#E-045-19

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	AMITA Health Alexian Brothers Medical Center Elk Grove Village		
Street Address:	800 Biesterfield Road		
City and Zip Code:	Elk Grove Village, IL 60007		
County: Cook	Health Service Area VII	Health Planning Area: A-07	

RECEIVED
SEP 13 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Exact Legal Name:	Alexian Brothers Medical Center
Street Address:	800 Biesterfield Road
City and Zip Code:	Elk Grove Village, IL 60007
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South La Salle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Dia Nichols
CEO Street Address:	800 Biesterfield Road
CEO City and Zip Code:	Elk Grove Village, IL 60007
CEO Telephone Number:	847/437-5500

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	AMITA Health Alexian Brothers Medical Center Elk Grove Village		
Street Address:	800 Biesterfield Road		
City and Zip Code:	Elk Grove Village, IL 60007		
County: Cook	Health Service Area VII		Health Planning Area: A-07

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

Exact Legal Name:	Alexian Brothers-AHS Midwest Region Health Co. dba AMITA Health
Street Address:	2601 Navistar Drive
City and Zip Code:	Lisle, IL 60532
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Karen Springer and Eddie Soler, co-CEOs
CEO Street Address:	2601 Navistar Drive
CEO City and Zip Code:	Lisle, IL 60532
CEO Telephone Number:	224/273-4121

Type of Ownership of Applicants

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

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

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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	AMITA Health Alexian Brothers Medical Center Elk Grove Village		
Street Address:	800 Biesterfield Road		
City and Zip Code:	Elk Grove Village, IL 60007		
County: Cook	Health Service Area VII	Health Planning Area: A-07	

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

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Road
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Joseph R. Impicciche
CEO Street Address:	4600 Edmunson Road
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

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

Post Exemption Contact

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

Name:	Dia Nichols
Title:	CEO
Company Name:	AMITA Health Alexian Brothers Medical Center Elk Grove Village
Address:	800 Biesterfield Road Elk Grove Village, IL 60007
Telephone Number:	847/437-5500
E-mail Address:	dia.nichols@amitahealth.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Alexian Brothers Medical Center
Address of Site Owner:	800 Biesterfield Road Elk Grove Village, IL 60007

Street Address or Legal Description of the Site: 800 Biesterfield Road Elk Grove Village, IL 60007

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:	Alexian Brothers Medical Center
Address:	800 Biesterfield Road Elk Grove Village, IL 60007

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

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

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

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

The applicants propose to discontinue AMITA Health Alexian Brothers Medical Center Elk Grove Village's 25-bed acute mental illness category of service within thirty days of the approval of this Certificate of Exemption application.

This is a "substantive" project, because it addresses the discontinuation of a HFSRB-designated category of service.

Project Status and Completion Schedules

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

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

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

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

SIGNATURE

Dia Nichols

PRINTED NAME

President CEO

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of August, 2019

Signature of Notary

Seal

OFFICIAL SEAL
H VERONICA HERRERA SANCHEZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/16/23

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

CERTIFICATION

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

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SIGNATURE

HENRY ZEISEL
PRINTED NAME

CHIEF FINANCIAL OFFICER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 8th day of August 2019

Signature of Notary

Seal

OFFICIAL SEAL
H VERONICA HERRERA SANCHEZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/16/23

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of _Ascension Health_____ 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.

Christine K. McCoy
SIGNATURE

Christine K. McCoy
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of August 2019

Signature of Notary

Seal

ELFRIEDE M. ROHE
Notary Public - Notary Seal
STATE OF MISSOURI
Comm. Number 01505902
St. Louis County
My Commission Expires: July 13, 2020

_____
SIGNATURE

Rhonda C. Anderson
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

_____
Signature of Notary

Seal

CERTIFICATION

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of _Ascension Health_____ 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

Rhonda C. Anderson
PRINTED NAME

Sr VP, Finance
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6 day of August, 2019

Nancy R Wilson Lister
Signature of Notary

Seal

NANCY R WILSON-LISTER
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 19, 2020

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

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

This Application is filed on the behalf of _Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health_ 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.

Eddie Soler
SIGNATURE

Eddie Soler
PRINTED NAME

Interim CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11 day of September 2019

Nancy L Wilson Lister
Signature of Notary

Seal

NANCY R WILSON-LISTER
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 19, 2020

SIGNATURE

EARL J. BARNES II
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11 day of September 2019

Nancy L. Wilson Lister
Signature of Notary

Seal

NANCY R WILSON-LISTER
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 19, 2020

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

☐	Discontinuation of an Existing Health Care Facility
X	Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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 9.

AMITA Health Alexian Brothers Medical Center
Elk Grove Village

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	125	399	25566
Outpatient	1477	2232	27689
Total	**1602**	**2631**	**53255**
Charity (cost In dollars)			
Inpatient	$3,192,619	$2,106,991	$2,607,611
Outpatient	$1,973,431	$1,948,839	$1,849,843
Total	**$5,166,050**	**$4,055,830**	**$4,457,454**
MEDICAID			
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	3806	2410	3289
Outpatient	49428	45946	37530
Total	53234	48356	40819
Medicaid (revenue)			
Inpatient	$24,917,316	$14,688,808	$26,890,358
Outpatient	$14,100,420	$12,104,570	$18,519,923
Total	$39,017,736	$26,793,378	$45,410,281

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 10.

AMITA Health Alexian Brothers Medical Center Elk Grove Village

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$457,480,000**	**$478,899,780**	**$545,610,158**
Amount of Charity Care (charges)	$26,603,784	$23,058,353	$22,891,701
Cost of Charity Care	$5,166,050	$4,055,830	$4,457,854

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

#E-045-19

File Number 4987-226-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

ALEXIAN BROTHERS MEDICAL CENTER, INCORPORATED IN TEXAS AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON AUGUST 02, 1971, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* JULY *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1919000620 verifiable until 07/09/2020

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

ATTACHMENT 1

#E-045-19

File Number 6783-860-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* NOVEMBER *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

Authentication #: 1830901614 verifiable until 11/05/2019

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

ATTACHMENT 1

#E-045-19

File Number 6964-462-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* NOVEMBER *A.D.* 2018 .

Authentication #: 1831202022 verifiable until 11/08/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE ATTACHMENT 1

AMITA HEALTH

September 3, 2019

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

I hereby attest that the site of AMITA Health Alexian Brothers Medical Center Elk Grove Village is owned by Alexian Brothers Medical Center. The Hospital is located at 800 Biesterfield Road in Elk Grove Village, Illinois.

Sincerely,

Dia Nichols, FACHE
Chief Executive Officer

Notarized:

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

Elizabeth D Neary
9/3/19

AMITA Health
Alexian Brothers Medical Center
Elk Grove Village
800 Biesterfield Rd.
Elk Grove Village, IL 60007
847.437.5500

ATTACHMENT 2

#E-045-19

File Number 4987-226-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

ALEXIAN BROTHERS MEDICAL CENTER, INCORPORATED IN TEXAS AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON AUGUST 02, 1971, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* JULY *A.D.* 2019 .

Jesse White

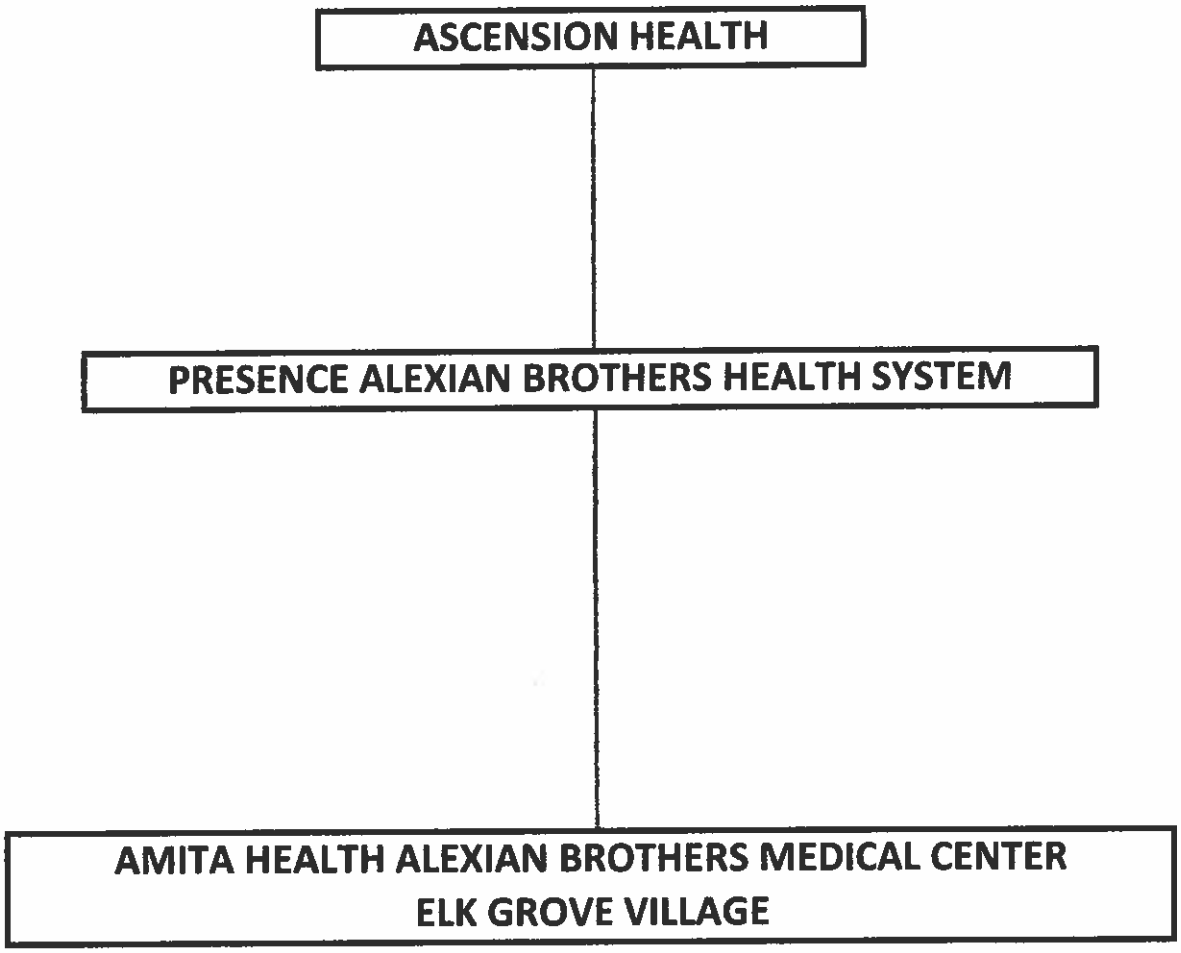
SECRETARY OF STATE

Authentication #: 1919000620 verifiable until 07/09/2020

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

ATTACHMENT 3

ORGANIZATIONAL CHART



DISCONTINUATION

1. This Certificate of Exemption ("COE") application addresses the discontinuation of the applicant hospital's acute mental illness ("AMI") category of service, which includes 25 authorized beds.

2. The proposed project is limited to the hospital's AMI category of service.

3. The hospital's AMI category of service will be discontinued within 30 days following receipt of the requested COE Permit. Discontinuation will occur via formal notification to the HFSRB and IDPH.

4. The AMI unit consists of fourteen patient rooms, and as of the filing of this Certificate of Exemption application, a decision has not been made relating to the future use of the unit. The AMI unit's equipment will be used in other areas of the hospital, re-located to other AMITA Health facilities, donated to not-for-profit organizations, or discarded.

5. The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.

6. This COE application is limited to the discontinuation of a category of service.

7. The required legal notice was published in the Chicago Sun Time on August 26, 2019. Proof of publication is attached.

#E-045-19

AMITA HEALTH PRESENCE HEALTH
LEGAL NOTICE AMITA Health Alexian Brothers Medical Center E

ADORDERNUMBER: 0001091943-01
PO NUMBER: Alexian Brothers
AMOUNT: 180.00
NO OF AFFIDAVITS: 1

LEGAL NOTICE

AMITA Health Alexian Brothers Medical Center Elk Grove Village intends to cease the operations of its inpatient acute mental illness program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before December 31, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by September 10, 2019; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
8/27/19 #1091943

Chicago Sun-Times
Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisments in the following secular newspapers. All newspapers meet Illinois Compiled Statue requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.
Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 08/27/2019

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed

by

Pamela D Henson

Pamela D. Henson
Account Manager - Public Legal Notices

This 27th Day of August 2019 A.D.

AMITA HEALTH PRESENCE HEALTH
200 S WACKER DR
ATTN: OLGA SOLARES
CHICAGO, IL 60606

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The applicants propose to discontinue AMITA Health Alexian Brothers Medical Center Elk Grove Village's ("the hospital's") acute mental illness ("AMI") category of service for a number of reasons.

First, the hospital has had great difficulty in attracting qualified psychiatrists, interested in providing inpatient care, to its Medical Staff.

Second, the hospital is a member of AMITA Health, which operates two other AMI programs in the general area. As a result, and due to the hospital's low AMI utilization (58.6% occupancy rate in 2018), the service proposed to be discontinued represents an unnecessary duplication of services. The hospital is located approximately 7.5 miles from AMITA Health Alexian Brothers Behavioral Health Hospital.

Third, inpatient psychiatric care is being replaced for many patients/diagnoses with partial hospital and other outpatient programs, therein reducing the reliance on inpatient services. The hospital and its system, AMITA Health, currently operate numerous outpatient and partial hospitalization programs, and intends to continue to do so.

IMPACT ON ACCESS

The applicants do not anticipate that the proposed discontinuation of inpatient acute mental illness ("AMI") services at AMITA Health Alexian Brothers Medical Center Elk Grove Village ("ABMC") will have any substantial impact on area residents' access to inpatient AMI services. There are four providers of inpatient AMI services located within ten miles of the hospital, two of which are freestanding psychiatric hospitals: AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates, which is owned and operated by applicant Ascension Health and Streamwood Behavioral Health Hospital. In addition, Northwest Community Hospital and Advocate Lutheran General Hospital operate AMI units.

Letters, consistent with the requirements of Section 1110.290.d), have been sent to the four facilities noted above, and responses received following the filing of this Certificate of Need application will be forwarded to the HFSRB Staff.

AMITA HEALTH

September 4, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AMITA Health Alexian Brothers
Behavioral Health Hospital
Attn: Clay Ciha, President/CEO
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

RE: AMITA Health Alexian Brothers Medical Center
Elk Grove Village
Proposed Discontinuation of Acute Mental Illness
Category of Service

Dear Mr. Ciha:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Alexian Brothers Medical Center Elk Grove Village ("AMITA ABMC") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA ABMC's 25-bed acute mental illness category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2018, a total of 811 acute mental illness patients were admitted to the hospital, and 10,659 patient days of care were provided to those patients.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Dia Nichols, FACHE
President/CEO

AMITA Health
Alexian Brothers Medical Center
Elk Grove Village
800 Biesterfield Rd.
Elk Grove Village, IL 60007
847.437.5500

ATTACHMENT 7

AMITA HEALTH

September 4, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Advocate Lutheran General Hospital
Attn: Terika Richardson, FACHE/President
1775 Dempster Street
Park Ridge, IL 60068

RE: AMITA Health Alexian Brothers Medical Center
Elk Grove Village
Proposed Discontinuation of Acute Mental Illness
Category of Service

Dear Mrs. Richardson:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Alexian Brothers Medical Center Elk Grove Village ("AMITA ABMC") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA ABMC's 25-bed acute mental illness category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Dia Nichols, FACHE
President/CEO

AMITA Health
Alexian Brothers Medical Center
Elk Grove Village
800 Biesterfield Rd.
Elk Grove Village, IL 60007
847.437.5500

ATTACHMENT 7

#E-045-19

AMITA HEALTH

September 4, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Streamwood Behavioral Health Hospital
Attn: Ronald J. Weglarz, CEO
1360 Irving Rd
Streamwood, IL 60107

RE: AMITA Health Alexian Brothers Medical Center
Elk Grove Village
Proposed Discontinuation of Acute Mental Illness
Category of Service

Dear Mr. Weglarz:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Alexian Brothers Medical Center Elk Grove Village ("AMITA ABMC") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA ABMC's 25-bed acute mental illness category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Dia Nichols, FACHE
President/CEO

AMITA Health
Alexian Brothers Medical Center
Elk Grove Village
800 Biesterfield Rd
Elk Grove Village, IL 60007
847.437.5500

ATTACHMENT 7

#E-045-19

AMITA HEALTH

September 4, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Northwest Community Hospital
Attn: Stephen Scogna, President
800 W. Central Rd
Arlington Heights, IL 60005

RE: AMITA Health Alexian Brothers Medical Center
Elk Grove Village
Proposed Discontinuation of Acute Mental Illness
Category of Service

Dear Mr. Scogna:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Alexian Brothers Medical Center Elk Grove Village ("AMITA ABMC") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA ABMC's 25-bed acute mental illness category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Dia Nichols, FACHE
President/CEO

AMITA Health
Alexian Brothers Medical Center
Elk Grove Village
800 Biesterfield Rd.
Elk Grove Village, IL 60007
847.437.5500

ATTACHMENT 7

#E-045-19

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Streamwood Behavioral Health Hospital
Attn: Ronald J. Weglarz, CEO
1360 Irving Rd
Streamwood, IL 60107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7001 1140 0001 6034 4664

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Advocate Lutheran General Hospital
Attn: Terika Richardson, FACHE
President
1775 Dempster Street
Park Ridge, IL 60068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7001 1140 0001 6034 4657

PS Form 3811, July 2013 Domestic Return Receipt

ATTACHMENT 7

#E-045-19

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AMITA Health Alexian Brothers
Behavioral Health Hospital
Attn: Clay Ciha, President/CEO
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7001 1140 0001 6034 4671

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northwest Community Hospital
Attn: Stephen Scogna, President
800 W. Central Rd
Arlington Heights, IL 60005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7001 0320 0003 5457 6496

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ATTACHMENT 7

BACKGROUND

Applicant Ascension Health owns, operates and/or controls the following Illinois licensed health care facilities:

AMITA Health Adventist Medical Center Bolingbrook
Bolingbrook, IL IDPH #5496

AMITA Health Adventist Medical Center GlenOaks
Glendale Heights, IL IDPH #3814

AMITA Health Adventist Medical Center Hinsdale
Hinsdale, IL IDPH #0976

AMITA Health Adventist Medical Center La Grange
La Grange, IL IDPH #5967

AMITA Health Alexian Brothers Medical Center Elk Grove Village
Elk Grove Village, IL IDPH #2238

AMITA Health St. Alexius Medical Center Hoffman Estates
Hoffman Estates, IL IDPH #5009

AMITA Health Alexian Brothers Behavioral Health Hospital
Hoffman Estates, IL

AMITA Health Holy Family Medical Center Des Plaines
Des Plaines, IL

AMITA Health Resurrection Medical Center Chicago
Chicago, IL IDPH #6031

AMITA Health Saint Francis Hospital Evanston
Evanston, IL IDPH #5991

AMITA Health Saint Joseph Hospital Chicago
Chicago, IL IDPH #5983

AMITA Health Mercy Medical Center Aurora
Aurora, IL IDPH #4903

AMITA Health Saint Joseph Hospital Elgin
Elgin, IL IDPH #4887

AMITA Health Saint Joseph Medical Center Joliet
Joliet, IL IDPH #4838

AMITA Health St. Mary's Hospital Kankakee
Kankakee, IL IDPH #4879

AMITA Health Saints Mary and Elizabeth Medical Center Chicago
Chicago, IL IDPH #6007

Lakeshore Gastroenterology
Des Plaines, IL

Belmont/Harlem Surgery Center
Chicago, IL IDPH #7003131

AMITA HEALTH

Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. AMITA Health has not had any adverse actions against any facility owned, operated, and/or controlled by the applicant during the three (3) year period prior to the filing of this application, and
2. AMITA Health authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

Mark A. Frey
President and
Chief Executive Officer

Date: 4/3, 2019

Notarized:

OFFICIAL SEAL
DONNA GAUTHIER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/02/22

Donna Gauthier 4-3-19

AMITA Health System Office
2601 Navistar Dr.
Lisle, IL 60532

AMITAhealth.org

ATTACHMENT 8

SAFETY NET STATEMENT

AMITA Health Alexian Brothers Medical Center Elk Grove Village is and will continue to be a safety net provider, serving primarily residents of the western suburbs of Chicago. AMITA Health has a long-standing commitment to the provision of a broad range of psychiatric services, and that commitment will not diminish with the approval of this Certificate of Exemption application. The hospital will continue to accept acute mental illness ("AMI") patients in its Emergency Department, and, as appropriate, will transfer patients in need of inpatient AMI services to other hospitals, including its sister hospital, Alexian Brothers Behavioral Health Hospital Hoffman Estates, approximately 7½ miles to the northwest. As a result, the impact on safety net services will be minimal.

#E-045-19

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

RECEIVED
SEP 13 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

by FedEX

September 12, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the inpatient acute mental illness category of service at AMITA Health Alexian Brothers Medical Center in Elk Grove Village.

The application is accompanied by a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101
Fax (847) 776-7004