynecological chart will be reviewed by the CNM director.

Review of Policies & Procedures and Clinical Practice Guidelines:

1. Every policy protocols and procedure will be reviewed annually by the CNM Director and administrator.
2. Clinical Practice Guidelines, Risk Criteria and the Approved Drug List will be reviewed annually by the CNM Director submitted to the collaborative physicians for re-approval.
3. Record of policy and procedure review will be documented on the policy and procedure review form and filed in the administrative files.
4. Any interim revisions or additions to the care guides because of changing or evolving best practice will be presented at monthly meeting to have approval by the professional

5. staff and collaborative physicians or medical director.
6. Medical record forms, Education materials and client hand-out/forms are reviewed on an ongoing basis and revised as needed.
7. Retired forms/policies and procedures/clinical practice guidelines are filed in historical file binders by date.
8. Outside consultation expertise is used to review problems and identify quality Improvements as needed.

Facility Safety:

1. Facility rounds will be conducted monthly by the Director or a staff member whom she assigns.
2. The facility safety checklist will be used, and each item on the list checked.
3. Any item found deficient will be corrected as soon as possible or reported to the CNM Director or administrator.
4. The deficiency and evidence of correction will be documented on the facility safety checklist.
5. A summary of the facility rounds will be reported at staff meeting.
6. The completed checklist will be kept on file in the CQI manual.

Equipment Maintenance:

1. All equipment will be checked on a regular basis according to criteria specified in the equipment maintenance criteria to assure that it is clean and in good working condition.
2. Regular maintenance checks will be documented on the CQI Checklist and filed in the CQI manual.
3. Defective equipment is labeled as such and stored until repaired.
4. Temperatures of refrigerators/freezers will be monitored when in office. If min/max temp recording falls out of safe range, health department will be contacted for further instruction.

Inventory and Shelf Life:

1. All supplies will be checked on a monthly basis to assure that inventories are adequate and expiration dates are current.
2. Check all medications monthly for expiration dates.
3. Discard or return any expired drugs or supplies and replace to meet stock requirement.
4. Re-sterilize any re-useable sterile packs or instruments which have expired.
5. Any sterile packs without expiration dates may be used unless package had become damaged at which point would need discarded per manufacturer's guidelines.
6. Make note of medications and supplies that will expire within the next month and place them so they will be used first, prior to expiration.
7. Check stock of all drugs, IV's, and sterile and non-sterile supplies to assure that amounts are adequate each practice day for exam rooms and for delivery suites after each delivery and or monthly.
8. Order any needed supplies.
 - a. Record inventory on "Master Inventory List"
 - b. Shelf life for medication and expirations are documented quarterly and this check list kept on the outside of the locked door of the medication cabinet.

Emergency Supplies:

1. Readily accessible emergency boxes are maintained for both maternal and neonatal emergencies.
2. All emergency boxes and supplies will be checked monthly and after each birth if emergency box is opened to ensure that:
 - a. The box is closed and secure and not opened unless there is an emergency for the mother or the baby.
 - b. Equipment and supplies for emergency tray are neatly arranged checked and a log of the checks is maintained.
 - c. All drugs and supplies are in the proper location.
 - d. Amounts are adequate.
 - e. Expiration dates are current.
 - f. Emergency supplies will be maintained according to emergency supplies list.
 - g. Place surgical tape or sticker over the opening of the box with initials and date it was last inventoried and secured.

Emergency Drills:

Although emergencies at the birth center are rare, they do require swift decisive action when they occur. Emergency drills are a way to ascertain the ability of staff to respond to an emergency swiftly, efficiently and effectively.

1. Emergency Drills are conducted on the following basis
 - a. Fire/Disaster: Quarterly
 - b. Medical Emergency: Quarterly
 - c. Other drills: Quarterly.
2. An emergency drill report will be completed and filed in the Facility Binder filed under SAFETY & DRILLS
3. Responsibility for conducting each drill will be the CNM Director or Administrator and will include staff member.
4. The staff member conducting the drill is also responsible for completing the emergency drill report and returning filing it in the SAFETY & DRILLS binder.
5. If deficiencies are identified as a result of any drill, they will be corrected by staff in-service, change in procedures, or other appropriate action.
6. Medical Emergency Drills will include but are not limited to:
 - a. Post partum Hemorrhage
 - b. Prolapsed Cord
 - c. Neonatal Resuscitation
 - d. Shoulder dystocia

CQI Report and Peer Review (Morbidity & Mortality Review):

1. Objective: To provide guidelines for morbidity and mortality criteria and standards for review at Birth Center.
2. Purpose of this review is to discuss cases from the previous month that meet the criteria determined by mutually agreed upon guidelines. This meeting is also a form of peer review.
3. The review will take place during the monthly provider staff meeting so that discussions can involve all of the providers. This day may vary based upon holiday schedules and CNM on call.

4. All professional staff will attend the M&M reviews as well as those providers involved with the individual case presented. Providers or ancillary staff involved with the care of the client involved in the review will provide written account of the event or series of
5. events contributing to unusual occurrence.
6. All notes taken during the meeting will meet the HIPAA standards and will only have the patients initials and pertinent information related to the case.
7. The following clinical situations meet the criteria for review:
 - a. Unexplained 3rd trimester IUFD
 - b. Perinatal morbidity
 - c. APGARS < 5 at 5 minutes
 - d. Birth Trauma
 - e. Severe Shoulder dystocia
 - f. Neonatal seizure
 - g. Maternal seizure
 - h. Baby transferred out following delivery
 - i. Any postpartum hospital admission
 - j. Maternal EBL >1000 PPH
 - k. Maternal morbidity
 - l. Any potential event or encounter which may result in legal action
8. The provider(s) involved will review the case or issue immediately following as an After Action Review or debriefing if applicable.
9. The CNM (s) involved will be prepared to give a case review with a description of the case, the complication and actions taken.
10. The staff has the opportunity to discuss the complication and make any recommendations if applicable.

Unusual Event Report:

1. Whenever an unusual event occurs involving staff, clients, families, students and/or visitors, an unusual event report will be completed by the staff member involved and filed in the administrative file.
2. All unusual event reports will be reviewed by the CNM Director and the medical Director and appropriate action taken.
3. An usual event is defined as any occurrence that is out-of-ordinary, particularly if the event has quality of care or risk management implications.
4. Examples of types of incidents requiring completion of the form are:
 - a. falls or other injuries
 - b. needle sticks
 - c. client/family with serious complaint regarding birth center services, staff or care
 - d. poor clinical outcomes
5. Clients or family complaints regarding a specific staff member or care rendered will be reviewed and handled by the CNM Director or administrator. The CNM Director will discuss the evaluation with that individual. A copy of the comments, and any discussion, may be placed in the employee's personnel file at the discretion of the CNM Director or administrator.

Investor's Information

Name	% of Ownership	Amount	Birth Center Location	Address	City	State
Mike Bixbe	10%	\$ 300,000	Chicago		Cincinnati	OH
Dr. Jason Davis	5%	\$ 150,000	Chicago		Bloomington	IL
Drs. Brian & Lisa Emm	5%	\$ 150,000	Chicago		Bloomington	IL
Dr Olufemi "Femi" Abiodun	5%	\$ 150,000	Chicago		Southlake	TX
Dr Ayodele Olowookere	5%	\$ 150,000	Chicago		Midland	TX
Dr Fortune Alabi	5%	\$ 150,000	Chicago		Celebration	FL
Dr Dapo Afolabi	5%	\$ 150,000	Chicago		Fort Worth	TX
Dr. Omar Khokhar	5%	\$ 150,000	Chicago		Bloomington	IL
Scott Gordon	5%	\$ 150,000	Chicago		Bloomington	IL
Birth Partners, INC (BPI)						
Dele Ogunleye, President / Co-founder of BPI	50%	LOC as needed	Chicago		Bloomington	IL
Laura Wiegand, COO/Co-Founder of BPI					Washington	IL

Signature *Dele Ogunleye*
 Printed Name Dele Ogunleye
 Title President

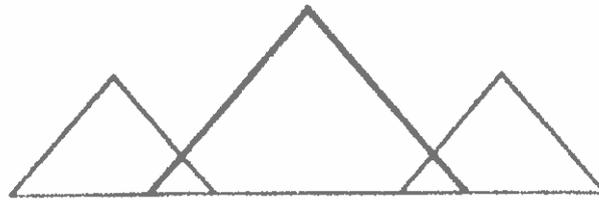
Signature *Laura S. Wiegand*
 Printed Name Laura S. Wiegand
 Title COO

Notarization: Subscribed and sworn to before me

this 29 day of June 2020

Signature of Notary *Patricia D. Harr*
 Seal





BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Michael Bisek do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I /We Confirm that I wish to purchase 10 % of shares in Hinsdale Birth Center

I / We Confirm that I wish to purchase 10 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

6-4-2019

Date

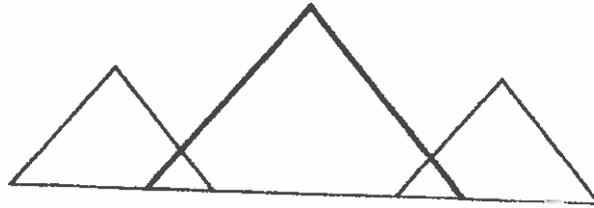
[Signature]

Signed

Michael Bisek for HRCF, LLC & EDCI, LLC

Name(s)

MASON, OH 45040



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We [REDACTED] do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I/We Confirm that I wish to purchase 5 % of shares in Hinsdale Birth Center

I/ We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

6/3/2019

Date

[Signature]
Signed

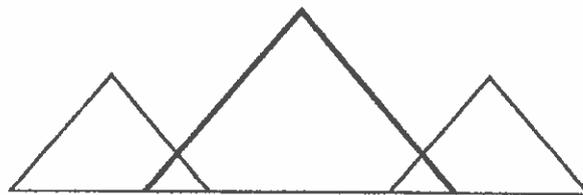
Thomas M. [REDACTED] Attorney, P.D. Davis
Name

Social

3561

Address

5700 IL 6170



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We ~~Burr Ridge - Lisa Emma~~ do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I /We Confirm that I wish to purchase 5 % of shares in Burr Ridge Birth Center

I / We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

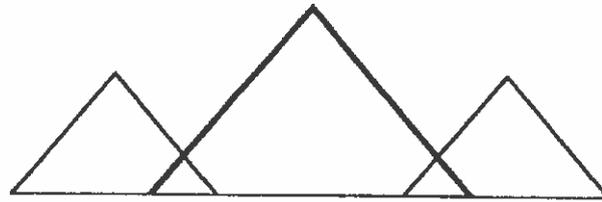
Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

12/2/18

Date 12/2/18 [Signature]

Signed [Signature] Lisa K Emma

Name(s) _____
_____ myra JL (170) _____



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We OLUFEMI J. ABIODUN do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I /We Confirm that I wish to purchase 5 % of shares in Hinsdale Birth Center

I / We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

06-03-2019

Date

[Signature]

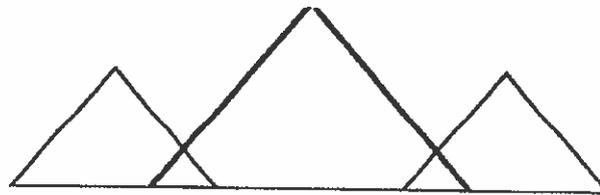
Signed

OLUFEMI J. ABIODUN

Name(s)

[Redacted]

SENYLAKE TX 76092



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Ayodele Olowookere do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

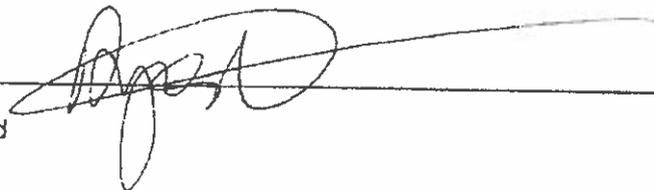
I/We Confirm that I wish to purchase 5 % of shares in Hinsdale Birth Center

I / We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

06/29/2019

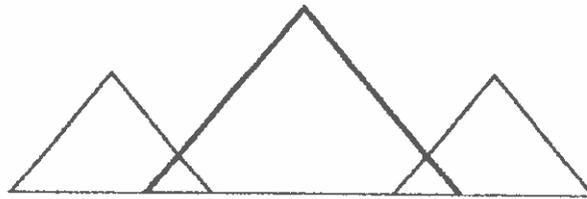
Date



Signed

Ayodele Olowookere MD

Name(s)



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Oludayo Afolarabi do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I/We Confirm that I wish to purchase 5 % of shares in Hinsdale Birth Center

I/ We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

Date

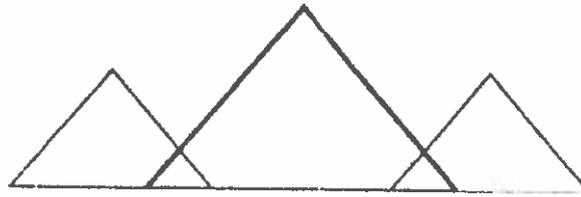
6/3/2019

Signed

Name(s)

OLADAYO AFOLARABI

ve. Southlake Tx 76092



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Fortune Alabi do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I/We Confirm that I wish to purchase 5 % of shares in Hinsdale Birth Center

I / We Confirm that I wish to purchase 5 % of shares in Evanston Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen

5/31/19

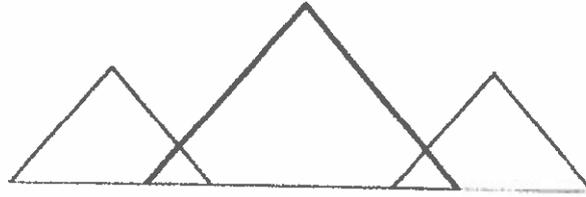
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4, Lakeview More FC '86.



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We [REDACTED] do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I/We Confirm that I wish to purchase 0 % of shares in Burr Ridge Birth Center

I / We Confirm that I wish to purchase 5 % of shares in Chicago / Lakeview Birth Center

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

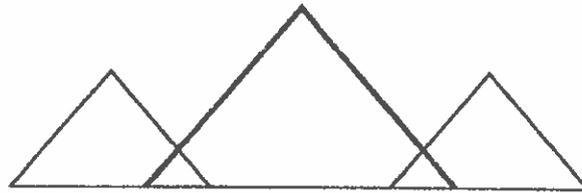
JUNE 18, 2020

Date [Signature]

Signed [Signature]

Name(s) _____

WASTON IL (617-701)



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Bamidele Ogunleye do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I / We Confirm that I wish to purchase 5 % of shares in Burr Ridge Birth Center + 50% through BPI

I / We Confirm that I wish to purchase 50 % of shares in Evanston Birth Center through BPI

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

1/1/2020

Date

[Signature]

Signed

Name(s)

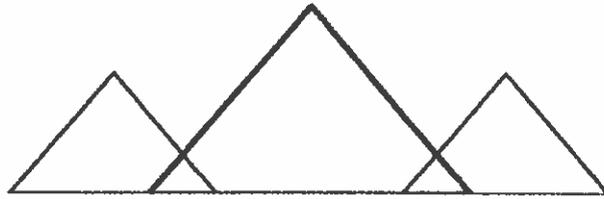
Bamidele Ogunleye / Birth Partners, Inc.

Social Security Number(s) or Tax ID/EIN

61-1916271

me, Bloomington IL

ail.com



BIRTH PARTNERS INC

ACCREDITED INVESTOR ATTESTATION

Subject to IRS rule 501

I/We Laura Wiegand do confirm that we meet the following definitions of being an Accredited Investor as defined by IRS.

- N/A 1 My Income exceeded \$200,000 (or joint income with Spouse of \$300,000) in the 2 most recent years and a reasonable expectation of same income in current year.
- N/A 2 I/we have a net worth of more than \$1,000,000 excluding value of primary residence.

I/We Confirm that I wish to purchase 50 % of shares in Burr Ridge Birth Center through BPI

I / We Confirm that I wish to purchase 50 % of shares in Chicago / Lakeview Birth Center through BR

Even though this is a good investment opportunity, there is risk with any investment. I am aware of the risks of this investment. I also attest that I am a US Citizen.

6-1-2019

Date

Laura Wiegand

Signed

Laura Wiegand / Birth Partners INC

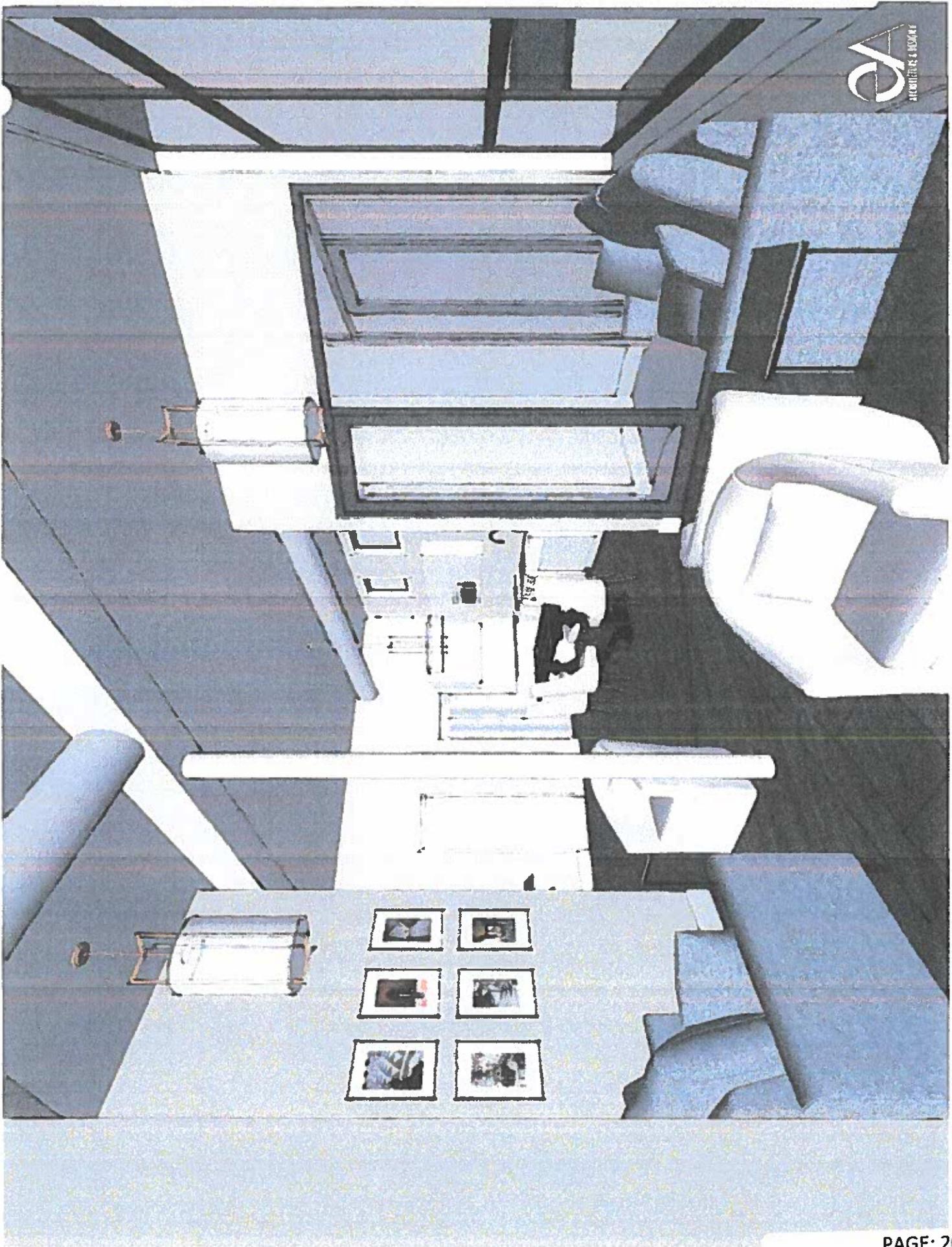
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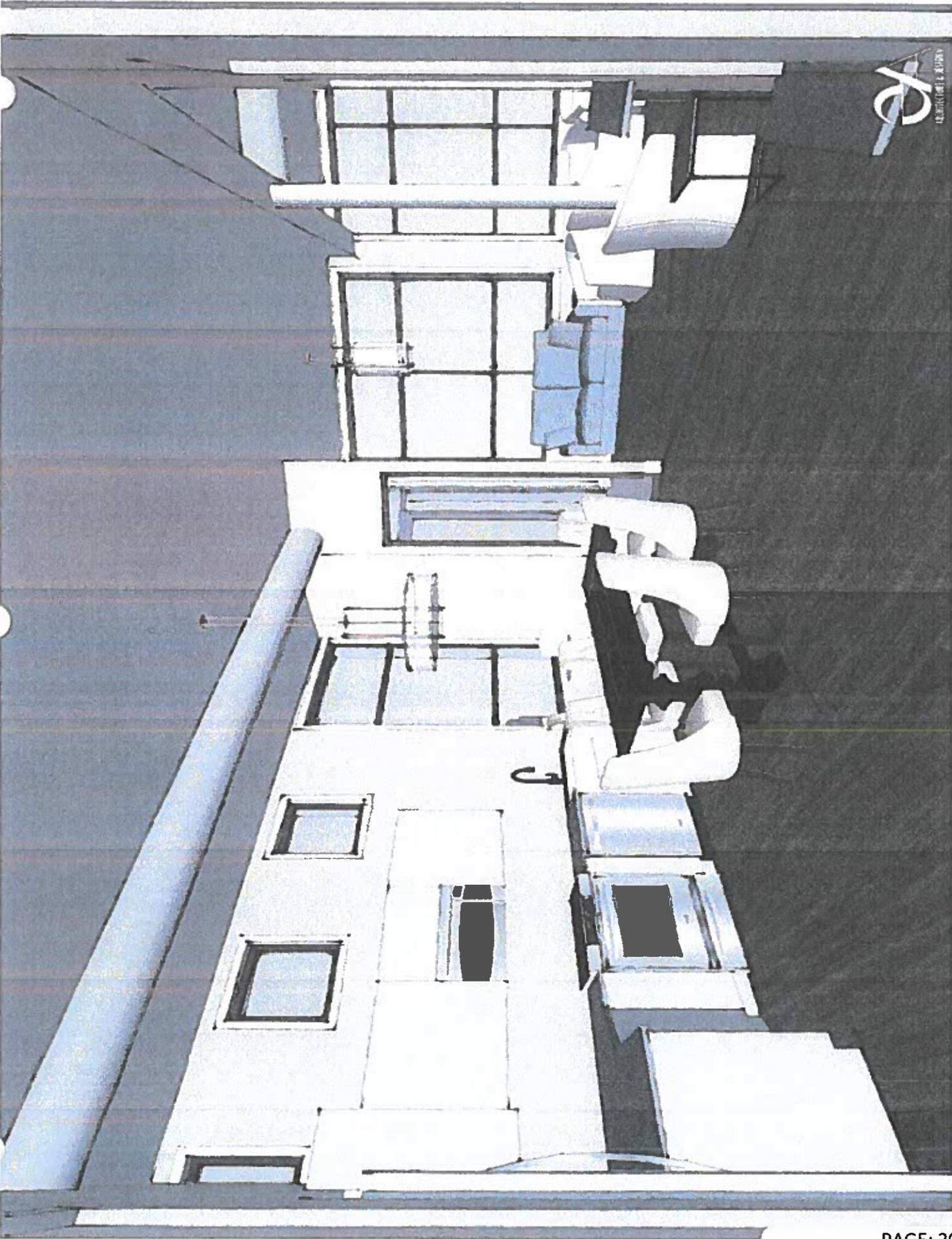
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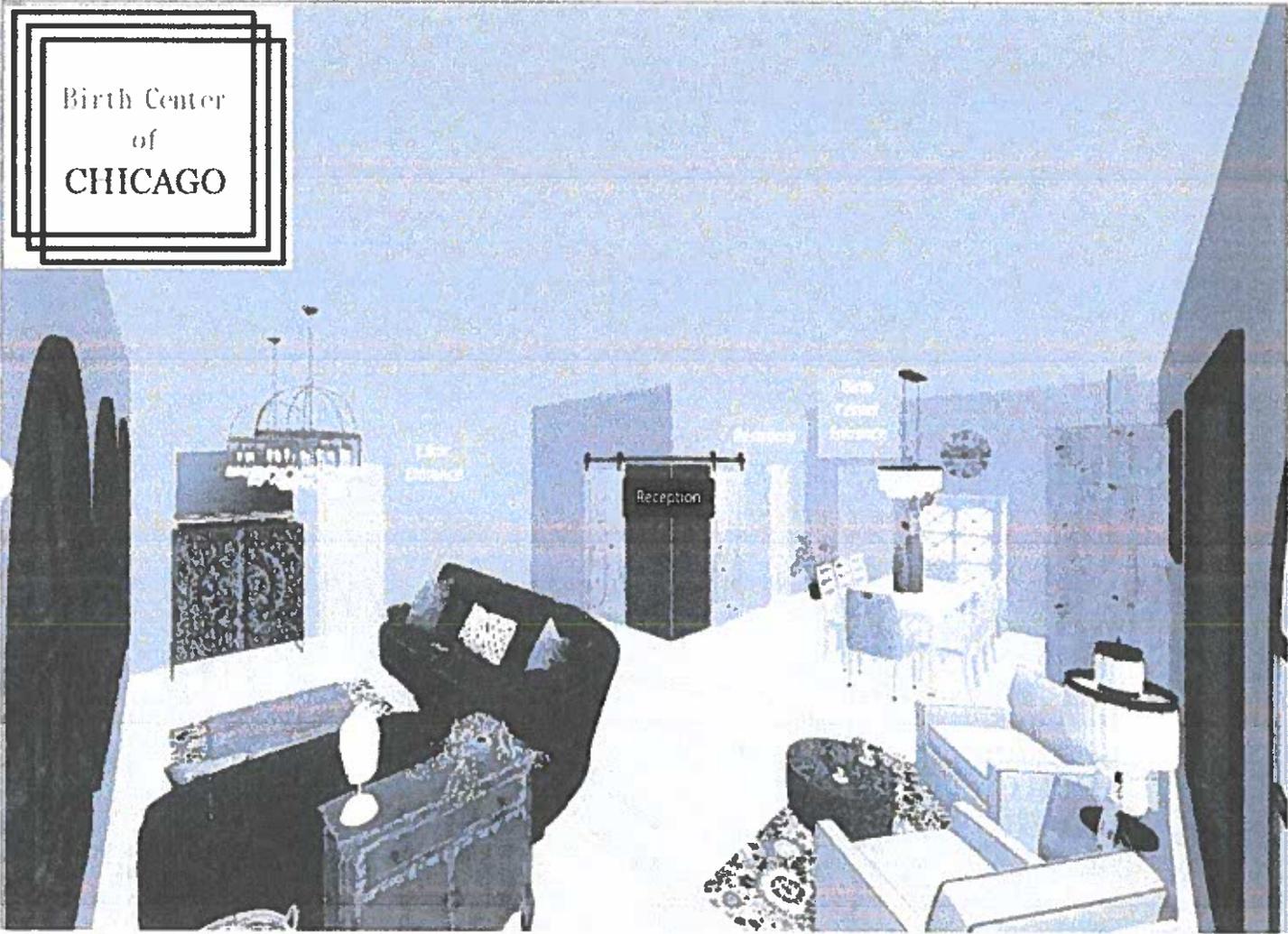
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Washington, IL 61571

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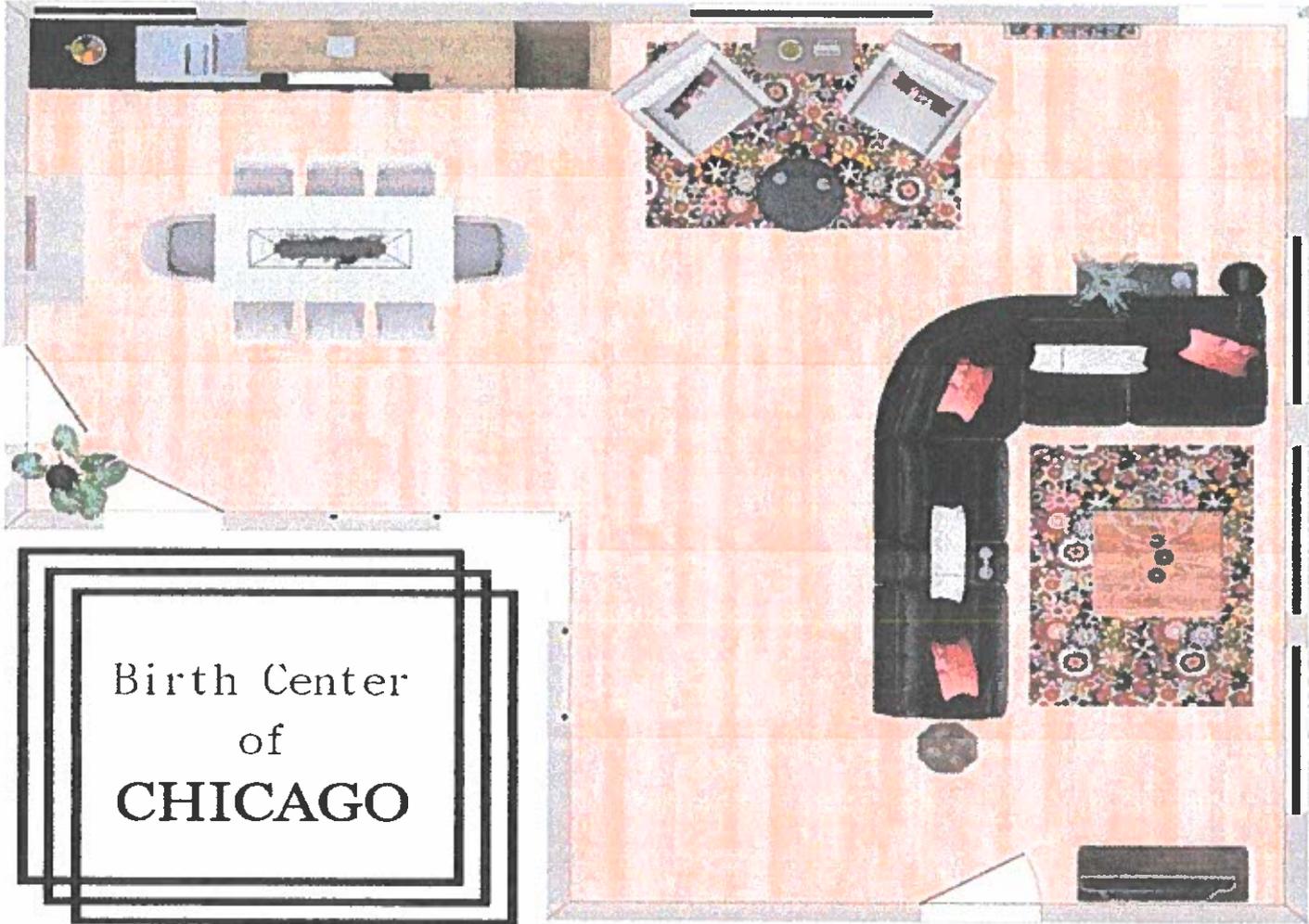






Birth Center
of
CHICAGO





June 1, 2020

Patrick Murphey
Zoning Administrator
City of Chicago
Department of Planning and Development
121 North LaSalle, Suite 905
Chicago, Illinois 60602

Re: Request for Advisory Opinion that the Birth Center to be established at 3830-32 N. Lincoln Avenue constitutes Medical Services, is a Permitted Use in the B3-2 Zoning District, and for a Determination that no Parking is Required at the Site.

Dear Mr. Murphey,

Our client, Birth Partners, Inc. ("Birth Center"), seeks to operate a birthing center licensed by the State of Illinois at the property located at 3830-32 N. Lincoln Avenue (the "Property"). The Property is in a B3-2 Community Shopping District. The Property is improved with a single-story building. The current use of the Property is restaurant (Business License #2069923). I have enclosed a survey and property information sheet for your review.

Our client seeks an advisory opinion that the proposed Birth Center to be established at the Property constitutes Medical Services, is a permitted use in the B3-2 Zoning District, and that the Property can be used as a Birth Center without providing any parking.

Background of the Proposed Operations

Birthing centers are part of the healthcare industry. They came into existence in 1975 - over 35 years ago when women were looking for an alternative to a hospital-based birth or home birth. From 1995 to 2005, 9,000 to 10,000 births per year were attended in birth centers. The number of births at birthing centers increased 22% in the last five years (10,781 births in 2006 to 13,166 in 2010 according to the Center for Disease Control). This rise in birth center births is thought to be due to women becoming more knowledgeable about birth centers and the services they provide and because women and families are seeking lower cost options for their child's birth.

The Birth Center is positioned to provide a service to women where this option is currently lacking. Only hospital or home births are available in this area. Hospitals are known to rely heavily on interventional methods of birth (use of fetal monitors, medications, caesarean sections) which work well in large settings. Home births do not appeal to some women. A birth center is a safe alternative which relies on individualized midwifery care as its core.

The Birth Center is accredited with the Commission for the Accreditation of Birth Centers ("CABC"). <https://www.birthcenteraccreditation.org>. By becoming accredited by the Commission for the Accreditation of Birth Centers (CABC), the Birth Center is meeting the highest standards of birth care.

Birthing center care follows the philosophy of Midwifery Care. This care model recognizes the woman as a partner in her care, provides her with knowledge to make choices that will affect her and her pregnancy, and respects the human dignity, individuality and diversity. The Birth Center will also develop consultative, collaborative and referral agreements with medical and alternative wellness services within the community. Some of these relationships pre-exist due to respected midwife already established in the community.

Women are introduced to the Birth Center's concept through attending orientation sessions where the concept of a birthing center pregnancy and birth are discussed. They are invited to make an appointment at the Birth Center to determine their eligibility to participate in a birth center pregnancy and birth. All pregnancies and births in birth centers are required to be low risk (good health, no diabetes, no hypertension, etc.) as determined by birthing center standards. Women are followed throughout their pregnancy and delivery, and through six weeks post-partum per general protocol and individual needs. Infants are followed for two weeks postpartum if they are also determined to be low risk.

Once it is determined that the women meet the criteria to be a Birth Center client, she will come to the birth center on a routine schedule for check-ups. The first appointment at the birth center is one hour long. Because the Birth Center will initially have fewer clients as business builds. This first appointment is an opportunity for the midwife and client to get to know one another. A complete medical history is taken, and midwifery care discussed. It is at this point where it is determined if the woman is a candidate for a Birth Center client. Her level of risk is evaluated at each encounter throughout her pregnancy. If appropriate, a complete physical exam is done, and blood work drawn. During the initial appointment the Birth Center fees will be reviewed with the client. The client will be informed what fees will be covered by her health insurance plan, if she has one, and what fees will need to be paid out of pocket.

The client will call ahead to the midwife when she begins to labor. She will be greeted at the birth center by midwife once active labor is well underway. The midwife assistant, an RN and NRP certified, will be called once it is determined that birth is approaching. After giving birth to her child the mother will remain at the birth center a minimum of four hours to bond with her child and to observe both she and the baby for signs of complications. Mothers usually go home within twelve hours. If necessary, per protocol, a transfer will occur to a hospital setting if care beyond twelve is required.

The typical length of a patient visit is four to six hours. Birth Center does not allow any patient visit to last beyond 12 hours and its CABC accreditation prohibits any visit longer than 12 hours. If a patient requires treatment beyond 12 hours, Birth Center arranges for transportation to the nearest hospital.

Use Category

Section 17-3-0207 of the Chicago Zoning Ordinance identifies a Medical Service as a permitted use in a B1-1 Zoning District. The Ordinance defines Medical Service as "Personal health services including prevention, diagnosis and treatment, rehabilitation services provided by physicians, dentists, nurses, and other health personnel and medical testing and analysis services." CZO § 17-17-0104-T. Based on the limited services provided by the Birth Center, as well as the limited timeframe during which the Birth Center will treat patients, its operations constitute a Medical Service.

In contrast, the Birth Center is not a hospital use. A hospital use is defined as "uses providing medical or surgical care to patients and offering inpatient (overnight) care." The Birth Center will not be providing any overnight care. Accordingly, the Birth Center is not a hospital use. This is further indicated by the Illinois Department of Public Health offering two separate licenses for each type of facility, one for birthing centers and one for hospitals. The Birth Center will only have a license for a birthing center, and not a license for a hospital.

Parking

A medical service, such as the Birth Center, has the same parking requirements as the last restaurant use under 17-10-0207-M and 17-10-0207-T. Accordingly, the parking requirements associated with the prior restaurant use should apply to the proposed use. Under Building Permit Number 100317779, the prior owner eliminated the parking garage and any parking at the Property. All open space at the Property was dedicated to outdoor dining (Business License Number 2089180). Consequently, there should be no parking required if the Birth Center reuses the existing building for a medical service use under 17-10-0101-C.

Conclusion

Based on the information included in this request, I request on behalf of the Birth Center the following opinions:

- 1) The Birth Center is a permitted use at 3830-32 N. Lincoln; and
- 2) 0 parking spaces are required if the Birth Center operates a medical service at 3830-32 N. Lincoln

Should you have any questions or concerns, please contact me at (312) 345-5700 or tmanic@schainbanks.com.

Sincerely,



Tyler Manic

North Center - Chicago
**TWO-STORY FREESTANDING RESTAURANT/BAR
 FOR SALE WITH REAL ESTATE**

3832 N. Lincoln Ave. Chicago, IL 60613



556 W. Lake St. Suite 225
 Chicago, Illinois 60661-1411
 kudangroup.com

Demographics (2016)

	Total
Population	34,942
Median Age	39.8
Median Household Income	\$97,703
Households	14,549

Nearby Businesses

Martyrs

Mrs. Murphy & Sons Irish Bistro
 Brownstone
 Wasabi Cafe

Description

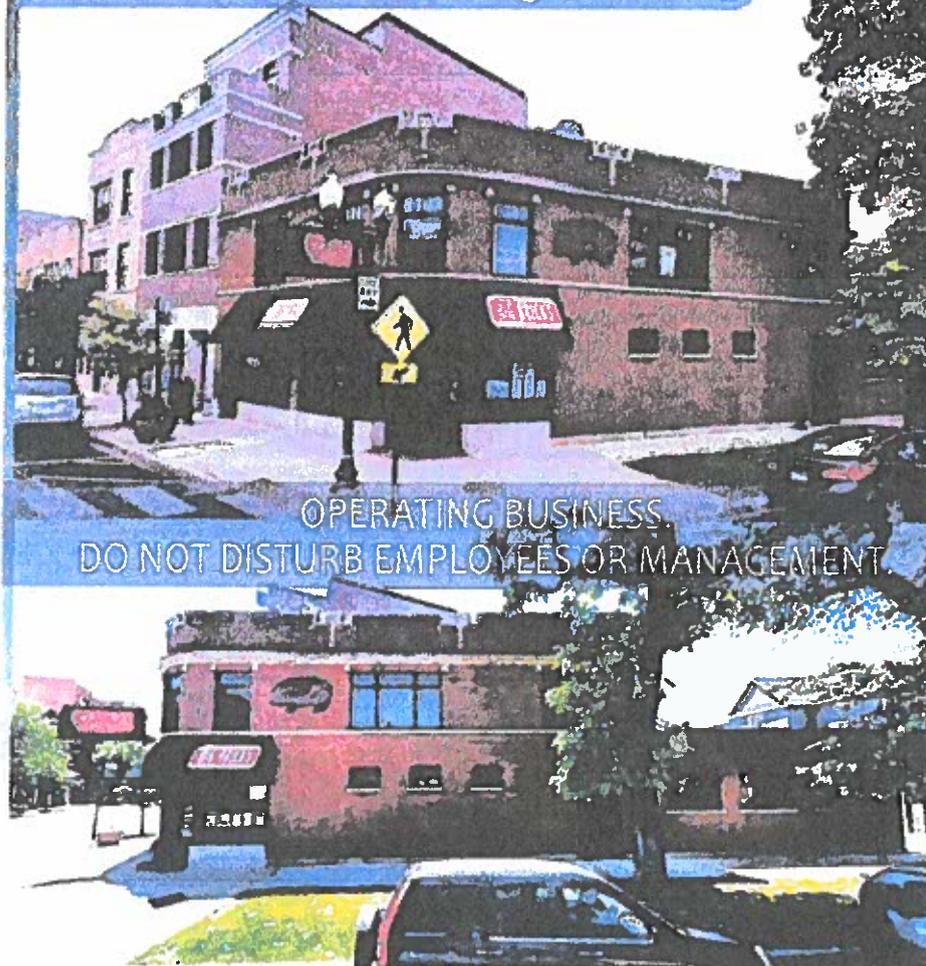
Freestanding two-story restaurant/bar for sale with established Pizza & BBQ business. Includes large private event room on second floor and private outdoor patio. Located in the desirable North Center neighborhood in the center of entertainment, shops and restaurants.

Operating business. Do not disturb employees or management.

No representation is made as to the accuracy of this information and it is submitted subject to errors, omissions, prior sale or withdrawal without notice. 2-6-2009 1031

Map

Lincoln and Berenice



North Center

North Center is one of the 77 community areas of Chicago, located in the city's North Side. North Center is bordered on the north by Montrose Avenue, on the south by Diversey Parkway, on the west by the Chicago River and on the east by Ravenswood Avenue. It includes the neighborhoods of North Center, Roscoe Village, St. Ben's and Hamlin Park. The Brown Line of the Chicago 'L' has stops within the community area at Addison and Irving Park. North Center is considered a vibrant neighborhood with an eclectic mix of retailers, restaurants, live music, theater, and service-oriented businesses. It is also home to some of the best public schools in the City of Chicago. The community is home to Ribfest Chicago, the annual summer street festival along Lincoln Avenue. North Center was voted one of Chicago's best neighborhoods by the Chicago Magazine in 2014. Source: wikipedia.org

Big Bricks - 3832 N. Lincoln Ave. Chicago, IL 60613

Size (Approx.)	5,489 SF Interior 4,798 SF Lot
Occupancy	153 Interior 82 Private Patio
Price	\$1,399,000 (Real Estate + Business)

For additional information or to schedule a showing contact:

Georg Simos

312.575.0480 ext. 21

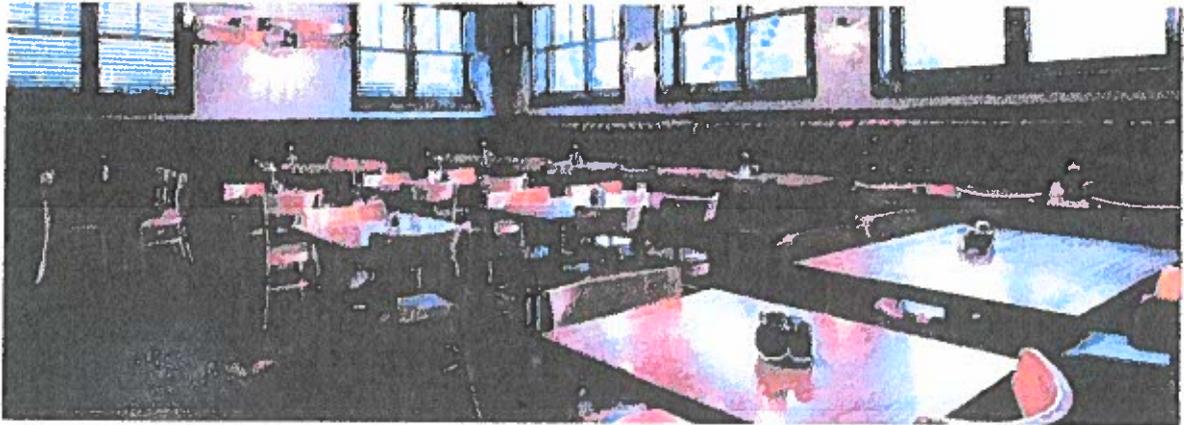
georg@kudangroup.com

LISTING INFO

Agent	Georg Simos
Transaction Type	Real Estate and Business for Sale
Type of Property	Freestanding Restaurant
Real Estate included in price?	Yes
Property Data	
Property Name	Big Bricks
Business Name	Big Bricks, Inc. & Super Paradise LLC
Address	3832 N. Lincoln Ave.
City, Zip Code	Chicago, IL 60613
Area	North Center
County	Cook
Sale Price	\$1,399,000 (Real Estate + Business)
Property Taxes	\$15,449 (2017)
Building Type and Year Built	Mixed Use built in 1901. Complete gut rehab in 2011.
Occupancy	153 Interior / 82 Private Patio
Stories	Two
Interior Size	5,489 SF
Lot Size	4,798 SF
Parking	Street
Licenses	Incidental Liquor, Retail Food, Outdoor Patio
A/C & Heat	Forced Air
Type of Basement	Large finished with huge Smoker, Prep Kitchen, Walk In Coolers, Bathrooms, Offices and Storage
Nearby Businesses	Martyrs, Mrs. Murphy & Sons Irish Bistro, Brownstone, Wasabi Café, The Globe Pub
Property Description	Freestanding restaurant with large outdoor patio, bar area and second floor party room. Desirable North Center neighborhood in the center of all of the entertainment, shops, and restaurants.
Cross Streets	Lincoln and Berenice
Business Data	
Is the business currently operating?	Yes. Operating business. Do not disturb employees or management.
Business Name	Big Bricks
Business Description	Pizzeria and BBQ, Restaurant and Bar with Private Patio and Large Private Event Room.
Year Established	2012
Years of Operation	6
No. of Employees	20
Reason for selling	Owner Lives out of State
Approx. Annual Gross Sales	\$1,160,000
FF&E included in price?	Yes
Inventory included in price?	Yes
Will seller provide training?	Yes
Growth Possibilities	Catering, private events and increased marketing.

No representation is made as to the accuracy of this information. This information is subject to errors, omissions, prior sale or withdrawal without notice.

LISTING INFO



Dining Room



Club Room / Back Dining Room



Club Room - Private Party Dining



Bar

No representation is made as to the accuracy of this information. This information is subject to errors, omissions, prior sale or withdrawal without notice.

LISTING INFO



Upstairs Private Party Room



Upstairs Private Party Room



Private Events

No representation is made as to the accuracy of this information. This information is subject to errors, omissions, prior sale or withdrawal without notice.



DEPARTMENT OF PLANNING AND DEVELOPMENT
CITY OF CHICAGO

June 22, 2020

Tyler Manic
Schain Banks Kenny & Schwartz Ltd.
70 W. Madison St., Suite 5300
Chicago, IL 60602

Re: 3830-3832 N. Lincoln Ave.

Dear Mr. Manic:

In response to your recent request, please be advised that the subject property is currently zoned B3-2 Community Shopping District and is located along a retail pedestrian street, pursuant to Sect. 17-3-0503-D of the Zoning Ordinance ("Ordinance")

You are seeking confirmation that a birth center is a permitted medical service use at the subject site. Secondly, you are also seeking confirmation that 0 parking spaces are required for the proposed use, due to the previous restaurant uses 'credit' per Section 17-10-0101-C of the Ordinance.

Your client, Birth Partners, Inc. is seeking to establish an accredited and licensed birthing center, following the philosophy of midwifery care. All pregnancies and births would be required to be low risk, and patients would be followed throughout their pregnancy and delivery, and through six weeks post-partum. Mothers would usually go home within twelve hours after giving birth. If necessary, a transfer would occur to a hospital setting if care beyond twelve hours was required. No patient visits can last beyond 12 hours per its accreditation. Based on the information submitted, it is our opinion that this use is a medical service, as defined in Sect. 17-17-0104-T, and permitted at the subject site, per Sect. 17-3-0207.

In regards to parking, your request states that under building permit number 100317779, issued on Aug. 30, 2010, the prior owner eliminated the parking garage and any parking at the property. Our review of this permit's site plan, approved on July 10, 2010, identifies two parking spaces on the rear of the lot. However, since the location is a retail pedestrian street, pursuant to Section 17-3-0504-E of the Ordinance, no off-street parking is required for nonresidential uses on lots abutting pedestrian streets unless such uses exceed 10,000 square feet of gross floor area, in which case off-street parking must be provided for the floor area in excess of 10,000 square feet.

Sincerely,


Patrick Murphey
Zoning Administrator
Bureau of Zoning

121 NORTH LASALLE STREET, ROOM 1000, CHICAGO, ILLINOIS 60602

Birth Center

Business Plan

Birth Partners, INC

Dr Dele Ogunleye

Laura Wiegand

Address to be determined

Telephone:

309-533-2634 Dele

309-361-9199 Laura

E-Mail:

drdele@awhcare.com

lauraw@obgyncaare.com

I. Executive Summary

The Birth Center provides a safe, home-like environment to women of all ages for their women health needs – from preconception, through pregnancy, and through menopause. The birth center is a new and unique business to this area. Within three years the birth center projects:

- to have 273 women give birth at the birth center
- to have 412 women receive pregnancy care at the birth center
- to be profitable

The birth center is part of the health care industry. We will focus on women who are interested in an alternative to giving birth at home or in a hospital. The women attracted to the birth center will be in good health, be low risk, want a natural birth with little or no interventions, and want to be a partner in their health and the birthing process.

The birth center offers a home-like environment for women to give birth. Women can give birth in a birthing tub, on a birthing stool, or in bed – wherever they desire. The birth center is licensed by the State. The midwifery model of care is practiced in the facility. The price of a birth center birth is estimated at \$7000. This compares to an estimated price of \$3000 for a home birth or an estimated \$16,000-\$25,000 for a non-complicated vaginal birth in a hospital.

The number of births at birth centers increased 22% in the last five years (10,781 births in 2006 to 13,166 in 2010 according to the Center for Disease Control) as women have become more knowledgeable about birth centers and the services they provide and as people search for lower cost options for their child's birth. This increase in birth center births happened at the same time that the annual number of U.S. births decreased by 7.3% (American Association of Birth Centers, 2011).

The long term outlook is for continued growth of birth centers not only because of their lower cost structure but because more women want to give birth to their child in a natural way outside the hospital, but not in their home. The Birth Center is positioned to be there for these women who want a lower cost, totally natural birth in an environment that caters to their individual needs while meeting or exceeding the highest standards of midwifery care.

II. Mission, Philosophy, Goals and Objectives

Mission Statement

To provide a safe, home-like environment to women of all ages for their women's health needs – from preconception, through pregnancy, and through menopause.

General Description of the business

The Birth Center is a limited liability company (LLC). This business structure was selected for the following reasons:

- Protects personal assets
- Owners are entitled to all the profits (or losses)
- Owners make all the business / management decisions
- Ease of selling the business
- Simplicity of business structure

Birth Partners, Inc is the primary owner with 40% ownership and second principal owners are investors ranging with ownership from 5% to 10% ownership.

Philosophy

At the Birth Center, we believe:

1. Women have the right to seek care that is medically safe, fits their lifestyle, and recognizes and respects their individual physical, social, spiritual, psychological and economic needs.
2. Women and families have the right and responsibility to assume an active role in their own health care. Our care is provided by a team with the client as an equal team member.
3. Childbirth is most often a normal, healthy process. The role of the care giver is to support and promote this normal process, while recognizing and dealing with any deviations from normal. Confidence in this normal process is promoted in all aspects of care.
4. Because the family is the cornerstone of our social structure, maternity care must support and promote family unity and development. Family members, including siblings, should be involved in the childbearing experience to whatever extent the family desires. **"Family" is defined by the client.**
5. Education is an essential part of quality health care. With knowledge freely exchanged between our staff and clients, women and their families are able to assume shared responsibility for and make informed choices about their health care.

Goals and Objectives

Goal #1: Increase birth center exposure

Objectives	What	When	Who
Announce birth center anticipated opening	Facebook, twitter, Instagram, mom's groups	TBD	BPI
Public speaking engagements talking about the birth center and the care provided	The Birth Chapter, mom's groups with MOPS, birth and wellness fairs	TBD	BPI

Goal #2: Get accredited by Commission for the Accreditation of Birth Centers

Objectives	What	When	Who
Birth center accredited	Join AABC	TBD	BPI & Midwife Director
Meet deadline for submission of documents	Submit documents and fee	TBD	BPI & Midwife Director
Birth center prepared for accreditation team and review	Review all manual and have documents ready	TBD	BPI & Midwife Director

Goal #3: Eight new client appointments per week

Objectives	What	When	Who
Have bi-monthly orientation sessions	Marketing activities to reflect availability of orientation classes – website and social media	As needed to build clientele base	BPI & Midwife Director & Outreach Coordinator

Goal #4: Average twelve births per month at the birth center by the end of year one

Objectives	What	When	Who
Have staff and equipment / supplies to facilitate 12 births	Review staffing and supply needs throughout the year	As needed to meet clients' needs and expectations	BPI & Midwife Director

LONG TERM GOALS and OBJECTIVES (Two to Five Years)**Goal #5: Expand pre-conception care to providing limited infertility services**

Objectives	What	When	Who
Increase revenues and attract potential clients	Advertise to reflect expansion of services (three different advertising media)	TBD	BPI
Contact local support and womans' groups	Inform mom groups about expansion of services. (Meet with three different groups)	TBD	BPI

Goal #6: Provide menopause care

Objectives	What	When	Who
In-service and training for staff on medical and complementary therapies for menopausal care	Attend a conference	TBD	BPI & Midwife Director
Increase revenues and attract potential clients as moms refer daughters / friends to birth center	Advertise to reflect expansion of services (three different advertising media)	TBD	BPI & Midwife Director
Contact senior groups	Inform senior groups about expansion of services. (Meet with three different groups)	TBD	BPI & Midwife Director

Goal #6: Provide retail goods and in-house services that complement clientele services being provided

Objectives	What	When	Who
Identify products to be sold	Purchase products to increase sales and service	TBD	BPI & Midwife Director
Identify services to be offered within the birth center	Identify outside services that clients could receive either in the birth center or be referred to	TBD	BPI & Midwife Director

Birth Center business plan

The purpose of the Birth Center business plan is to:

- Chart a course for the owners as they open this new business
- Have information readily available to attract employees
- Have information readily available to explain Birth Centers to the public, whether they be prospective clients or individuals interested in a new business in the community.

The Birth Center key services

Birth Center is marketed toward women of all ages for their health needs – from preconception, through pregnancy, to and through menopause. Focus initially is directed to women seeking prenatal care, birth, and post-natal care. Longer term, services will be directed to women needing pre-conception and menopausal services.

III. Background Information

Birth Center industry description

Birth centers are part of the healthcare industry. They came into existence in 1975 – over 35 years ago when women were looking for an alternative to a hospital based birth or home birth. The growth of free standing birth centers has been steady but slow until the last decade. This slow growth has been due to slow acceptance of the concept by the public, lack of knowledge about the existence of birthing centers, and restrictive regulations. The rate of growth has recently accelerated. The American Association of Birth Centers (AABC) reports from 1994 to 2004 the number of birth centers grew by 26% from 135 to 170. Since 2004, this number grew by 46% from 170 to 248 with a growth of 27% since early 2010 when there were 195 birth centers.

From 1995 to 2005, 9,000 to 10,000 births per year were attended in birth centers. The number of births at birth centers increased 22% in the last five years (10,781 births in 2006 to 13,166 in 2010 according to the Center for Disease Control). This rise in birth center births is thought to be due to women becoming more knowledgeable about birth centers and the services they provide and because women and families are seeking lower cost options for their child's birth.

The long term outlook is favorable for continued growth of birth centers not only because of their lower cost structure, but also because more women are recognizing birth as a normal physiologic process. More women want to give birth to

their child in a natural way outside the hospital but not at home. The Birth Center is positioned to be a viable option for these women who want a lower cost, totally natural birth in an environment that caters to their individual needs while meeting or exceeding the highest standards of care for an accredited birth center.

The Birth Center is positioned to provide a service to women where this option is currently lacking. Only hospital or home births are available in this area. Hospitals are known to rely heavily on interventional methods of birth (use of fetal monitors, medications, caesarean sections) which work well in large settings. Home births do not appeal to some women. A birth center is a safe alternative which relies on individualized midwifery care as its core. By becoming accredited by the Commission for the Accreditation of Birth Centers (CABC), the Birth Center will demonstrate to its clients and to the community it is meeting the highest standards of birth care.

Birth Center Care follows the philosophy of Midwifery Care. This care model recognizes the woman as a partner in her care, provides her with knowledge to make choices that will affect her and her pregnancy, and respects the human dignity, individuality and diversity. The Birth Center will also develop consultative, collaborative and referral agreements with medical and alternative wellness services within the community. Some of these relationships pre-exist due to respected midwife already established in the community.

Women are introduced to the birth center concept through attending orientation sessions where the concept of a birth center pregnancy and birth are discussed. They are invited to make an appointment at the birth center to determine their eligibility to participate in a birth center pregnancy and birth. All pregnancies and births in birth centers are required to be low risk (good health, no diabetes, no hypertension, etc.) as determined by birth center standards. Women are followed throughout their pregnancy and delivery, and through six weeks post-partum per general protocol and individual needs. Infants are followed for two weeks postpartum if they are also determined to be low risk.

Birth Partners, INC (BPI):

Dele Ogunleye, MD, FACOG, is a board-certified obstetrician, gynecologist, and urogynecologist who also practices pelvic medicine and reconstructive surgery at Advanced Women's Healthcare in Bloomington, Illinois. He sympathetically treats fertility issues, pelvic floor prolapses, urinary incontinence, and other complications of menopause, pregnancy, and general womanhood. Dr. Ogunleye earned his medical degree from Obafemi, Awolowo University, in Ife, Nigeria. He completed a residency at Warrington General Hospital in Cheshire, United Kingdom, before moving stateside for another residency at Good Samaritan Hospital in Baltimore. Today, Dr. Ogunleye holds memberships with multiple professional organizations to keep up on the latest advancements in obstetrics and gynecology. He is a fellow of the American Congress of Obstetrics and Gynecology and a member of the American Medical Association, the Greater Medical Council in the UK, and the Ohio State Medical Association. Throughout his career, Dr. Ogunleye has contributed much of his own research to his field. He was given the Organon Research Award in 2003 for his research paper exploring the role of trophoblastic hyperplasia in ectopic pregnancies. At Advanced Women's Healthcare, Dr. Ogunleye frequently performs routine gynecological exams to keep women of all ages up on their health. He's trained in da Vinci® robotic surgery to delicately repair damage to the ovaries, fallopian tubes, and uterus. He treated women in the

Bloomington area since 2004 before opening Advanced Women's Healthcare in 2012. He is the President / Co-founder of Birth Partners, INC. Dr Ogunleye has involvement in several other businesses and investment endeavors (including 2 successful Birth Centers and in the process of opening 3 other locations).

Laura Wiegand currently serves as the COO/Co-Founder of Birth Partners, Inc. She successfully managed the openings of the Birth Center of Bloomington Normal in Illinois and Beginnings Birth Center in Colorado. At the national level for birth centers, she serves on the AABC Industry Relations Committee. She works at the state and local level to educate the public, medical communities and health insurance providers about the benefits of the midwifery and birth center model of care including better patient outcomes, reduced costs for families and payors. Laura is also the Administrator at Obstetrics and Gynecology Care Associates 2008. Co-owner/Founder of MPR-Medical Practice Resources (medical coding, billing and consulting) 2010, founder of The Baby Expo 2014, Owner/Event Planner of Extravaganza Events 2000. With over 20 years practice management experience, Laura has made a career of directing multiple site operations, while securing financial results and building a team that focuses on maximizing patient care and the entire the patient experience. Laura serves as a resource for all aspects of practice management and birth center operations.

IV. Organization

Business Structure, Management and Personnel

Business on a day-to-day basis is shared between the Administrator and the Midwife Director. Midwife Director is responsible for the operational/ patient care side of the business and Administrator is primarily responsible for the business side of the business.

The plan for continuation of the business if either person is lost or incapacitated is to outsource that part of the business affected to the extent the other partner feels they do not have the time to manage or feels not capable of handling.

Professional Support

- Board of Directors
- Attorney – to be determined
- Certified Public Accountant
- Insurance agent
- Mentors and key advisors

Operating Controls

Overview

Women are introduced to the birth center concept by attending orientations where the concept of a birth center pregnancy and birth are discussed. Women are invited to make an appointment at the birth center at the conclusion of the orientation to determine their eligibility to participate in a birth center pregnancy and birth.

Once it is determined that the woman meets the criteria to be a birth center client, she will come to the birth center on a routine schedule for check-ups.

The first appointment at the birth center is one hour long. Because the birth center will initially have fewer clients as business builds. This first appointment is an opportunity for the midwife and client to get to know one another. A complete medical history is taken and midwifery care discussed. It is at this point where it is determined if the woman is a candidate for a birth center birth. Her level of risk is evaluated at each encounter throughout her pregnancy. If appropriate, a complete physical exam is done and blood work drawn.

The client will call ahead to the midwife when she begins to labor. She will be greeted at the birth center by midwife once active labor is well underway. The midwife assistant, an RN and NRP certified, will be called once it is determined that birth is approaching. After giving birth to her child the mother will remain at the birth center a minimum of four hours to bond with her child and to observe both she and the baby for signs of complications. Mothers usually go home within twelve to twenty-four hours. If necessary, per protocol, a transfer will occur to a hospital setting if care beyond twenty-four hours is required.

During the initial appointment the birth center fees will be reviewed with the client. The client will be informed what fees will be covered by her health insurance plan, if she has one, and what fees will need to be paid out of pocket. If the client accepts to pay the fees as outlined to her she will begin paying a portion of the fees at designated appointments. Full payment of client's portion of the fees will be expected by the thirty-six weeks of pregnancy.

Revenue and expenses will be analyzed on a regular basis to make sure client payments and reimbursement from health insurers cover the birth center's expenses as well as provide margin to pay off the long term debt and provide profit to the owners.

Quality control

Quality control is maintained by:

- Accreditation by the Commission for the Accreditation of Birth Centers (CABC).
- The birth center's policies and procedures which will model the policies and procedures issued by the American Association for Birth Centers (AABC).
- Peer review with other birth center practice nurse-midwives in the State held on at least a bi-annual basis
- Review of the clients' medical records with staff during staff meetings.
- Licensure by the State

Customer service

Client questions regarding their care are answered by midwives / registered nurses (RNs), and can be facilitated by the receptionist and/or Administrator. Clients will receive and be encouraged to fill out questionnaires rating their service with the birth center.

Inventory control

Inventory control is managed by Midwife Director on an as needed basis. As client volume increases supply inventory review will be assigned to one of the staff. Staff will be responsible for placing orders to replenish supplies.

Service development

As client volume increases Administrator will survey clients and the community to determine what products and or services clients would like to see offered or sold. This could include but not be limited to lactation consultation and gynecological services.

Location

The desired location for the future birth center will have at approximately 6,000 square feet. Space for 4-clinic rooms, classroom, 3-birth rooms, offices and storage. The parking lot needs to be easily accessible from major thoroughfares and to handicap parking and a sidewalk ramp.

The building will be located approximately 10 minutes or less from the Hospital and less than 5 minutes from the EMS. This location should also be in great proximity to major thoroughfares and highways, easily accessible to all of the city and surrounding areas. But also close to residential area to create a home like atmosphere. The outside of the building should be visually appealing as well as the landscaping. The location is based in an area of that is expected to see growth in population over the next 10 years.

Cost

TBD - attachment

Business hours

The birth center's business hours will vary depending on the volume of clients. Hours will be anticipated to be Monday – Thursday from 8AM – 5PM with 24-hour coverage handled by on-call staff. The Midwife Director and staff are available 24/7 to answer any client's care concerns, and if necessary, go to the birth center to meet the client. A midwife will always be available for births 24/7 including weekends and all holidays.

Licensing

Birth centers are licensed by the State. Accreditation will be obtained from the Commission for the Accreditation of Birth Centers (CABC). This accreditation is sought to assure clients that Birth Center meets the highest quality standards available for birth centers in the United States.

BPI will verify that the licenses and credentials of the employees (midwives and registered nurses) or contracted labor are current.

Insurance coverage

The facility has business property, general and workman's compensation insurance. All Midwives will be provided with malpractice liability insurance. The nurses, other assistants, and other CNMs that join the practice will be added to the practice's malpractice liability insurance policy.

Number of employees

Minimal staffing when first opened. We will have two to three on-call contract RNs available for birth assisting. State law requires two people (two midwives or a midwife and a birth assistant) to be present at a delivery. When client volume increases to more than 12 births per month, it is anticipated that more staff will need to be hired.

Employees will be recruited by word of mouth and, when needed, by advertising open positions on job search sites both specific and not specific to birth centers and midwifery.

Training methods and requirements

The midwife Director is responsible for training employees using the birth center's policies and procedures which are based on the standards outlined in the Commission of the Accreditation of Birth Standards manual. Contract labor will be responsible for reading and understanding the birth center's policies and procedures.

Depending on the volume of clients, contract RNs and other contract workers will be responsible for doing those tasks that need to be done at the time, whether it be answering phones, examining clients, doing housekeeping activities, etc.

Contract RNs will be used for assisting in births when the birth center initially opens and until volume indicates the need to hire a part-time or full-time RN. Contract labor will be used for legal advice, billing service, bookkeeping, yearly tax preparation, web-site maintenance and improvement, etc.

Inventory

An inventory of normal disposable medical supplies used during exams and deliveries is kept on site. This includes paper products, medications, herbal tinctures, and nourishment for the mother.

Average value in stock (non-fixed assets and inventory supplies)

Investment in non-fixed assets and inventory supplies is estimated at \$25,000.

Rate of turnover

Supplies will be consumed on an as needed basis per patient which is normal for birth centers and other medical facilities doing patient exams and natural vaginal births.

Lead-time for ordering

For supplies used in exams and deliveries (gloves, lubricant, paper products) the average lead-time is up to one week.

Credit Policies

Clients pay for that portion of the birth center fees not covered by their insurance if they have a health insurance plan. Payments are on a regular basis with payment in full by thirty-six weeks of pregnancy. Payments are made at the time the client comes in for their appointment.

CM Billing will handle all insurance billing as well as credentialing with insurance companies.

Accounts Receivable

Accounts receivable follow-up is part of the services provided Billing but the Administrator will run monthly reports.

Accounts Payable

The administrator is responsible for bill payment and will use purchasing experience to negotiate the best value (item cost, quality, delivery, return policy, and payment terms) with suppliers. Unless there are reasons to do otherwise the plan is to pay bills in a timely manner to avoid interest charges, but not so early as to cause a cash flow problem.

V. The Marketing Plan

Services

Birth Center provides women the option to birth at a birth center in addition to the two choices they have today: home birth or hospital birth. Hospitals often rely on interventional methods such as induction or augmentation of birth or use of electronic fetal monitoring which work well to maximize the efficiency of the staff, physicians and facilities. Their focus is on efficiency that can put the mother's wants / desires second. Giving birth at home does not appeal to some women because of the constraints of the home, desire not to deliver at home, and / or they want the security of a hospital or birthing center which meets accreditation standards for safe and quality of care.

The Birth Center focus' on women who are identified in the low-risk category as determined by birth center standards. Care is provided throughout their pregnancy and delivery and through six (6) weeks post-partum per general protocol and individual needs. Infants are followed for two (2) weeks post-partum if they are also determined to be low risk. Longer term, services will be directed to women needing pre-conception and menopausal care / information.

Competitive advantage

Many women want personalized birthing service. Personalized birthing service is a service which recognizes a woman as partner in her care, provides her with knowledge to make choices that will affect her and her pregnancy, and respects her dignity and individuality. Research indicates that ten percent (10%) of all births in the state are done by midwives – this includes both hospital-based midwives as well as home-based midwives. This indicates an overall acceptance of midwife care.

Advantages of a birthing center over what is currently available in a hospital are:

- Focus on the female and her wants / needs (midwife philosophy of care)
- Development of a trusting relationship that recognizes and encourages the need for partnership in care
- Holistic approach to care
- Natural birth
- Home-like environment
- Low cost structure

Advantages of a birthing center over what is currently available in a home birth are:

- Home-like environment without the constraints of a home
- Security of a birthing center which meets accreditation standards and State licensure for safe and quality of care
- Formalized procedure for transfer to a hospital should an emergency arise

Marketing Strategy

Promotion

Promotion of the Birth Center is mainly being done through the Internet: the birth center's website and Facebook pages and website and Facebook pages of other childbirth and mom groups. Networking through chamber of commerce groups, and childbirth education classes are also be used. Other birth center owners have not found print advertising to be productive in attracting clients. Radio and television and billboard advertising are too expensive for the birth center's budget and is probably not very effective in attracting the clientele it is looking for. Local health related events will be attended if it is thought clients who we want to attract will be in attendance.

VI.The Financial Plan

Financial Statements

See projections attached

Birth Center Marketing Plan

Goals

Primary marketing goals include:

1. Awareness among general public and targeted audiences of the center.
2. Achieve at least 12 births per month during first year of operation.
3. Create desire for the birthing center alternative.

Philosophies

The Birth Center will offer an alternative birth experience to all. This experience will be led by midwives, offer a high touch, low tech personal and customizable experience, and is more affordable than a traditional hospital birth.

The Birth Center is offering an experience for families.

Target Audiences and Key Communication Messages:

Audience 1: Low income women

- Age 18 to 40

Key Messages:

- A comfortable birth experience at an affordable cost
- Welcoming for all
- We can help with health resources for you

Audience 2: High income women

- Ages 25 – 45

Key Messages:

- Providing the kind of birthing experience you want
- We have comfortable facilities and birthing tubs in-room
- We welcome families and doulas – whatever you need to enhance your natural experience.

Audience 3: Stakeholders

- Primary care physicians
- Midwives
- Chiropractors
- Hospitals
- Community Health Centers

Marketing Communications Budget:

Proposed \$20,000

One third to social media, one third to traditional media, one third to events.

Marketing Communications Strategies

1. Branding and Awareness of the Birth Center
2. Media exposure
3. Birthing education

Tactics

1. Branding of the Birth Center; messaging, graphic identity, PR

Task	Details	Resources/Budget needed
Define messages and standard verbiage for all PR and marketing, always keeping in mind "What's in it for me"	Messages outlined later in this document. Verbiage to be developed by writer, some useful verbiage exists on website and can be focused for varied audiences.	Cost for writer to organize and provide in an easy to use format.
Regularly published newsletter (monthly) to constituents to involve and engage (supports the brand; spreads awareness of the birthing center as an information source, updates on events and initiatives) <ul style="list-style-type: none"> • Obtain email addresses whenever possible 	Strategic messages need to be incorporated; may need to adjust per the audience. Starting this will be dependent upon acquiring email addresses.	Cost dependent upon length (creation of copy, by staff or paid writer), method of distribution. Email recommended.
Billboards	First year in Purchase digital boards grand opening months only.	Cost dependent
<p>Social media strategic engagement</p> <ul style="list-style-type: none"> • Facebook • Twitter • Pinterest • Instagram • Blog <p>Additional advertising on social media sites will be required, focused on each audience with appropriate messages.</p> <p>Advertising on blogs is available, and should be considered.</p> <p>thebump.com</p>	<p>Facebook original content: updates on progress, meet the midwife, birthing education.</p> <p>Twitter should really work to engage those searching for alternative birth experience with liberal use of hashtags and topics of general interest to expectant moms. New background photo more relevant to moms is needed.</p> <p>Pinterest should have boards for baby products, health tips for pregnancy, decorating baby rooms, nutrition, other topics of interest to expectant moms.</p> <p>Instagram is so popular, it should be added, and should include photos of things relevant to pregnancy and birth – not just photos of the facility and staff. Suggest using partners to</p>	<p>Strategic management is required, not just a "poster." An internal or external resource will need to be identified and engaged. Cost will be primarily time for posts.</p> <p>Sponsored posts on Facebook, Twitter and Instagram should be incorporated. This will be a prime method of engaging the audiences you require and your budget must reflect that.</p> <p>Facebook: the average click costs advertisers \$0.24 and the average CPM (1000 views) cost \$0.66</p> <p>Twitter: between \$.50 – \$4.00 per engagement</p> <p>Instagram: pricing on Instagram has been relatively high, averaging a cost-per-thousand views, or CPM, of \$6.70, but users are two and a half times more likely to click on</p>

	<p>contribute topics; clothing from maternity store, toys stores, essential oils, etc.</p> <p>Your midwife should start a blog on your website with weekly posts, especially birth with a midwife and its advantages. Your writer can help.</p>	ads than on other social media platforms.
<p>Add website section for downloads:</p> <ul style="list-style-type: none"> • Offer free patterns for baby clothes and crafts, decorating information, clothing coupons (see partnering with maternity shop), pampering coupons from the Ob Gyn Spa, etc.; connected to Pinterest, other social media 	Engagement based on “what’s in it for me” leading to more shares and positive awareness.	Expense will be mostly time to gather and post. Could be assigned to midwife.
<p>Attend all face-to-face opportunities</p> <ul style="list-style-type: none"> • Baby <ul style="list-style-type: none"> – Hold a baby expo focused exclusively on alternative birth experiences in February. Midwives, doulas, chiropractors who serve expectant women, massage, Reiki, others. • Wedding Expo • Women <ul style="list-style-type: none"> – Women’s Lifestyle Show – Well Women’s Expo • Healthcare <ul style="list-style-type: none"> – Women’s Night – Sustainable Living and Wellness Expo • Hearts at Home Conference 	Info:	Costs will include creating and printing materials, primarily educational with a light touch on sales.
Develop a graphics standards guidance document	Consistency in presentation is necessary; fonts, colors, photos, templates.	Time with a qualified designer is the only cost, should be accomplished in a couple of hours.
Develop a patient-focused brochure to use at face-to-face events.	Booklet-type brochure emphasizing experience.	Copywriting, design, printing – estimate \$2500 from event budget.
Develop relationships with maternity shop, fitness centers, childcare centers, insurance providers, chiropractors, alternative health practitioners	Go where the potential patients are; should at least offer to provide information, or even set up an information session, partner in baby expo, other ways to work together.	Staff time.
<p>Events leading to opening:</p> <p>Sneak peek events for Ob Gyn Care/Ogunleye staffs, Chamber members, current patients, black churches, media, anyone who has inquired about services</p>	Tour and emphasize experience offered.	Staff time, refreshments, invitation design and print (in-house).

Grand opening		Staff time, refreshments, invitation design and print (in-house).
Spanish outreach? Other languages?		

2. Media exposure

Task	Details	Resources/Budget needed
Local media is already aware; maintain relationships and enhance	Send press kit when ready, update with news releases at milestones.	Staff time.
Identify and develop relationships with broadcast media in surrounding areas.	Purchases from these media outlets may lead to more free mentions/interviews, but are not the best use of limited resources, so slow and very selective use is the best approach.	Maximum on radio should be \$4000; less would be better but to cover the area you want, it may not be possible. You will only be able to use it during the opening month, or when you hold the spring expo.
Print media: Recommend very little presence. Limited resources should be focused online and in person.	Magazine and newspaper	
Develop a press kit with facts about the center and provide to each identified news director.	Contain facts and figures, contact information for spokesperson and principals, listing of services. Provide regular updates (press releases, calls) to media on initiatives with defined story pitch.	Printing could be done in-house, approximately 25 should be enough to get started. Minimal mailing cost.
Grand opening press conference held at center, invite all local and area media news directors, provide all media with press kits. Led by director. All partners should be in attendance. Hold in the morning.	Send invitations (hard copy and email) at least two weeks in advance with reminder the day before.	Print invitations in-house, involve designer to set up and design email template. Cost is minimal designer time, purchase invitations, and staff time. Provide coffee.

3. Birthing education

Task	Details	Responsible/Budget needed
Join Chamber of Commerce; set up presence in Chamber website; offer seminars for businesses (savings-focused); offer education to members' employees as a part of wellness programming.		\$248 to join. Will require attending events and getting to know members who would be interested in lowering the
Compile information resources for new website section <ul style="list-style-type: none"> Develop contacts for health insurance updates, legislation, Medicare/Medicaid, general pregnancy health promotion information 		Your webmaster and writer will need to collaborate to set up.

<ul style="list-style-type: none"> • Offer free downloadable e-books, white papers, patterns for baby clothes, decoration information, clothing coupons (see partnering with maternity shop), pampering coupons from a Spa, etc. 		
Provide information and resources to Community Health Care Clinic, both print/web and face-to-face seminars on childbirth topics.	Require brochures on health topics, Spanish and English. The clinic does not provide prenatal care, so this partnership would be mutually beneficial.	Translation services (guru.com or CHCC resource), design template, could be set up as info sheets and printed in-house.
Offer speaker to community groups, women's groups, churches, senior groups, community centers	Topic – value of alternative birthing center; what is a midwife; alternative birth.	Staff time.
Seminar and presence at Women's Health Night	Source appropriate inexpensive giveaway item, hold a drawing for larger item to source names/email addresses.	Cost of brochures, giveaways, staff time.
Regular childbirth education classes at the center as soon as it opens, publicize via all social media and partners. Free for committed patients; minimal charge for others.	Involve retail/alternative health partners in publicity.	Staff time; use social media and partners to provide publicity and minimal cost.
Grand opening education event; offer seminars breakfast, lunch and after work in addition to welcoming visitors for tours throughout the day.	Give people a reason to come. Most open houses are all about the facility; set the tone by making it all about the visitors, offer them something of value.	Possible partnership with a chef/restaurant to provide food at lower cost in exchange for advertising/publicity.

4. Change management for current employees

Task	Details	Resources/Budget needed
Use ADKAR methodology to engage and create acceptance. This can help identify resistance and counteract, preventing unfavorable word of mouth in the office and in public.	<p>Awareness of the center and what it really means to them.</p> <p>Look forward to the good things it means.</p> <p>Knowledge about the center and progress.</p> <p>Accept their role—and realize they have one.</p> <p>Reinforce regularly be involving them in what's going on.</p>	Talk to me if you want to put together a plan.

2016 Statistics

by county

Chicago

% of county

Cook	50%	66759	33380
DuPage	30%	10836	3251
Will	30%	7803	2341
Lake	30%	7659	2298

3rd Largest City in US

Population	2,694,236
Males	1,398,056
Females	1,320,499
Median age	34.3
Average Family Size	3.45
Household income	\$ 85,837
Earnings	\$ 44,546
Median house value	\$ 246,500
Average Rent	\$ 1,077
Bachelors Degree >	38.4%
Foreign Born	20.6%
White	49.4%
Black	30.1%
Hispanic (all races)	29.0%
Asian	6.4%

CITIES population

Chicago	2,694,236
Aurora	198,870
Naperville	149,196
Cicero	79,943
Bolingbrook	76,468
Evanston	74,756
Skokie	64,773
Oak Park	52,443
Glenview	47,004
TOTAL	3,437,689



41269 low risk pregnancy
 34253 # that would choose BC
 2055

<https://www.dph.illinois.gov/data-statistics/vital-statistics/illinois-population-data>

5% Projection of Growth

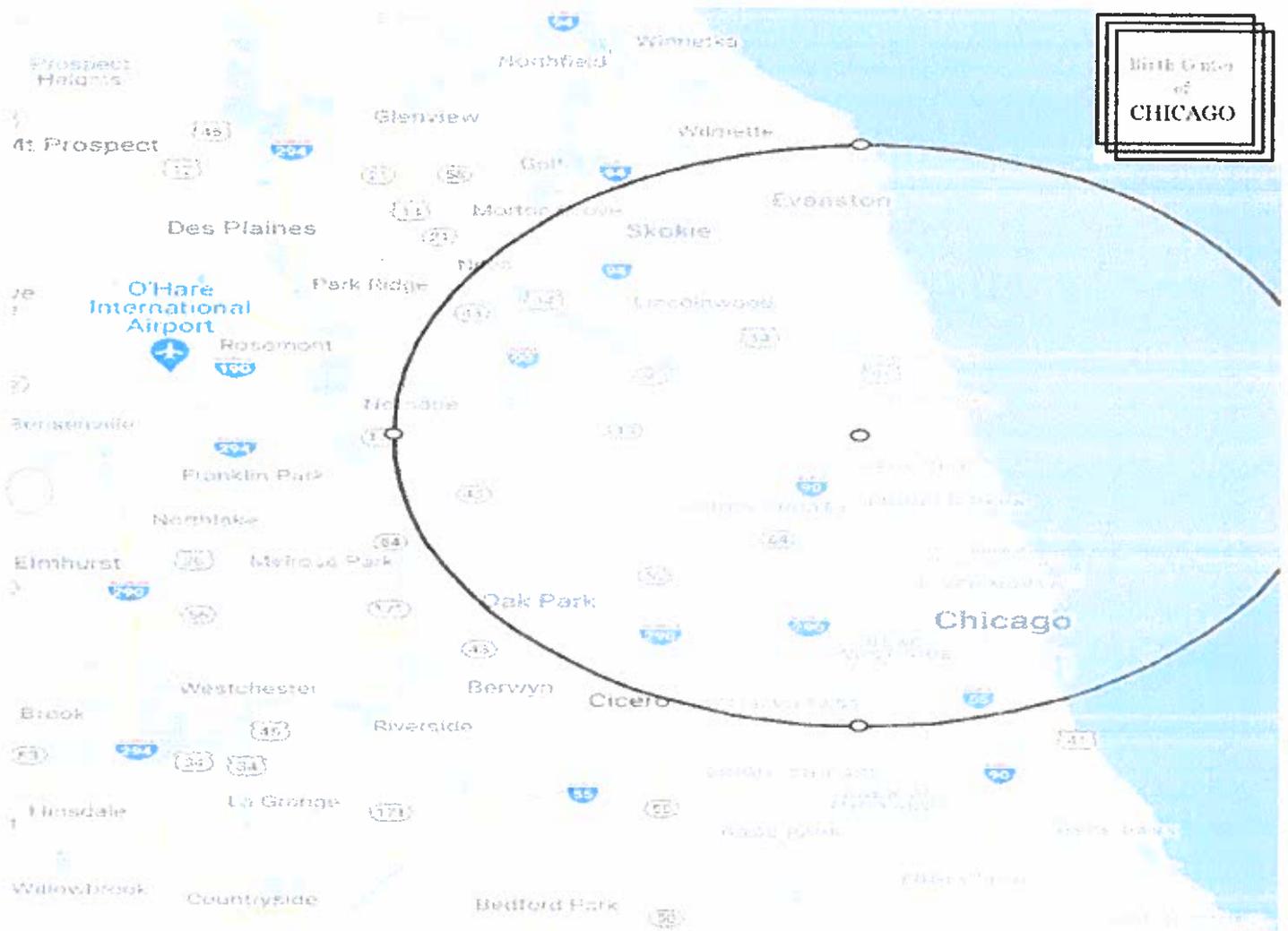
		Year 1	Year 2	Year 3	Year 4	Year 5
Utilization						
Orientation	1/2 1st year	1028	1079	1133	1190	1249
Registration	-10%	925	971	1020	1071	1124
Attrition	-19%	749	787	826	867	911
Due this Year	-50%	375	393	413	434	455
Carried over from last year			375	393	413	434
Total Caseload this year		375	768	806	847	889
Transfers: AP and PreAdmit	-18%	-67	-138	-145	-152	-160
admitted to BC		307	630	661	694	729
Transfers: IP after Admission	-12%	-37	-76	-79	-83	-87
Births at Birth Center		270	554	582	611	641
per month		22.5	46.2	48.5	50.9	53.5
per 5 midwives		4.5	9.2	9.7	10.2	10.7
per 2 rooms		11.3	23.1	24.2	25.5	26.7

Chicago Hospitals	CITY	Normal Newborn	Neonate Problem	Newborns TOTAL	Csec	Csec comp	Vag	Deliveries TOTAL	C-SEC RATE
Advocate Illinois Masonic	Chicago	1072	413	1485	307	304	851	1462	41.8%
		\$ 5,588	\$ 7,231		\$ 29,736	\$ 34,497	\$ 16,678		
Amita Health Resurrection	Chicago	538	312	850	158	175	493	826	40.3%
		\$ 9,600	\$ 12,706		\$ 29,346	\$ 32,028	\$ 15,550		
Amita Health Saint Joseph	Chicago	663	190	853	102	289	370	761	51.4%
		\$ 9,630	\$ 13,292		\$ 32,255	\$ 34,848	\$ 17,687		
Amita Saint Mary & Elizabeth	Chicago	414	416	830	172	121	566	859	34.1%
		\$ 9,403	\$ 10,418		\$ 34,126	\$ 38,477	\$ 17,143		
Norwegian-American	Chicago	140	113	253	61	24	163	248	34.3%
		\$ 5,305	\$ 6,933		\$ 19,701	\$ 25,566	\$ 10,100		
Swedish Covenant	Chicago	1175	789	1964	393	188	1336	1917	30.3%
		\$ 5,645	\$ 6,953		\$ 30,307	\$ 33,391	\$ 14,297		
		\$ 7,529	\$ 9,589	6235	\$ 29,033	\$ 33,083	\$ 15,243	6073	38.7%
		Average Normal	Average Neonate	Newborns TOTAL	Average Csec	Average Csec	Average Vag	Deliveries TOTAL	Average C-SEC

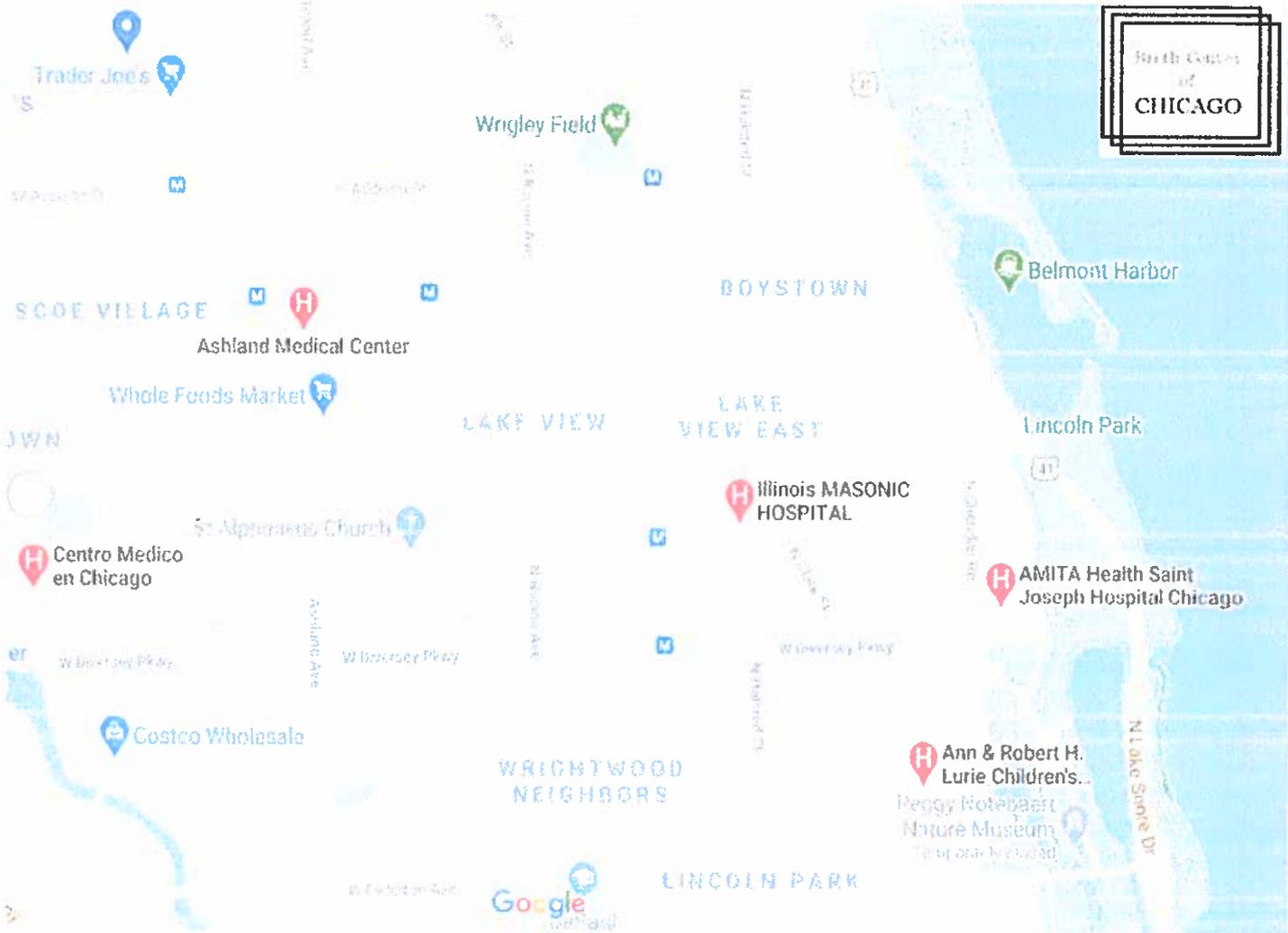
<http://www.healthcarereportcard.illinois.gov/searches/county/Chicago%20-%20North%20Side>

Average Vaginal Birth Cost (mom & baby) \$ 22,771 (not including professional)
Overall Birth Cost (mom & baby) \$ 34,345 (not including professional)

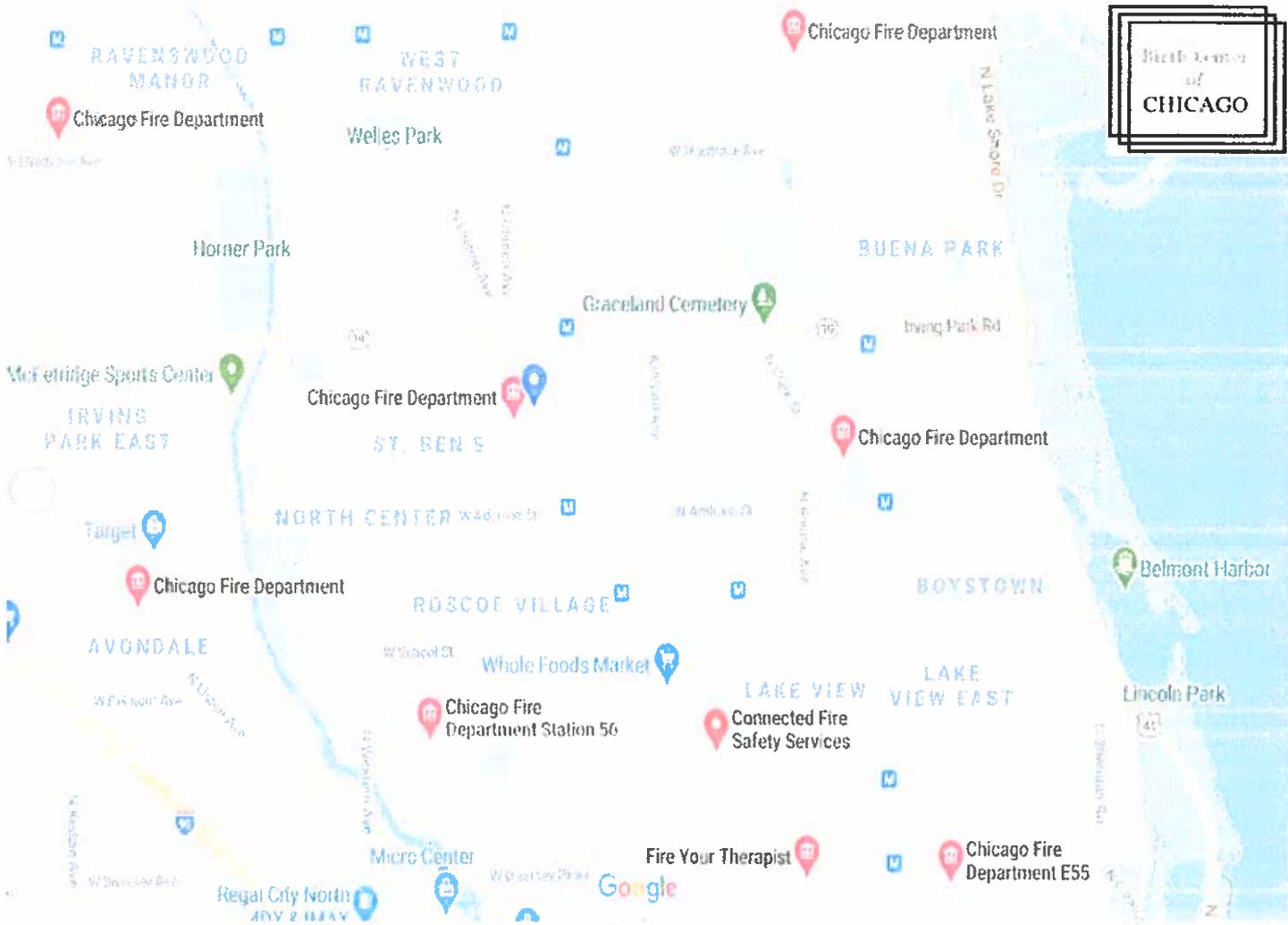




Marketing Radius



Nearby Hospitals



Nearby Fire Departments / EMS

Births Data - US Largest State and City

State	population	2019 population rank	2010 population rank	births	out of hospital births	% out of hospital	hospital cost	birth rate score	# of Birth Centers	CABC Birth Centers	birth rate per 1000	C-Section Rate
California	39,747,267	1	1	471,658	19,398	4.1%	\$ 26,380	58.2	55	19	13.1	30.9%
Texas	29,087,070	2	2	382,050	18,562	4.9%	\$ 17,738	63.4	92	6	14.6	35.1%
Florida	21,646,155	3	4	223,630	5,043	2.3%	\$ 22,015	58.4	33	3	11.0	36.8%
New York	19,491,339	4	3	229,737	4,203	1.8%	\$ 15,619	57.4	4	1	12.3	33.9%
Pennsylvania	12,813,969	5	6	137,745	4,865	3.5%	\$ 19,764	57.8	5	2	11.0	30.1%
Illinois	12,700,381	6	5	149,390	921	0.6%	\$ 16,241	59.0	2	2	12	31.2%

City	population	births	# of Birth Centers	CABC Birth Centers
New York City	8,336,817	117,013	3	3
Los Angeles	3,979,576	133,160	5	2
Chicago	2,693,976	223,630	1	1
Houston	2,320,268	229,737	4	2
Phoenix	1,680,992	137,745	3	3
Philadelphia	1,584,064	149,390	2	2

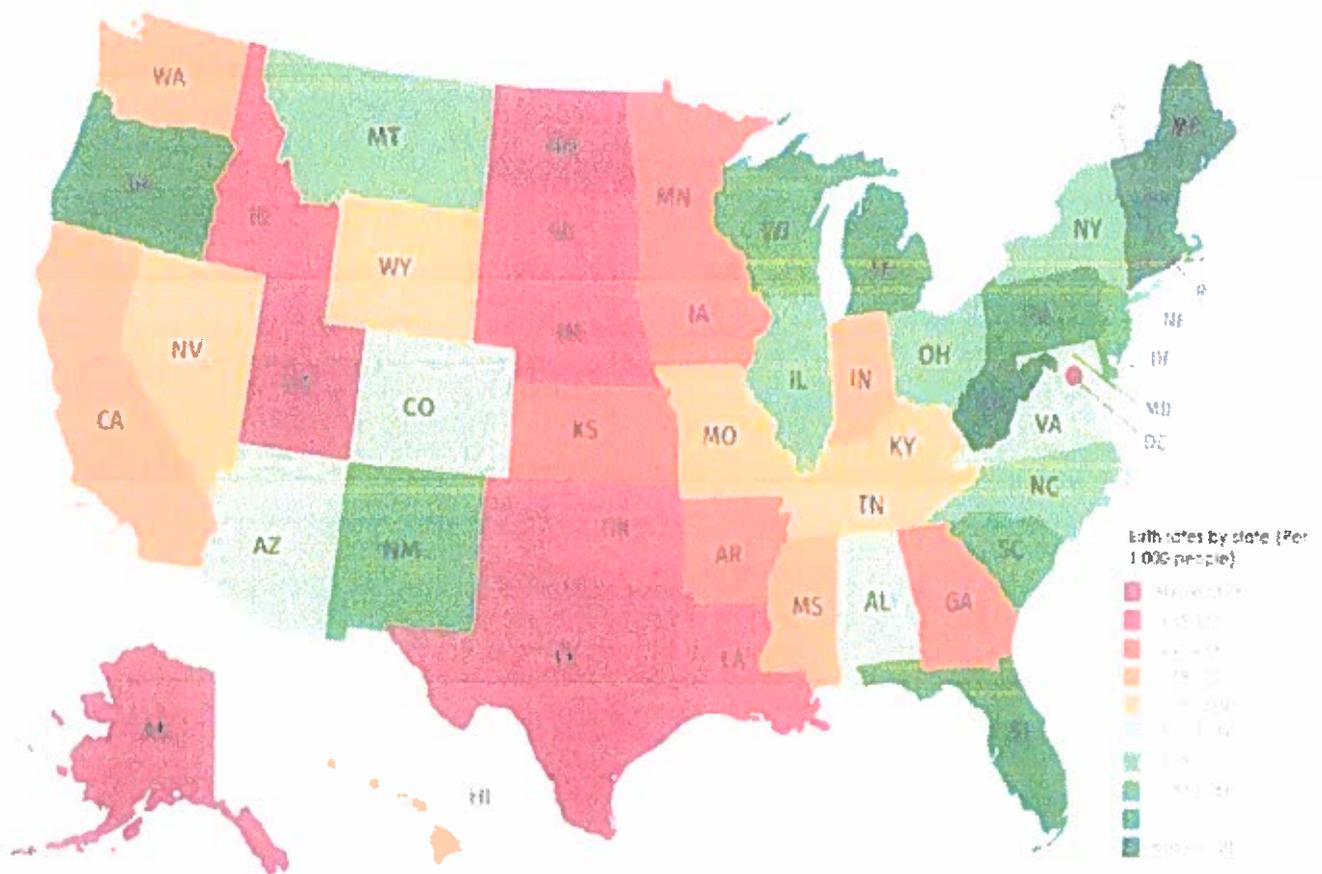


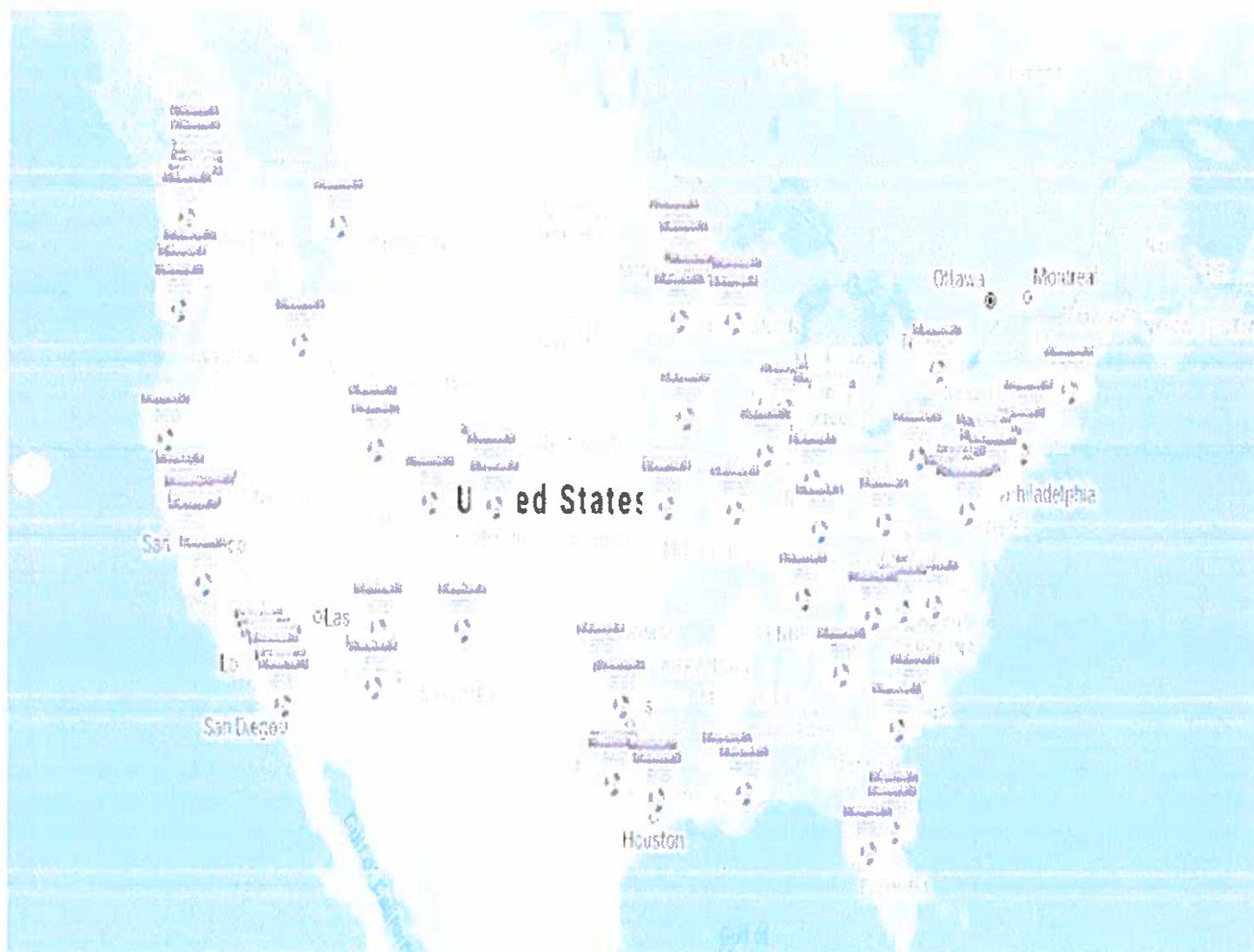
Let's improve Illinois.....

- Population
- Birth Options
- C-Section Rates
- Child Birth Cost

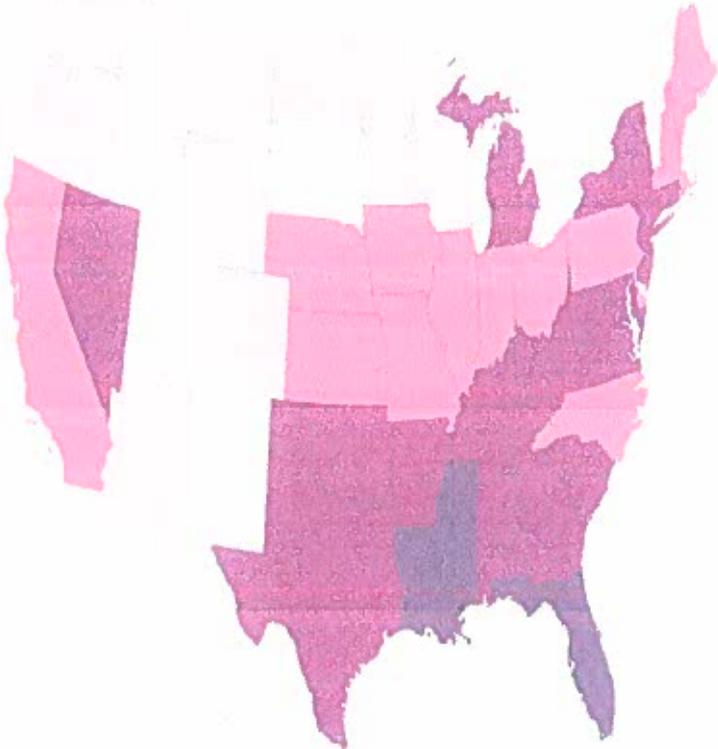
<https://www.cbsnews.com/pictures/cost-giving-birth-in-united-states/5/>
<https://www.birthcenteraccreditation.org/find-accredited-birth-centers/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6642827/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6642827/>
<https://www.cdc.gov/nchs/fastats/state-and-territorial-data.htm>

Birth rates by state (Source: US census bureau)





Cesarean Delivery Rate by State



Cesarean Delivery Rate¹

- 22.4 — < 25.6
- 25.6 — < 28.8
- 28.8 — < 32
- 32 — < 35.2
- 35.2 — 38.3

Filters

Year **2018** ▾

SHARE

[Print Policy](#)

[data.cdc.gov/dataset.xhtml?series=0&_lang=en](#)



Facts	Cook County, Illinois	State of Illinois
Population		
Population estimates, July 1, 2019, (V2019)	5,150,233	12,671,821
Population estimates, July 1, 2018, (V2018)	5,180,493	12,741,080
Population estimates base, April 1, 2010, (V2019)	5,195,026	12,831,572
Population estimates base, April 1, 2010, (V2018)	5,195,026	12,831,572
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-0.90%	-1.20%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-0.30%	-0.70%
Population, Census, April 1, 2010	5,194,675	12,830,632
Age and Sex		
Persons under 5 years, percent	6.10%	6.00%
Persons under 18 years, percent	21.80%	22.40%
Persons 65 years and over, percent	14.60%	15.60%
Female persons, percent	51.40%	50.90%
Race and Hispanic Origin		
White alone, percent	65.50%	76.90%
Black or African American alone, percent	29.90%	14.60%
American Indian and Alaska Native alone, percent	0.70%	0.60%
Asian alone, percent	7.90%	5.90%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	0.10%
Two or More Races, percent	2.00%	2.00%
Hispanic or Latino, percent	25.50%	17.40%
White alone, not Hispanic or Latino, percent	42.10%	61.00%
Population Characteristics		
Veterans, 2014-2018	164,687	595,185
Foreign born persons, percent, 2014-2018	21.10%	14.00%
Housing		
Housing units, July 1, 2018, (V2018)	2,200,221	5,376,064
Owner-occupied housing unit rate, 2014-2018	56.90%	66.00%
Median value of owner-occupied housing units, 2014-2018	\$237,200	\$187,200
Median selected monthly owner costs -with a mortgage, 2014-2018	\$1,893	\$1,668
Median selected monthly owner costs -without a mortgage, 2014-2018	\$737	\$626
Median gross rent, 2014-2018	\$1,091	\$984
Building permits, 2019	9,556	20,524
Families and Living Arrangements		
Households, 2014-2018	1,963,070	4,830,038
Persons per household, 2014-2018	2.61	2.59
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	87.00%	87.10%
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	35.20%	23.00%
Computer and Internet Use		
Households with a computer, percent, 2014-2018	87.60%	88.30%
Households with a broadband internet subscription, percent, 2014-2018	78.90%	80.60%
Education		
High school graduate or higher, percent of persons age 25 years+, 2014-2018	86.70%	88.90%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	38.00%	34.10%
Health		
With a disability, under age 65 years, percent, 2014-2018	6.50%	7.10%
Persons without health insurance, under age 65 years, percent	10.20%	8.10%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2014-2018	65.90%	65.10%
In civilian labor force, female, percent of population age 16 years+, 2014-2018	60.70%	60.30%
Total accommodation and food services sales, 2012 (\$1,000)	14,553,105	27,937,381
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	39,639,868	83,431,778
Total manufacturers shipments, 2012 (\$1,000)	79,526,980	281,037,755
Total merchant wholesaler sales, 2012 (\$1,000)	100,829,550	295,456,992
Total retail sales, 2012 (\$1,000)	62,767,358	166,634,514
Total retail sales per capita, 2012	\$11,998	\$12,942
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2014-2018	33.3	29
Income and Poverty		
Median household income (in 2018 dollars), 2014-2018	\$62,088	\$63,575
Per capita income in past 12 months (in 2018 dollars), 2014-2018	\$35,575	\$34,463
Persons in poverty, percent	13.80%	12.10%
Businesses		
Total employer establishments, 2017	133,666	321,135
Total employment, 2017	2,405,790	5,497,629
Total annual payroll, 2017 (\$1,000)	150,248,261	301,443,641
Total employment, percent change, 2016-2017	0.20%	-0.30%
Total nonemployer establishments, 2017	485,902	985,260
All firms, 2012	549,686	1,135,017
Men-owned firms, 2012	291,278	609,648
Women-owned firms, 2012	216,929	417,500
Minority-owned firms, 2012	216,374	311,684
Nonminority-owned firms, 2012	319,115	795,129
Veteran-owned firms, 2012	38,665	89,110
Nonveteran-owned firms, 2012	495,450	1,006,885
Geography		
Population per square mile, 2010	5,495.10	231.1
Land area in square miles, 2010	945.33	55,518.93
FIPS Code	"17031"	"17"

Health Facilities and Services Review Board

Illinois Health Facilities Planning Act

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JUN 29 2020
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Certificate of Need Permit

for

Birth Center – Alternative Health Care Model



Birth Center
of
CHICAGO

RECEIVED

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT APPLICATION
HEALTH FACILITIES & SERVICES REVIEW BOARD

SEPTEMBER 2018 EDITION

TABLE OF CONTENTS

SECTION NO.		PAGES
	Instructions	ii-iv
I.	Identification, General Information and Certification	1-9
II.	Discontinuation	10
III.	Project Background, Purpose, and Alternatives	11-12
IV.	Project Scope & Size, Utilization and Unfinished/Shell Space	13-14
V.	Service Specific Review Criteria	
	A. Medical/Surgical, Obstetric, Pediatric and Intensive Care	15-16
	B. Comprehensive Physical Rehabilitation	17
	C. Acute/Chronic Mental Illness	18
	D. Open Heart Surgery	19
	E. Cardiac Catheterization	20-21
	F. In-Center Hemodialysis	22
	G. Non-Hospital Based Ambulatory Surgery	23-24
	H. Selected Organ Transplantation	25
	I. Kidney Transplantation	26
	J. Subacute Care Hospital Model	27-31
	K. Community-Based Residential Rehabilitation Center	32
	L. Long Term Acute Care Hospital	33
	M. Clinical Service Areas Other than Categories of Service	34
	N. Freestanding Emergency Center Medical Services	35-38
	O. Birth Center	39-40
VI.	Availability of Funds	41-42
VII.	Financial Viability	43
VIII.	Economic Feasibility	44-45
IX.	Safety Net Impact Statement	46
X.	Charity Care Information	47
XI.	Index of Attachments to the Application	48
XII.	Index of Appendices	121

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 WEST JEFFERSON STREET, 2nd FLOOR
 SPRINGFIELD, ILLINOIS 62761
 (217) 782-3516

INSTRUCTIONS

GENERAL

- The application for permit (Application) must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act (Planning Act), including those involving the establishment, expansion, modernization and certain discontinuations of a service or facility.
- The persons preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130) for more information.
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Adm. Code 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov.

SPECIFIC

- Use the Application as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE, label it as such and state the reason why.**
- For all applications for which time and distance documentation is required, submit copies of all MapQuest printouts that indicate the distance and time to or from the proposed facility.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Include documents such as MapQuest printouts, physician referral letters, impact letters, and documentation of receipt as appendices after the last attachment. Label as Appendices 1, 2, etc.
- For all applications that require physician referrals, the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients to in the past 12 or 24 months, whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original Application and one copy, both **unbound**. **Label the copy that contains the original signatures original (put the label on the Application).**

Failure to follow these requirements WILL result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void. Applicants

are advised to read Part 1130 with respect to completeness (1130.620(c)).

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE**, the applicant must **attest** that the project **is or is not in a flood plain** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act (Preservation Act), the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact historic resources. These types of projects include:

1. Projects involving demolition of any structures;
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the HPA so that known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The HPA will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from HPA with the application for permit.

Information concerning the Preservation Act may be obtained by calling (217) 785-7930 or writing the Illinois Historic Preservation Agency, Preservation Services Division, 1 Old State Capitol Plaza, Springfield, Illinois 67201-1507.

SAFETY NET IMPACT STATEMENT

A **SAFETY NET IMPACT STATEMENT** must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. **SEE SECTION X OF THE APPLICATION FOR PERMIT.**

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XI OF THE APPLICATION FOR PERMIT.**

FEE

An application-processing fee (refer to Part 1130.230 to determine the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 **MUST** be submitted with the application. HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

APPLICATION SUBMISSION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

**Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761**