

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

13-076

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 30 2013

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Holy Cross Hospital		
Street Address:	2701 West 68 <sup>th</sup> Street		
City and Zip Code:	Chicago, IL 60629		
County:	Cook	Health Service Area	VI Health Planning Area: A-03

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Sinai Health System
Address:	California at 15 <sup>th</sup> Street Chicago, IL 60608
Name of Registered Agent:	Alan H. Channing
Name of Chief Executive Officer:	Alan H. Channing, President & CEO
CEO Address:	California at 15 <sup>th</sup> Street Chicago, IL 60608
Telephone Number:	773 542-2000

Type of Ownership of Applicant/Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which 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 during the review period]

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:	

Additional Contact please see following page

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**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**

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Street Address:	2701 West 68 <sup>th</sup> Street		
City and Zip Code:	Chicago, IL 60629		
County:	Cook	Health Service Area	VI Health Planning Area: A-03

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Exact Legal Name:	Holy Cross Hospital		
Address:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629		
Name of Registered Agent:	Alan H. Channing		
Name of Chief Executive Officer:	Alan H. Channing, President & CEO		
CEO Address:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629		
Telephone Number:	773 884-9000		

**Type of Ownership of Applicant/Co-Applicant**

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

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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:	

**Additional Contact please see following page**

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**Additional Contact**

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

Name:	David Frankel
Title:	Vice President
Company Name:	Sinai Health System
Address:	California at 15 <sup>th</sup> Street Chicago, IL 60608
Telephone Number:	773 542-2000
E-mail Address:	david.frankel@sinai.org
Fax Number:	

**Additional Contact**

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

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott, Will & Emery
Address:	227 W. Monroe Street Chicago, IL 60606
Telephone Number:	312 372-2000
E-mail Address:	cranalli@mwe.com
Fax Number:	

**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:	Ms. Rachel Dvorken
Title:	Executive Vice President and General Counsel
Company Name:	Sinai Health System
Address:	California at 15 <sup>th</sup> Street Chicago, IL 60608
Telephone Number:	773 542-2000
E-mail Address:	Rachel.dvorken@sinai.org
Fax Number:	

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Sinai Health System
Address of Site Owner:	California at 15 <sup>th</sup> Street Chicago, IL 60608
Street Address or Legal Description of Site:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

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

Exact Legal Name:	Holy Cross Hospital	
Address:	2701 West 68 <sup>th</sup> Street Chicago, IL 60629	
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**Organizational Relationships**

Provide (for each co-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.

<b>APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
<input checked="" type="checkbox"/> Substantive	<input type="checkbox"/> Part 1120 Not Applicable
<input type="checkbox"/> Non-substantive	<input type="checkbox"/> Category A Project
	<input checked="" type="checkbox"/> Category B Project
	<input type="checkbox"/> DHS or DVA Project

## 2. Narrative Description

Provide in the space below, 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 the establishment of an acute mental illness ("AMI") category of service at Holy Cross Hospital, through the renovation of existing space.

Holy Cross Hospital is located at 2701 West 68<sup>th</sup> Street in Chicago.

The proposed project is classified as "substantive" because it involves the establishment of a category of service.

**Project Costs and Sources of Funds**

	<b>Reviewable</b>	<b>Non-Reviewable</b>	<b>TOTAL</b>
<b>Project Cost:</b>			
Preplanning Costs	\$ 115,000		\$ 115,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	6,264,000		6,264,000
Contingencies	600,000		600,000
Architectural/Engineering Fees	618,000		618,000
Consulting and Other Fees	100,000		100,000
Movable and Other Equipment (not in construction contracts)	794,850		794,850
Bond Issuance Expense (project related)			
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other Property			
<b>TOTAL USES OF FUNDS</b>	<b>\$ 8,491,850</b>		<b>\$ 8,491,850</b>
<b>Sources of Funds:</b>			
Cash and Securities	\$ 8,491,850		\$ 8,491,850
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 8,491,850</b>		<b>\$ 8,491,850</b>

### 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 \$ 400,000.

### Project Status and Completion Schedules

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): December 15, 2015

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

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

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

Project obligation 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

Are the following submittals up to date as applicable:

Cancer Registry

APORS

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

All reports regarding outstanding permits

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

## Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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

## Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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**.

<b>FACILITY NAME: Holy Cross Hospital</b>			<b>CITY: Chicago</b>		
<b>REPORTING PERIOD DATES: From: January 1, 2012 to: December 31, 2012</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	204	7,023	31,412*	-38	166
Obstetrics	16	425	1,014	None	16
Pediatrics					
Intensive Care	20	1,404	5,441	None	20
Comprehensive Physical Rehabilitation	34	577	6,386	None	34
Acute/Chronic Mental Illness	0			+50	50
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	<b>274</b>	<b>9,429</b>	<b>44,253</b>	<b>+12</b>	<b>286</b>

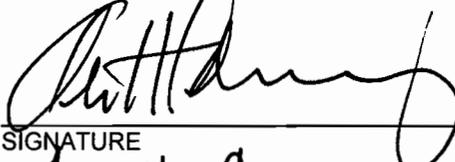
\*includes 4,107 observation days

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 manger 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 for Permit is filed on the behalf of Holy Cross Hospital \*  
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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

  
SIGNATURE  
Alan H Channing  
PRINTED NAME  
President and CEO  
PRINTED TITLE

  
SIGNATURE  
Rachel Dvorken  
PRINTED NAME  
VP & General Counsel  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 24 day of December, 2013

  
Signature of Notary  
Seal "OFFICIAL SEAL"  
Rosa M Arellano  
Notary Public, State of Illinois  
My Commission Expires 11/30/2016

\*Insert EXACT legal name of the applicant

Notarization:  
Subscribed and sworn to before me  
this 24 day of December, 2013

  
Signature of Notary  
Seal "OFFICIAL SEAL"  
Rosa M Arellano  
Notary Public, State of Illinois  
My Commission Expires 11/30/2016

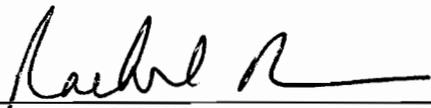
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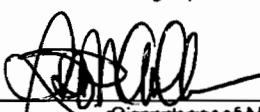
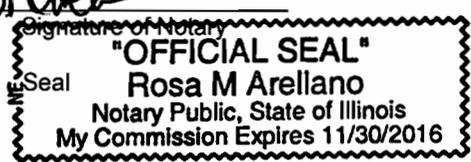
  
\_\_\_\_\_  
SIGNATURE  
Alan H. Citanski  
\_\_\_\_\_  
PRINTED NAME  
PRESIDENT AND CEO  
\_\_\_\_\_  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE  
Rachel Dvorker  
\_\_\_\_\_  
PRINTED NAME  
EVP & General Counsel  
\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 24 day of December, 2013

  
\_\_\_\_\_  
Signature of Notary  
Seal   
"OFFICIAL SEAL"  
Rosa M Arellano  
Notary Public, State of Illinois  
My Commission Expires 11/30/2016

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Rosa M Arellano  
Notary Public, State of Illinois  
My Commission Expires 11/30/2016

\*Insert EXACT legal name of the applicant

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

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

### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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, 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 the information has been 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.**

#### 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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 Agency 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 1110.234 - 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.**
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;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

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?
Acute Mental Illness	23,268	28,000	4,732	YES

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	MET STANDARD?
YEAR 1	AMI	N/A	11,000	15,513	N/A
YEAR 2	AMI	N/A	15,706	15,513	YES

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 of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot 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 are 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.**

**C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness**

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

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Acute Mental Illness	0	50
<input type="checkbox"/> Chronic Mental Illness		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e)(1) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X

**APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**IX. 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Not applicable, project will be completely funded through internal sources.**

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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (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.

**2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 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**

**Not applicable, project will be completely funded through internal sources.**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A.	B.	C.		D.		E.	F.	G.	H.	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
<b>TOTALS</b>											

\* Include the percentage (%) of space for circulation

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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 43.**

**Holy Cross Hospital**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2010	2011	2012
Inpatient	608	567	623
Outpatient	1,889	2,083	3,246
<b>Total</b>	<b>2,497</b>	<b>2,650</b>	<b>6,869</b>
Charity (cost in dollars)			
Inpatient	\$4,042,849	\$3,540,563	\$3,292,961
Outpatient	\$3,552,804	\$4,074,876	\$3,664,948
<b>Total</b>	<b>\$7,595,653</b>	<b>\$7,615,439</b>	<b>\$6,957,909</b>
MEDICAID			
Medicaid (# of patients)	2010	2011	2012
Inpatient	3,388	3,242	2,921
Outpatient	26,953	27,070	25,131
<b>Total</b>	<b>30,341</b>	<b>30,312</b>	<b>28,052</b>
Medicaid (revenue)			
Inpatient	\$9,889,882	\$9,747,679	\$11,417,431
Outpatient	\$3,190,361	\$2,586,668	\$3,053,573
<b>Total</b>	<b>\$13,080,243</b>	<b>\$12,334,347</b>	<b>\$14,471,004</b>

**APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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 43.**

**Mount Sinai Hospital**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2010	2011	2012
Inpatient	2,611	2,093	2,652
Outpatient	14,450	26,596	25,488
<b>Total</b>	<b>17,061</b>	<b>28,689</b>	<b>28,140</b>
Charity (cost in dollars)			
Inpatient	\$10,966,801	\$11,987,607	\$14,651,217
Outpatient	\$5,473,843	7,301,023	\$12,589,705
<b>Total</b>	<b>\$16,440,644</b>	<b>\$19,288,630</b>	<b>\$27,240,922</b>
MEDICAID			
Medicaid (# of patients)	2010	2011	2012
Inpatient	7,139	8,021	6,981
Outpatient	99,936	98,231	64,852
<b>Total</b>	<b>107,075</b>	<b>106,252</b>	<b>71,783</b>
Medicaid (revenue)			
Inpatient	\$13,039,892	\$135,631,868	\$140,766,121
Outpatient	\$18,478,108	\$14,897,944	\$13,702,657
<b>Total</b>	<b>\$31,518,000</b>	<b>\$150,529,812</b>	<b>\$154,468,778</b>

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

**Holy Cross Hospital**

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue	\$93,555,098	\$91,776,624	\$94,412,010
Amount of Charity Care (charges)	\$28,855,866	\$26,720,839	\$34,708,627
Cost of Charity Care	\$7,595,653	\$7,615,439	\$6,957,909

**APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

**Mount Sinai Hospital**

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue	\$176,509,016	\$289,796,016	\$263,753,248
Amount of Charity Care (charges)	\$66,507,459	\$78,028,438	\$127,280,943
Cost of Charity Care	\$16,440,644	\$19,288,630	\$27,240,922

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

SINAI HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set  
*my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of DECEMBER A.D. 2013*

*Jesse White*

SECRETARY OF STATE  
ATTACHMENT 1

Authentication #: 1333702034

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



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

HOLY CROSS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 10, 1929, 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.



Authentication #: 1333702104

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 3RD  
day of DECEMBER A.D. 2013 .

*Jesse White*

SECRETARY OF STATE  
ATTACHMENT 1



**Sinai Health System** California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

December 24, 2013

Illinois Health Facilities and  
Services Review Board  
Springfield, Illinois

To Whom It May Concern:

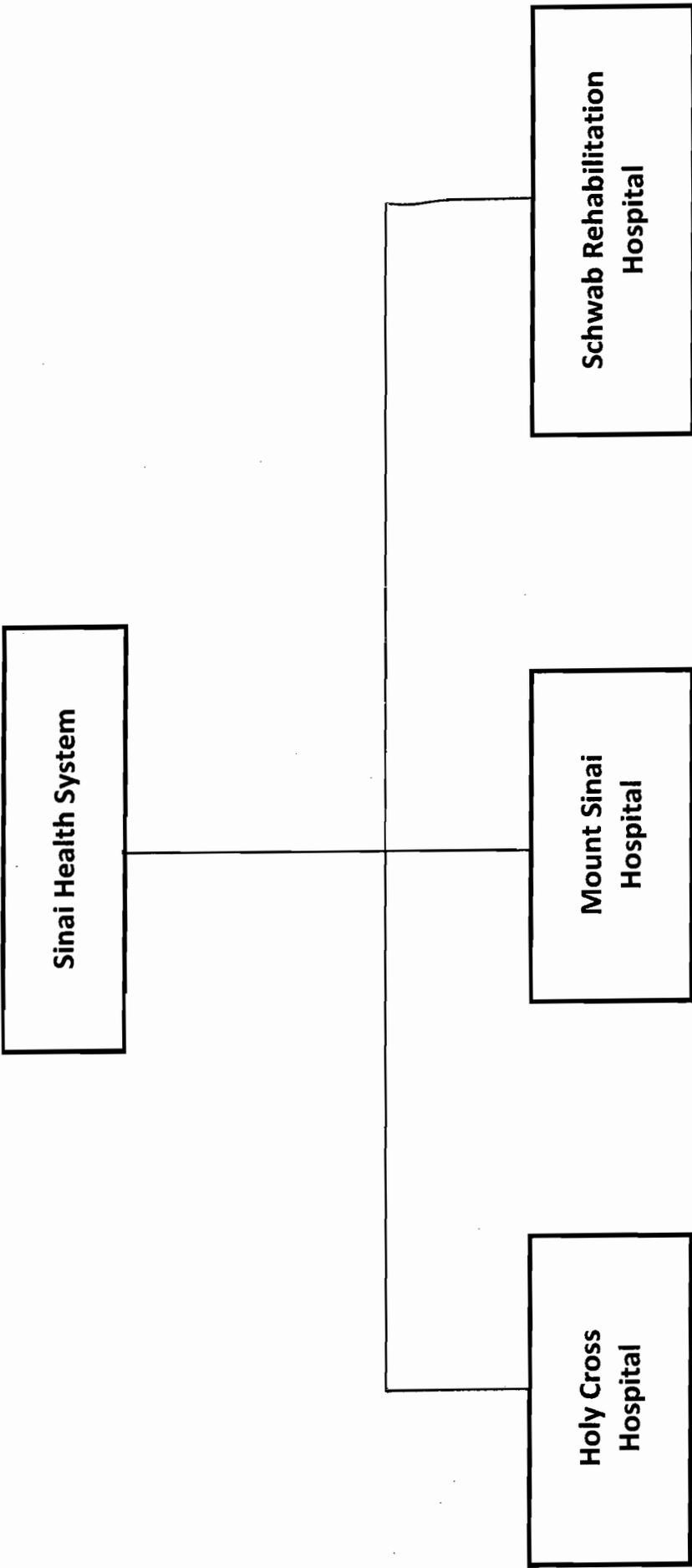
Please be advised that the Holy Cross Hospital site, located at 2701 West 68<sup>th</sup> Street in Chicago, Illinois is owned and controlled by Sinai Health System.

Sincerely,

Alan H. Channing  
President & CEO



Notarized:







December 24, 2013

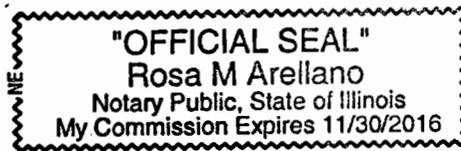
Illinois Health Facilities and  
Services Review Board  
Springfield, IL

To Whom It May Concern:

I hereby attest that the site of Holy Cross Hospital is not located within a special flood hazard area, and that the proposed development of an Acute Mental Illness service on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,

Alan H. Channing  
President and CEO



Notarized:

12/24/13



**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 782-8161

[www.illinoishistory.gov](http://www.illinoishistory.gov)

Cook County  
Chicago

CON - Interior Rehabilitation 3rd and 6th Floors of North Building, Holy Cross  
Hospital  
2701 W. 68th St.  
IHPA Log #005110713

November 20, 2013

Jacob Axel  
Axel & Associates, Inc.  
675 North Court, Suite 210  
Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

ATTACHMENT 6

PROJECT COSTS AND SOURCES OF FUNDS

Preplanning Costs	\$115,000
Alternatives evaluation-\$30,000	
Feasibility assessment-\$60,000	
Other/Misc.-\$25,000	
Modernization Contracts	\$6,264,000
Estimate of renovation-related costs associated with the re-use of two units originally designed as medical/surgical units	
Contingencies	\$600,000
Renovation-related contingency	
Architectural and Engineering Fees	\$618,000
Design-\$365,000	
Alternatives assessments-\$25,000	
Regulatory agency interaction-\$75,000	
Equipment selection and planning-\$30,000	
Interiors-\$40,000	
Renovation monitoring-\$40,000	
Other/Misc.-\$43,000	
Consulting	\$100,000
CON-related-\$55,000	
Permits, fees, and reviews-\$30,000	
Other/Misc.-\$15,000	
Moveable Equipment	\$794,850
Please see equipment budget, attached	

Sinai Health System - Holy Cross Hospital				Nov. 2013
Behavioral Health In-Patient Bed Project				
Proposed Equipment List				
Item No.	Qty.	Description	\$/Unit	Ext. Cost
	9	Dynamapp	\$ 1,500	\$ 13,500
	8	Heavy Duty Platform Bed w/ restraint rails	\$ 3,500	\$ 28,000
	42	Manual Bed	\$ 5,000	\$ 210,000
	42	Bedside Cabinet	\$ 500	\$ 21,000
	3	Defibrillator	\$ 13,500	\$ 40,500
	2	OmniCell Pharm Disp.	\$ 75,000	\$ 150,000
	2	ECT	\$ 7,500	\$ 15,000
	6	Exercise Equipment	\$ 3,500	\$ 21,000
	30	Computers	\$ 1,200	\$ 36,000
	3	Heavy Duty Washer	\$ 1,000	\$ 3,000
	3	Heavy Duty Dryer	\$ 1,000	\$ 3,000
	3	Ice maker	\$ 4,500	\$ 13,500
	6	Refrigerator	\$ 1,000	\$ 6,000
	3	TV Monitor	\$ 750	\$ 2,250
	6	Copy Machines	\$ 750	\$ 4,500
	6	Fax, Panafax	\$ 800	\$ 4,800
	3	Vocera Communication System	\$ 30,000	\$ 90,000
	3	Security Observation System	\$ 20,000	\$ 60,000
		<b>TOTAL</b>		<b>\$ 708,550</b>
	<b>Note:</b>	<b>The following items are under \$500 each:</b>		
	100	Visitor Chair	\$ 250	\$ 25,000
	40	Task Chair	\$ 250	\$ 10,000
	9	Work Table	\$ 400	\$ 3,600
	6	Conference Table	\$ 400	\$ 2,400
	8	Standard Desk	\$ 400	\$ 3,200
	32	Overbed Table	\$ 350	\$ 11,200
	32	Night Stand	\$ 200	\$ 6,400
	50	Mattress	\$ 250	\$ 12,500
	LS	Therapeutic Games and Supplies	\$ 12,000	\$ 12,000
		<b>TOTAL</b>		<b>\$ 86,300</b>

Cost Space Requirements

Dept./Area Reviewable	Cost	Gross Square Feet		Amount of proposed Total Square Feet			
		Existing	Proposed	New Const.	That is:		Vacated Space
AMI	\$				Modernized	As Is	
	8,491,850	-	23,268	-	23,268	-	-
<b>TOTAL</b>	<b>\$</b>	<b>8,491,850</b>	<b>23,268</b>	<b>-</b>	<b>23,268</b>	<b>-</b>	<b>-</b>

## BACKGROUND OF APPLICANT

Sinai Health System owns and operates Mount Sinai Hospital and Holy Cross Hospital. Both hospitals are located on the west side of Chicago, and their IDPH licenses are included in this ATTACHMENT. Also included is the certification and authorization required by Section 1110.230.

Both hospitals are Medicare certified. Additionally, Holy Cross Hospital is accredited by the American Osteopathic Association and Mount Sinai Hospital is accredited by the Joint Commission.



**State of Illinois 2114495**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

LA MAR HASTERBUCK, MD, M.P.H. Issued under the authority of the State of Illinois Department of Public Health  
 DIRECTOR

EXPIRATION DATE 12/31/13	CATEGORY 0630	I.D. NUMBER 0000992
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		
BUSINESS ADDRESS		

HOLY CROSS HOSPITAL  
 2701 WEST 83TH STREET  
 CHICAGO IL 60629

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •

DISPLAY THIS PART IN A  
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
 IDENTIFICATION

**State of Illinois 2114495**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

HOLY CROSS HOSPITAL

EXPIRATION DATE 12/31/13	CATEGORY 0630	I.D. NUMBER 0000992
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		

GENERAL HOSPITAL  
 EFFECTIVE: 01/01/13

12/13/12  
 HOLY CROSS HOSPITAL  
 2701 WEST 83TH STREET  
 CHICAGO IL 60629

FEE RECEIPT NO.



State of Illinois 2114508

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, M.D., M.P.H. Director, Department of Public Health

EXPIRATION DATE	CATEGORY	ID. NUMBER
12/31/13	RG8D	0001644
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		

BUSINESS ADDRESS

MT. SINAI HOSPITAL MEDICAL CENTER  
CALIFORNIA AT 15TH STREET

CHICAGO IL 60608  
The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2114508  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

MT. SINAI HOSPITAL MEDICAL CENTER

EXPIRATION DATE	CATEGORY	ID. NUMBER
12/31/13	368D	0001644
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/13		

BUSINESS ADDRESS

12/13/12  
MT. SINAI HOSPITAL MEDICAL CENTER  
CALIFORNIA AT 15TH STREET  
CHICAGO IL 60608

FEE RECEIPT NO.



December 24, 2013

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. Sinai Health System has not had any adverse actions against any facility owned and operated by the applicant during the three (3) year period prior to the filing of this application, and
2. Sinai Health System 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,



Alan H. Channing  
President & CEO



Notarized:



## PURPOSE

Holy Cross Hospital (HCH) does not currently operate an acute mental illness (AMI) category of service. As a result, its Emergency Department patients in need of this service, as well as inpatients that would benefit from this service (often following a medical admission) need to be transferred elsewhere, and often significant distances from their homes. Finding an appropriate bed in another hospital for these patients is often an arduous task, requiring inquiries of numerous hospitals before a transfer is arranged with a hospital willing to accept the patient. A letter from the HCH Emergency Department, documenting 513 transferred patients during the year ending June 30, 2013 is provided in ATTACHMENT 15. In addition, physicians (predominantly psychiatrists and primary care physicians) practicing at HCH and nearby Mount Sinai Hospital have documented in excess of 3,400 of their patients admitted elsewhere for psychiatric care during the year ending June 30, 2013, 1,850 of which would have been admitted to HCH, had an AMI bed been available (please see letters in ATTACHMENT 15). Admission of these patients elsewhere typically requires the patient to leave their home community, often precludes the patients' primary care physician from following the patient, and the patients' families from participating in the treatment process.

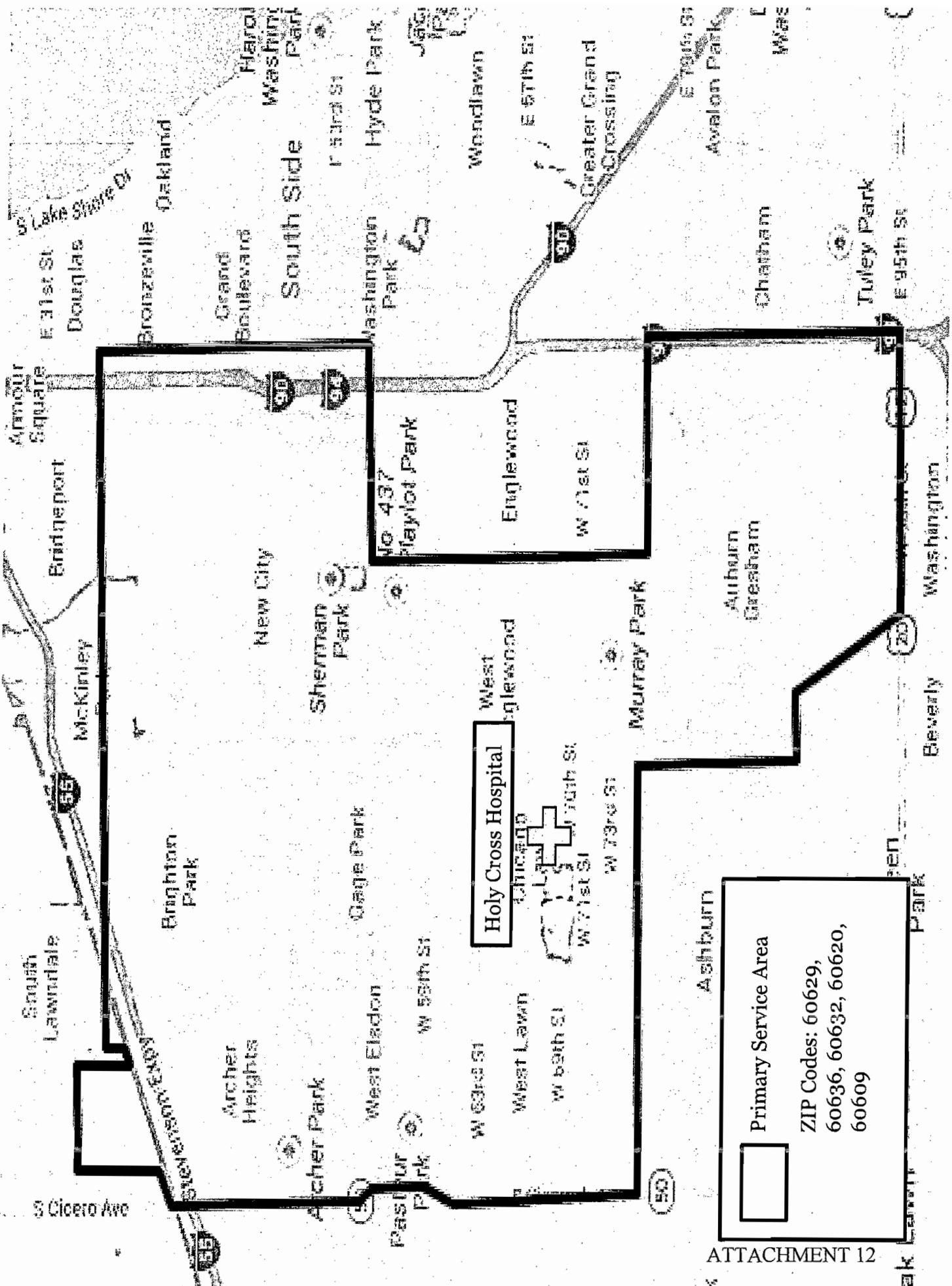
Therefore, the primary purpose of the proposed project, which is limited to the establishment of an AMI unit at Holy Cross Hospital, sized consistent with anticipated admissions, is to provide area residents AMI services in their community. The hospital's primary service area (PSA), as identified on the attached map, is relatively small, consisting of only five ZIP Code areas, and providing nearly  $\frac{3}{4}$  of the hospital's admissions. Also of note is the fact that HCH cares for a very large Medicaid population. IDPH data indicates that State-wide during 2012, 19.5% of the patients admitted to medical/surgical units were Medicaid recipients. During that same period, 31.0% of HCH's medical/surgical admissions---150% of the State-wide figure---were Medicaid recipients.

The proposed AMI unit is absolutely consistent with Sinai Health System's strong commitment to address the mental health needs of the communities it serves. That commitment reaches far beyond the services typically provided by acute care hospitals. In addition to the inpatient psychiatry unit located at Mount Sinai Hospital, SHS provides outpatient programs, ranging from 24/7 crisis intervention services to psychosocial rehabilitation for children, adults and families, and residential programs are operated for the adult community. Among the outpatient programs offered both on and remote from the Mount Sinai campus are: psychological evaluations, medication management, case management, psychological rehabilitation, and individual, family and small group therapy. Sinai Medical Group, in addition to providing on-campus inpatient and outpatient programs, provides a wide continuum of youth and adult services through its Oak Park center, ranging from 24/7 crisis intervention programs to community-based clinical services, to supportive residential care. SHS provides a community-based alternative to inpatient care through Pioneer House, located on South Western Avenue. Consumer-driven and culturally-sensitive outpatient programming as well as supportive residential housing for adults are provided through Pioneer House. Last, SHS's *Under the Rainbow* program, targeting the community's youth population, incorporates a variety of child, adolescent and family mental health services into its bilingual programming.

The table below provides an analysis of HCH's patient origin, identifying each ZIP Code area contributing a minimum of 1.0% of the hospital's admissions, YE June 30, 2013. It is not anticipated that the proposed project will have any material impact on patient origin.

ZIP Code				Cum.
Area	City		%	%
60629	Chicago		28.1%	28.1%
60636	Chicago		21.0%	49.1%
60620	Chicago		9.1%	58.2%
60632	Chicago		8.0%	66.2%
60609	Chicago		7.5%	73.7%
60621	Chicago		4.4%	78.1%
60652	Chicago		2.8%	80.9%
60638	Chicago		1.5%	82.4%
60619	Chicago		1.5%	83.9%
60628	Chicago		1.2%	85.1%
60617	Chicago		1.1%	86.2%
60643	Chicago		1.0%	87.2%
	others, <1.0%		12.8%	100.0%

The goal of this project is to address the needs of community residents and HCH patients requiring admission to an AMI bed; and to do so through a unit at HCH. The success in meeting this goal will be immediately measurable following the project's completion through both the reduction and potential elimination of the transferred AMI patients elsewhere for admission.



Primary Service Area  
 ZIP Codes: 60629,  
 60636, 60632, 60620,  
 60609

ATTACHMENT 12

## ALTERNATIVES

The applicants for the proposed project are Sinai Health System (SHS) and one of its members, Holy Cross Hospital (HCH). The purpose of the project is to improve accessibility to acute mental illness (AMI) services for the largely-overlapping service areas of SHS's two acute care hospitals, HCH and Mount Sinai Hospital (MSH). The SHS hospitals' service area includes a disproportionately high number of Medicaid recipients.

The project addressed through this *Application for Permit* proposes the establishment of a 50-bed AMI category of service to be developed through the renovation of two medical/surgical units at HCH.

The first alternative to the proposed project considered by SHS involved the expanding of MSH's category of service to meet the demand documented in ATTACHMENT 15. That alternative was dismissed, due to a lack of the space needed to support fifty additional AMI beds at MSH.

The second alternative considered was the construction of a freestanding mental health facility, or a major addition to MSH or HCH to centralize all of SHS's mental health services in a single location within the hospitals' common service area. This alternative was dismissed due to the capital cost associated with the required construction, regardless of scope of the alternative.

The third alternative considered was the continued reliance on other providers to meet the needs of area residents. This alternative was dismissed because it would result in a status quo--- continued difficulties in transferring SHS patients from the Emergency Departments to AMI providers willing to accept the patients, an inability of SHS primary care physicians to follow their patients admitted to a remote AMI program, a lack of continuity between inpatient AMI care and subsequent outpatient care resulting from the difficulties associated with traveling

significant distances for outpatient services, and difficulties experienced by patients' families in participating in inpatient treatment programs.

Accessibility for area residents, quality of care, and operating costs would be very similar to that of the proposed project, if either of the first two alternatives discussed above were selected. Accessibility, as experienced in the past, would be compromised with the third alternative. The capital costs associated with the second alternative are significantly higher than those of the proposed project or the other alternatives.

## SIZE

The two proposed acute mental illness (AMI) units will occupy renovated space on the third and sixth floors of the hospital. 26 AMI beds and required support space will occupy 11,634 sf on the third floor, and 24 AMI beds and required support space will occupy 11,634 sf on the sixth floor. As a result, 466.5 sf/bed will be provided, compared to the IHFSRB standard of 440-560 sf/bed. The allocated space is dictated by the existing designs of the units, and is not excessive.

## SERVICE DEMAND

The applicants, as a result of the documentation from referral sources provided in this ATTACHMENT, anticipate that the proposed acute mental illness (AMI) category of service at Holy Cross Hospital will reach the IHFSRB's 85% utilization target by the second year following the project's completion, and will maintain that level.

Sinai Health System (SHS) operates two general acute care hospitals: Holy Cross Hospital and Mount Sinai Hospital; with the two hospitals having largely overlapping service areas. Mount Sinai Hospital (MSH) operates a 28-bed AMI unit, which experienced an occupancy rate of 84.2% during 2012, and often is "closed" to additional patients, as evidenced by the 362 patients transferred from MSH's Emergency Department to other hospitals for admission to an AMI bed. Holy Cross Hospital (HCH) does not currently operate an AMI service.

Consistent with IHFSRB requirements, prospective admissions have been documented through letters from referral sources. Specifically, letters are provided from:

- forty physicians, documenting 1,850 patients that would have been admitted to HCH for AMI services had an AMI unit been available;
- a letter from HCH's Emergency Department, identifying 496 patients that would have been admitted to HCH for AMI services had an AMI unit been available; and
- a letter from MSH's Emergency Department, identifying 362 patients that would have been admitted to HCH for AMI services had an AMI unit been available.

Together, these three sources identified 2,708 patients. Assuming the 5.8 day average length of stay experienced by MSH's AMI unit in 2012, 15,706 patient days of care are projected, resulting in an 86% occupancy rate.

Name (print): Yogi Ahluwalia

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 37 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>West Lake Hospital</u>	<u>15</u> patients
<u>McNeal Hospital</u>	<u>12</u> patients
<u>Gottlieb Hospital</u>	<u>10</u> patients
_____	_____ patients
_____	_____ patients

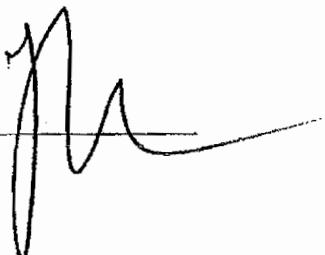
Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>West Lake Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>McNeal Hospital</u>	<u>8</u> patients to HCH Unit
From Hospital/NH: <u>Gottlieb Hosp</u>	<u>6</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 80 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature 

Notarized:   
48 10/18/13



ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): MOHAMMAD ASMED

Specialty: NEPHROLOGY

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 15 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mt Sinai Hosp.</u>	<u>15</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Mt. Sinai Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 00 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

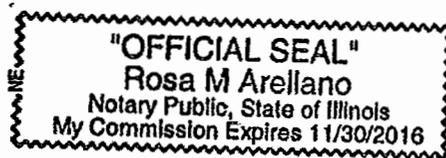
Sincerely,

Mohammad Asmed  
Signature

MOHAMMAD ASMED  
Printed Name

Notarized: [Signature]

10/10/13



Name (print): Haleyur Arun, MD

Specialty: Pulmonologist

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of \_\_\_\_\_ psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>St. Bernard's Hosp</u>	<u>24</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

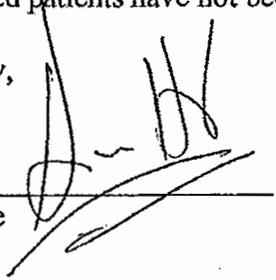
From Hospital/NH: <u>St. Bernard's Hosp</u>	<u>24</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 95 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature



Notarized:

  
10/10/13  
51

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Waldo J. Arceaga M.D.

Specialty: Internal Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 6 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Madden Hospital</u>	<u>6</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Madden Hop</u>	<u>6</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

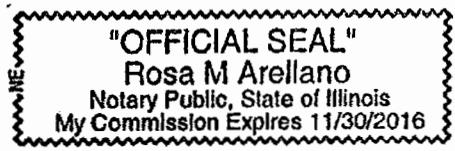
I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

W. Arceaga M.D.  
Signature

Notarized:



[Signature] 10/9/13  
53 ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Ihab Aziz, M.D.

Specialty: Family Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 80 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mount Sinai Hospital</u>	<u>30</u> patients
<u>Loretto Hospital</u>	<u>10</u> patients
<u>Norwegian American</u>	<u>20</u> patients
<u>Mac Neal</u>	<u>20</u> patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

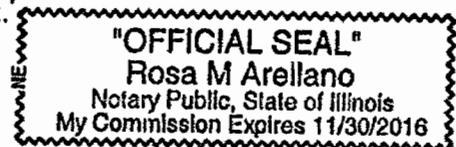
From Hospital/NH: <u>Loretto Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Norwegian Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>Holy Cross Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Ihab Aziz  
Signature



Notarized: [Signature] 10/15/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): M. Bhagavan  
Specialty: PM

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 105 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mt. Sinai hospital</u>	<u>70</u> patients
<u>Loretto hospital</u>	<u>30</u> patients
<u>RMC Chicago</u>	<u>5</u> patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>From all hospitals/NH</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>Mt. Sinai</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Loretto</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>RMC</u>	<u>2</u> patients to HCH Unit
From Hospital/NH: <u>MH</u>	<u>3</u> patients to HCH Unit

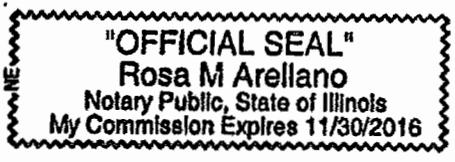
I estimate that 15 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature

Notarized [Signature]



M. Bhagavan  
Printed Name

10/8/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): KISHORE BOBBA

Specialty: FAMILY MEDICINE

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 40 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>MOUNT SINAI HOSPITAL</u>	<u>40</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MOUNT SINAI HOSPITAL</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

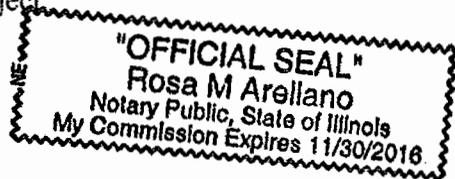
I estimate that 100 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximatley 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

*Kishore Bobba*

Signature



Notarized

*[Signature]*  
10/8/13  
59

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

60

Name (print): Megha Chedha M.D.

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 140 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Madden Hospital</u>	<u>100</u> patients
<u>UIC Hospital</u>	<u>20</u> patients
<u>Rush Hospital</u>	<u>20</u> patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>UIC Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>Rush Pavilion Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

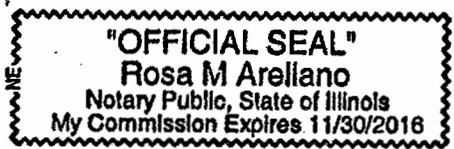
I estimate that 95 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Megha Chedha

Signature



Notarized:

[Signature] 10/10/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Nitaya Chawla PsyD

Specialty: Clinical Psychologist

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 10 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>St Anthony Hospital</u>	<u>1</u> patients
<u>Thorens Hospital</u>	<u>9</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Thorens Hospital</u>	<u>4</u> patients to HCH Unit
From Hospital/NH: <u>St Anthony Hospital</u>	<u>1</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 60 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

*Nitaya Chawla*  
Signature

Nitaya Chawla  
Printed Name

Notarized:



*[Signature]* 10/10/13  
63

Name (print): RAJA GILL M.D

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 400 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Thorek Hospital</u>	<u>300</u> patients
<u>Weiss Memorial Hospital</u>	<u>100</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Thorek Hospital</u>	<u>125</u> patients to HCH Unit
From Hospital/NH: <u>Weiss Hospital</u>	<u>75</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 80% of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

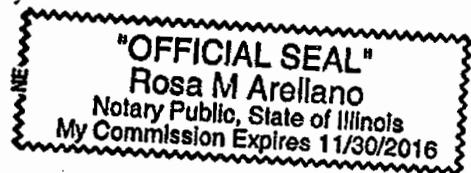
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature

Notarized:

[Signature]  
6-1



ATTACHMENT 15  
10/18/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Yousry Girgis

Specialty: Internal Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 80 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Holy Cross Hospital</u>	<u>50</u> patients
<u>International Village SNF</u>	<u>10</u> patients
<u>St. Anthony</u>	<u>10</u> patients
<u>Brentwood SNF</u>	<u>5</u> patients
<u>Renaissance Midway</u>	<u>5</u> patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

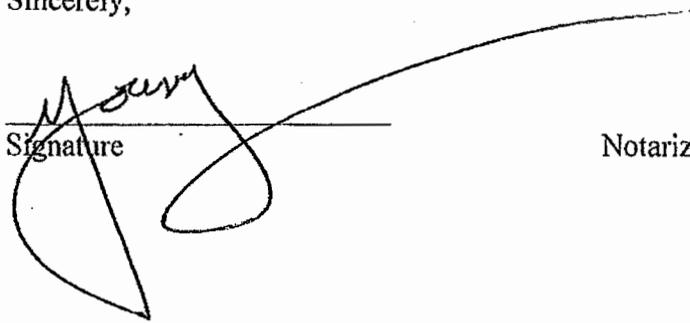
From Hospital/NH: <u>International Village SNF</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>St. Anthony</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Brentwood SNF</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>Renaissance Midway</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100% of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

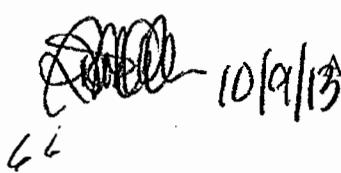
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature



Notarized:



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): LALMALANI, GOPAL

Specialty: INT MED / CARDIOLOGY

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 10 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Christ Hospital</u>	<u>5</u> patients
<u>St. Mary Hospital</u>	<u>5</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Christ Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>St. Mary's Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

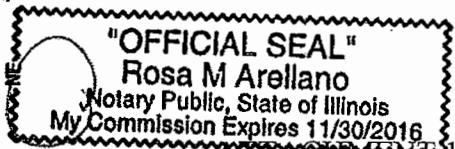
I estimate that 95 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

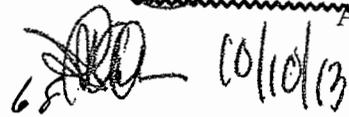
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,  


Signature

Notarized:





ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Fax Server

10/18/2013 9:35:37 AM

PAGE 3/004

Fax Server

Name (print): SUBHANI GOYAL

Specialty: PSYCHIATRY

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 180 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Loretto</u>	<u>80</u> patients
<u>Nashville</u>	<u>60</u> patients
<u>HART GROVE</u>	<u>40</u> patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Loretto</u>	<u>30</u> patients to HCH Unit
From Hospital/NH: <u>Nashville</u>	<u>80</u> patients to HCH Unit
From Hospital/NH: <u>Hartgrove</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	<u>60</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 33 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

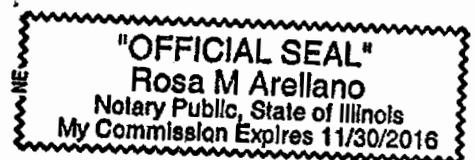
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature

Notarized:

[Signature]  
70



ATTACHMENT 15

10/18/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Alfreda Geosrenaud

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 110 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>St. Elizabeth Hospital</u>	<u>70</u> patients
<u>St. Mary Hospital</u>	<u>40</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From <del>Hospital/NH</del> <u>St. Mary</u>	<u>30</u> patients to HCH Unit
From <del>Hospital/NH</del> <u>St. Elizabeth</u>	<u>70</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 75 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximatley 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature



Notarized:

72 10/10/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
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60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
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60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): B GUPTA

Specialty: INTERNAL Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 150 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Thorek Hospital</u>	<u>70</u> patients
<u>St. Bernard's Hospital</u>	<u>80</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

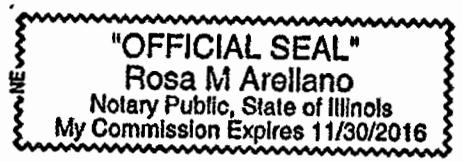
From Hospital/NH: <u>Thorek Hosp</u>	<u>40</u> patients to HCH Unit
From Hospital/NH: <u>St. Bernard's Hosp</u>	<u>35</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 85 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature B Gupta



Notarized:

Printed Name BRAMA N. GUPTA

74 [Signature] 10/10/13

Name (print): VIVEK GUPTA

Specialty: Internal Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 175 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>THOREK HOSPITAL</u>	<u>125</u> patients
<u>ST BERNARD</u>	<u>15</u> patients
<u>ST MARY OF NAZARETH</u>	<u>20</u> patients
<u>WEISS HOSPITAL</u>	<u>15</u> patients
_____	_____ patients

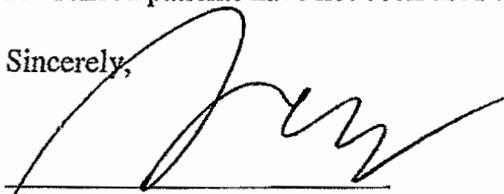
Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

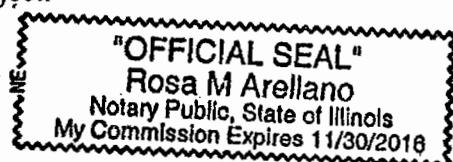
From Hospital/NH: <u>THOREK HOSPITAL</u>	<u>100</u> patients to HCH Unit
From Hospital/NH: <u>ST BERNARD</u>	<u>15</u> patients to HCH Unit
From Hospital/NH: <u>ST MARY OF NAZARETH</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>WEISS HOSPITAL</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

  
Signature



Notarized:

  
10/10/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Patricia Hoyos, Psy.D.

Specialty: Psychologist - Child Adolescent

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 6 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Hartgrove Hospital</u>	<u>3</u>	patients	<u>Ref 5</u>
<u>St. Mary's / St. Elizabeth</u>	<u>1</u>	patients	
_____	_____	patients	
_____	_____	patients	
_____	_____	patients	

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Hartgrove</u>	<u>3</u>	patients to HCH Unit
From Hospital/NH: <u>St. Mary's / St. Elizabeth</u>	<u>1</u>	patients to HCH Unit
From Hospital/NH: _____	_____	patients to HCH Unit
From Hospital/NH: _____	_____	patients to HCH Unit
From Hospital/NH: _____	_____	patients to HCH Unit

I estimate that 100 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Patricia Hoyos, Psy.D.  
Signature

Patricia Hoyos, Psy.D.  
Printed Name

Notarized: [Signature]



10/8/13

ATTACHMENT 15

Name (print): KARMALI N.M.D

Specialty: OB-GYN

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 4 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mount Sinai Hospital</u>	<u>4</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MOUNT SINAI HOSPITAL</u>	<u>4</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100% of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Karmali, M.D.  
Signature

Notarized: [Signature]



KARMALI N.M.D.  
Printed Name

ATTACHMENT 15

70  
10/8/13

Name (print): KRISHDEEP KHOSLA

Specialty: INTERNAL MEDICINE

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of ~~200~~ <sup>300</sup> psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>MOUNT SINAI HOSPITAL</u>	<u>50</u> patients
<u>SAINT MARY OF NAZARETH</u>	<u>25</u> patients
<u>NORWEGIAN AMERICAN</u>	<u>20</u> patients
<u>GLEN OAKS HOSPITAL</u>	<u>30</u> patients
<u>LORETTO HOSPITAL</u>	<u>15</u> patients

~~200~~  
300  
em  
180

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MOUNT SINAI HOSPITAL</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: <u>SAINT MARY OF NAZARETH</u>	<u>25</u> patients to HCH Unit
From Hospital/NH: <u>NORWEGIAN AMERICAN</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>GLEN OAKS HOSPITAL</u>	<u>30</u> patients to HCH Unit
From Hospital/NH: <u>LORETTO HOSPITAL</u>	<u>15</u> patients to HCH Unit

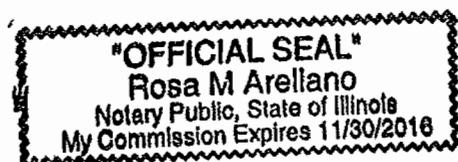
I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Krishdeep Khosla  
Signature

Notarized: [Signature]



ATTACHMENT 15

10/8/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Satwant Kingra, MD

Specialty: Int. Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 145 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Christ Hospital</u>	<u>15</u> patients
<u>Little Company of Mary</u>	<u>30</u> patients
<u>Holy Cross Hospit</u>	<u>0</u> patients
<u>Clayton</u>	<u>50</u> patients
<u>Midway Neurological</u>	<u>25</u> patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

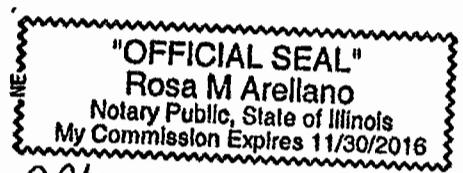
From Hospital/NH: <u>Clayton NH</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: <u>Midway Neurological</u>	<u>25</u> patients to HCH Unit
From Hospital/NH: <u>Chicago Ridge</u>	<u>15</u> patients to HCH Unit
From Hospital/NH: <u>Excerpta Care</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Christ Hospital</u>	<u>15</u> patients to HCH Unit
<u>Little Company of Mary</u>	<u>30</u>

I estimate that 50 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximatley 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature



Notarized: [Signature] 10/9/13 ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Girija Kumar, M.D.

Specialty: OB/GYN

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 110 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mount Sinai Hospital</u>	<u>10</u> patients
<u>Loretto Hospital</u>	<u>5</u> patients
<u>St. Bernard Hospital</u>	<u>35</u> patients
<u>UIC Hospital</u>	<u>50</u> patients
<u>McNeil Hospital</u>	<u>10</u> patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Loretto Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>St. Bernard Hospital</u>	<u>35</u> patients to HCH Unit
From Hospital/NH: <u>UIC Hospital</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: <u>McNeil Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

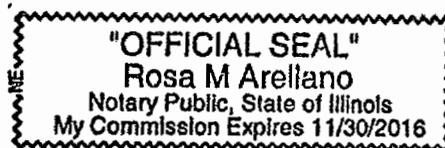
Girija

Signature

Notarized:

83

[Signature] 10/8/13



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
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60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): George C. Kurian

Specialty: Family Practice

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 104 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Madew</u>	<u>52</u> patients
<u>Mount Sinai</u>	<u>52</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Madew</u>	<u>52</u> patients to HCH Unit
From Hospital/NH: <u>Mount Sinai</u>	<u>52</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

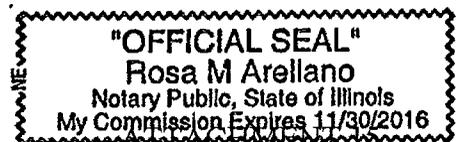
I estimate that 100% of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

G. Kurian MD  
Signature

Notarized:   
85 10/1/13



ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Tracy McDonald

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 36 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Sinai ER</u>	<u>20</u> patients
<u>Madden</u>	<u>15</u> patients
<u>Hartgrove</u>	<u>1</u> patients
_____	_____ patients
_____	_____ patients

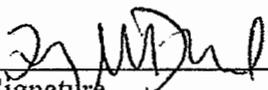
Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Sinai ER</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Madden</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Hartgrove</u>	<u>1</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

  
Signature  
Tracy McDonald  
Printed Name

Notarized:

  
87  
10/8/13



Name (print): Ezequiel Mendez MD

Specialty: Family Practice

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 2 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>UIC Hospital</u>	<u>2</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>UIC Hospital</u>	<u>2</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Ezequiel Mendez MD  
Signature

Notarized   
SF



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): GARY J. MERLOTT, MD

Specialty: TRAUMA SURGERY

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 75 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>MOUNT SINAI</u>	<u>50</u> patients
<u>OTHER</u>	<u>25</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MOUNT SINAI</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

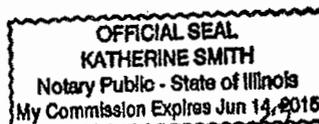
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Gary J. Merlott, MD  
Signature

GARY J. MERLOTT, MD  
Printed Name

Notarized:



90 Katherine Smith  
ATTACHMENT 15

Name (print): E. Minkin, M.D.

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 360 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Mount Sinai Hospital</u>	<u>240</u> patients
<u>UIC Hospital</u>	<u>25</u> patients
<u>Rush Hospital</u>	<u>25</u> patients
<u>Madden Hospital</u>	<u>60</u> patients
<u>Loretto Hospital</u>	<u>10</u> patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>UIC Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>Rush Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>Madden Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>Loretto Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature

Notarized:

[Signature]  
9/1 10/10/13



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): JAGAN K MATHAN, MD

Specialty: NEUROLOGIST

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of \_\_\_\_\_ psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>THORREK MEMORIAL HOSPITAL</u>	<u>15</u> patients
<u>CHRIST HOSPITAL</u>	<u>15</u> patients
<u>KINDRED Hospital</u>	<u>20</u> patients
<u>WEISS MEMORIAL HOSPITAL</u>	<u>10</u> patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: THORREK MEMORIAL HOSPITAL 15 patients to HCH Unit

From Hospital/NH: CHRIST HOSPITAL 15 patients to HCH Unit

From Hospital/NH: KINDRED Hospital 20 patients to HCH Unit

From Hospital/NH: WEISS MEMORIAL HOSPITAL 10 patients to HCH Unit

From Hospital/NH: \_\_\_\_\_ patients to HCH Unit

I estimate that 100% of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature JAGAN K MATHAN, MD  
 Notarized: NEUROLOGIST



ATTACHMENT 15  
[Signature] 10/10/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
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60617 Chicago  
60619 Chicago-Grand Crossing  
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60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

94

Name (print): Mohtasham Mohiuddin

Specialty: Int. Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of \_\_\_\_\_ psychiatric patients to the inpatient hospital and nursing home facilities identified below:

Mount Sinai Hospital 65 patients

MADEN Hospital 40 patients

\_\_\_\_\_ patients

\_\_\_\_\_ patients

\_\_\_\_\_ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: MADEN Hospital 40 patients to HCH Unit

From Hospital/NH: \_\_\_\_\_ patients to HCH Unit

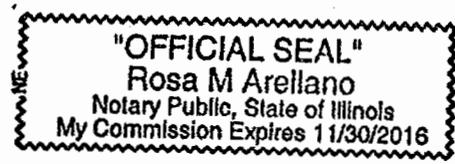
I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximatley 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Mohtasham Mohiuddin  
Signature

Notarized:



ATTACHMENT 15

35

[Signature] 10/10/13

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): M. SALMAN MOHIUDDIN

Specialty: HOSPITALIST

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 50 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>MOUNT SINAI HOSPITAL</u>	<u>50</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MOUNT SINAI HOSPITAL</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100% of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
S. MOHIUDDIN

Signature



Notarized: [Signature]

10/8/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): GODWIN DNYEMA MD

Specialty: OB/GYN

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I ~~admitted~~/referred a total of 5 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>MT. SINAI HOSPITAL</u>	<u>5</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have ~~admitted~~/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>MT SINAI HOSPITAL</u>	<u>4</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

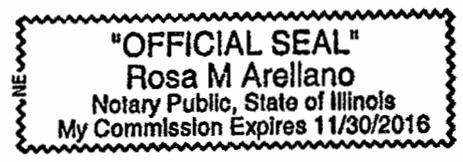
I estimate that 80% of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
 Signature  
GODWIN DNYEMA MD  
 Printed Name

Notarized: [Signature]



10/8/13 ATTACHMENT 15

Name (print): ANANTA PANDIT, MD

Specialty: Int. Med

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 45 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>St. Anthony Hospital</u>	<u>25</u> patients
<u>St. Bernard's Hospital</u>	<u>10</u> patients
<u>Mt. Sinai Hospital</u>	<u>10</u> patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>St. Anthony Hospital</u>	<u>25</u> patients to HCH Unit
From Hospital/NH: <u>St. Bernard Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Signature [Handwritten Signature]

Notarized:

[Handwritten Signature]  
100 10/30/13



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): PREM RUPANI, M.D

Specialty: Int. Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 115 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Little Company of Mary Hospital</u>	<u>70</u> patients
<u>Mount Sinai Hospital</u>	<u>15</u> patients
<u>Christ Hospital</u>	<u>20</u> patients
<u>St. Bernard's Hospital</u>	<u>10</u> patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Little Company of Mary Hospital</u>	<u>70</u> patients to HCH Unit
From Hospital/NH: <u>Mount Sinai Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>Christ Hospital</u>	<u>20</u> patients to HCH Unit
From Hospital/NH: <u>St. Bernard's Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

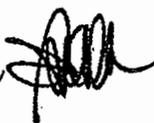
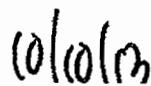
I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

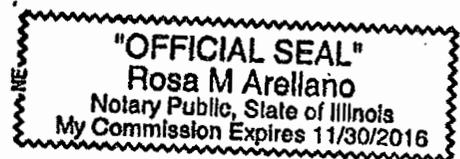
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,  


Signature

Notarized:

  
104 



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): SIMEON A. SEVANDAL

Specialty: Internal Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 10 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Jackson Park Hospital</u>	<u>5</u> patients
<u>Little Company of Mary Hospital</u>	<u>5</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Jackson Park Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: <u>Little Company of Mary Hospital</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 95 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximatley 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

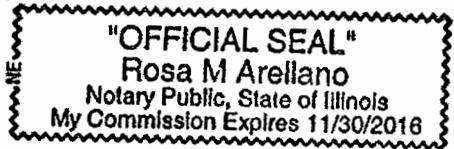
Sincerely,

*Simeon A. Sevandal*

Signature

Notarized:

106 [Signature] 10/10/13



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Dr. Shahzad

Specialty: Int. Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 180 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Throck Hospital</u>	<u>80</u> patients
<u>Green Oaks Hospital</u>	<u>100</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

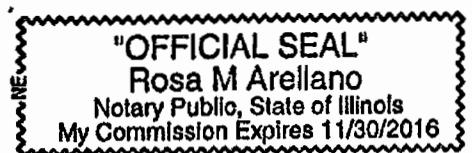
From Hospital/NH: <u>Throck Hospital</u>	<u>60</u> patients to HCH Unit
From Hospital/NH: <u>Green Oak Hospital</u>	<u>50</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 85 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature



Notarized:

[Signature]  
108 01/22/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): B. G. SHREEMAS

Specialty: Int. Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(e) in support of the proposed inpatient psychiatric unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 80 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Christ Hospital</u>	<u>30</u>	patients
<u>Palos Hospital</u>	<u>25</u>	patients
<u>Ingalls Hospital</u>	<u>25</u>	patients
_____	_____	patients
_____	_____	patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Christ Hospital</u>	<u>30</u>	patients to HCH Unit
From Hospital/NH: <u>Palos Hospital</u>	<u>25</u>	patients to HCH Unit
From Hospital/NH: <u>Ingalls Hospital</u>	<u>25</u>	patients to HCH Unit
From Hospital/NH: _____	_____	patients to HCH Unit
From Hospital/NH: _____	_____	patients to HCH Unit

I estimate that 95 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature

Notarized:



[Signature] 10/15/13 ATTACHMENT 15

110

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)



Name (print): Nikhil Sany

Specialty: Inbunal Medicine

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 60 ~~135~~ <sup>err</sup> psychiatric patients to the inpatient hospital and nursing home facilities identified below:

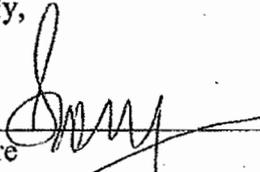
<u>Lansdale Christian Health Center</u>	<u>100</u> patients
<u>Mount Sinai Hospital</u>	<u>25</u> patients
<u>St. Anthony Hospital</u>	<u>10</u> patients
<u>Cook County/Stroger</u>	<u>25</u> patients
_____	_____ patients

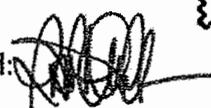
Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Lansdale Christian Health Center</u>	<u>30</u> <sup>err</sup> patients to HCH Unit
From Hospital/NH: <u>Mount Sinai Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>St. Anthony Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Cook County/Stroger</u>	<u>25</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100 % of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,  
  
Signature \_\_\_\_\_  
Nikhil Sany  
Printed Name \_\_\_\_\_

Notarized: 



10/10/13 ATTACHMENT 15

Name (print): BERNARD L. SLUSINSKI, DO  
Specialty: FAMILY PRACTICE

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 4 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>ADVOCATE CHRIST</u>	<u>3</u> patients
<u>HOLY CROSS HOSPITAL</u>	<u>1</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>Advocate Christ</u>	<u>3</u> patients to HCH Unit
From Hospital/NH: <u>Holy Cross</u>	<u>1</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 100% of the total psychiatry patients that I admitted during the 12 month period ended June 30, 2013 and would have been admitted to the proposed unit reside within 30 minutes of Holy Cross Hospital.

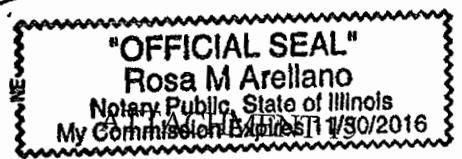
The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Bernard L. Slusinski  
Signature

Notarized: [Signature]

BERNARD L. SLUSINSKI, DO  
Printed Name



Name (print): SIVARAMAPRASAD TUMMALA

Specialty: CARDIOLOGY/MEDICINE

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of \_\_\_\_\_ psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>ADVOCATE CHRIST HOSPITAL</u>	<u>5</u> patients
_____	_____ patients
_____	_____ patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

From Hospital/NH: <u>ADVOCATE CHRIST HOSPITAL</u>	<u>5</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Sivaramaprasad Tummalala  
Signature

SIVARAMAPRASAD TUMMALA

Notarized:

[Signature]  
11/4 10/10/13



ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)

Name (print): Jyoti Warikoo, M.D.

Specialty: Psychiatry

TO: Illinois Health Facilities and Services Review Board  
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed inpatient psychiatry unit to be developed at Holy Cross Hospital.

During the 12 month period from July 1, 2012 through June 30, 2013, I admitted/referred a total of 140 psychiatric patients to the inpatient hospital and nursing home facilities identified below:

<u>Madden Hospital</u>	<u>100</u> patients
<u>Rush Hospital</u>	<u>20</u> patients
<u>UIC Hospital</u>	<u>20</u> patients
_____	_____ patients
_____	_____ patients

Had the proposed unit been available to me during the 12 month period ended June 30, 2013, I estimate that I would have admitted/referred the following number of psychiatric inpatients to the Holy Cross Hospital unit:

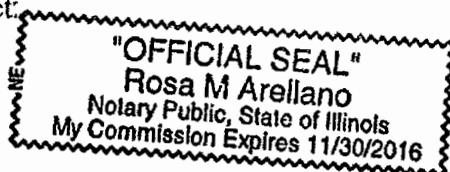
From Hospital/NH: <u>UIC Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: <u>Rush Hospital</u>	<u>10</u> patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit
From Hospital/NH: _____	_____ patients to HCH Unit

I estimate that 90 % of the patients that I admitted/referred during the 12 month period ended June 30, 2013 and would have been admitted/referred to the proposed unit reside in the ZIP Code areas (list attached) located within approximately 30 minutes of Holy Cross Hospital.

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

[Signature]  
Signature



Notarized:

[Signature] 11/6/13

ATTACHMENT 15

ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)



**Sinai Health System** California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

October 21, 2013

Illinois Health Facilities and  
Services Review Board  
Springfield, IL 62761

To Whom It May Concern:

I am the Medical Director of the Emergency Department at Holy Cross Hospital (HCH), and am writing this letter in support of HCH's plans to develop an inpatient psychiatry program.

During the 12-month period ending June 30, 2013 a total of 513 patients were seen in our Emergency Department, and directly admitted for inpatient psychiatric care at another hospital. Below are listed the hospitals to which those patients were transferred and directly admitted:

**Adult Inpatient Psych Hospitals**

Hartgrove	27
McNeal	100
Norwegian	36
Kindred	27
Riveredge	68
Chicago Lake Shore	41
Madden	64
Jackson Park	49
Rush	4
Glen Oaks	36
Methodist	23
Thorek	9
St. Elisabeth	10
Loretto	5
Christ	9
St Mary	5
<b>Total</b>	<b>513</b>

Upon the opening of the proposed inpatient psychiatric service at Holy Cross Hospital, the vast majority of patients that would have been transferred to another hospital for admission to a psychiatric unit will be admitted to the HCH unit, assuming a bed is available. Had the proposed Holy Cross Hospital inpatient program been available during the 12-month period ending June 30, 2013, I estimate that the following numbers of patients would have been directly admitted to that program after being evaluated in the Emergency Department:

**Adult Inpatient Psych Hospitals**

Hartgrove	22
-----------	----

118



Sinai Health System California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

McNeal	93
Norwegian	36
Kindred	27
Riveredge	63
Chicago Lake Shore	41
Madden	64
Jackson Park	49
Rush	4
Glen Oaks	36
Methodist	23
Thorek	9
St. Elisabeth	10
Loretto	5
Christ	9
St Mary	5
<b>Total</b>	<b>496</b>

There are great benefits to receiving needed inpatient psychiatric care in a patient's home community. I estimate that a minimum of 90%+ of the patients referred/transferred from the HCH Emergency Department for psychiatric care, and which would have been admitted to a HCH inpatient psychiatry program, had it been available, reside within 30 minutes of HCH (list of ZIP Codes attached).

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Notarized: *Deborah Wohler*



ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)



**Sinai Health System** California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

October 17, 2013

Illinois Health Facilities and  
Services Review Board  
Springfield, IL 62761

To Whom It May Concern:

I am the Medical Director of the Emergency Department at Mount Sinai Hospital (MSH). During the 12-month period ending June 30, 2013 a total of 1,937 patients were seen in our Emergency Department, and directly admitted for inpatient psychiatric care. 1,506 of those patients were admitted to the psychiatric unit at Mount Sinai Hospital, and others being referred/transferred to the following facilities:

**ADULT INPT. PSYCH  
HOSPITALS**

Alexian Bros.	2
Chicago Lakeshore	13
Hartgrove	46
Il Masonic	3
Ingalls	10
Jackson Park	9
Kindred	36
Loretto	34
MacNeal	2
Mercy	2
Methodist	21
Norwegian	21
Riveredge	23
St. Anthony	2
St. Bernard	1
St. Elizabeth	10
St. Joseph	2
St. Mary	10
Scott Nolan	1
Swedish Covenant	1
Thorek	70
UIC	3
Madden State Hospital	94
<b>TOTAL</b>	<b>416</b>

Upon the opening of the proposed inpatient psychiatric service at Holy Cross Hospital (HCH), that facility will become the primary referral site for psychiatric patients that we are unable to admit to the Mount Sinai Hospital unit. In my opinion, the number of patients requiring inpatient behavioral health care will increase, for a variety of reasons. However, assuming static volume and demand and using admissions and

**ATTACHMENT 15**



**Sinai Health System** California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

referrals/transfers to and from Mount Sinai, had the proposed Holy Cross Hospital inpatient program been available during the 12-month period ending June 30, 2013, I estimate that the following numbers of patients would have been transferred and directly admitted to that program:

**ADULT INPT. PSYCH**  
**HOSPITALS**

Alexian Bros.	2
Chicago Lakeshore	13
Hartgrove	40
Il Masonic	3
Ingalls	10
Jackson Park	9
Kindred	36
Loretto	34
MacNeal	2
Mercy	2
Methodist	21
Norwegian	21
Riveredge	20
St. Anthony	2
St. Bernard	1
St. Elizabeth	10
St. Joseph	2
St. Mary	10
Swedish Covenant	1
Thorek	70
UIC	3
Madden State Hospital	50
<b>TOTAL</b>	<b>362</b>

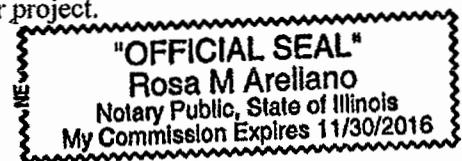
I would also anticipate that HCH's proposed unit may receive psychiatric transfers from other area Emergency Departments, but cannot quantify that number.

I estimate that a minimum of 80% of the patients referred/transferred from the MSH Emergency Department for psychiatric care, and which would have been referred to an inpatient psychiatry program at HCH reside within 30 minutes of HCH (list of ZIP Codes attached).

The information contained in this letter is true and correct, to the best of my information and belief, and the referenced patients have not been used to support another similar project.

Sincerely,

Notarized:



ZIP Code Areas Within  
30 Minutes of Holy Cross Hospital\*

60402 Stickney  
60406 Blue Island  
60415 Chicago Ridge  
60453 Oak Lawn  
60455 Bridgeview  
60456 Oak Lawn  
60458 Justice  
60459 Burbank  
60482 Alsip  
60501 Summit  
60605 Chicago-South Loop  
60607 Chicago  
60608 Chicago  
60609 Chicago  
60615 Chicago-Washington Park  
60616 Chicago  
60617 Chicago  
60619 Chicago-Grand Crossing  
60620 Chicago  
60621 Chicago-Englewood  
60623 Chicago-Douglas Park  
60628 Chicago-Roseland  
60629 Chicago-Marquette Park  
60632 Chicago-Elsdon  
60636 Chicago-Calumet Park  
60637 Chicago-Hyde Park  
60638 Bedford Park  
60643 Chicago-Morgan Park  
60649 Chicago  
60650 Cicero  
60652 Chicago-Ashburn Park  
60653 Chicago-Burnham Park  
60655 Chicago-Merrionette Pk.  
60805 Evergreen Park

\*Mapquest, adjusted (approx. 8 miles)



December 24, 2013

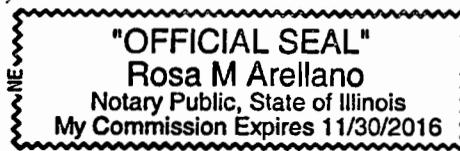
Illinois Health Facilities  
and Services Review Board  
Springfield, Illinois

To Whom It May Concern:

This letter is being written for inclusion in the Certificate of Need application addressing the establishment of an Acute Mental Illness (AMI) category of service at Holy Cross Hospital. Please be advised that it is my expectation and understanding that by the second year following the project's completion, the AMI service will be operating at the IHFSRB's target utilization rate, and that it will, at minimum, maintain that level of utilization thereafter.

Sincerely,

Alan H. Channing  
President and CEO



Notarized:

## PLANNING AREA NEED

Holy Cross Hospital is located in acute mental illness (AMI) Planning Area A-03.

There are currently five approved providers of AMI services in Planning Area A-03: Jackson Park Hospital, Mercy Hospital & Medical Center, Roseland Community Hospital, South Shore Hospital and St. Bernard Hospital. The IDPH *Inventory* indicates a calculated excess of 76 AMI beds in Planning Area A-03. That calculated excess is contradicted by the difficulty both Holy Cross Hospital and its sister hospital, Mount Sinai (located in adjacent Planning Area A-2) continue to have, when attempting to secure a bed for a patient in need of an AMI admission. During the 12-month period ending June 30, 2013, the Emergency Departments of Holy Cross and Mount Sinai together, transferred only 58 AMI patients to Jackson Park Hospital, two to Mercy, and only one AMI patient to St. Bernard Hospital. There were no transfers to either Roseland or South Shore.

SERVICE TO PLANNING AREA RESIDENTS

The hospital's primary service area (PSA), as identified on the attached map, is relatively small, consisting of only five ZIP Code areas, and providing nearly ¾ of the hospital's admissions. Also of note is the fact that Holy Cross Hospital (HCH) cares for a very large Medicaid population. IDPH data indicates that State-wide during 2012, 19.5% of the patients admitted to medical/surgical units were Medicaid recipients. During that same period, 31.0% of HCH's medical/surgical admissions---150% of the State-wide figure---were Medicaid recipients.

The table below provides an analysis of HCH's patient origin, identifying each ZIP Code area contributing a minimum of 1.0% of the hospital's admissions, YE June 30, 2013. It is anticipated that the AMI patient origin will be virtually identical to that currently experienced by the hospital, and presented in the table below.

ZIP Code				Cum.
Area	City	%	%	%
60629	Chicago	28.1%	28.1%	28.1%
60636	Chicago	21.0%	49.1%	49.1%
60620	Chicago	9.1%	58.2%	58.2%
60632	Chicago	8.0%	66.2%	66.2%
60609	Chicago	7.5%	73.7%	73.7%
60621	Chicago	4.4%	78.1%	78.1%
60652	Chicago	2.8%	80.9%	80.9%
60638	Chicago	1.5%	82.4%	82.4%
60619	Chicago	1.5%	83.9%	83.9%
60628	Chicago	1.2%	85.1%	85.1%
60617	Chicago	1.1%	86.2%	86.2%
60643	Chicago	1.0%	87.2%	87.2%
	others, <1.0%	12.8%	100.0%	100.0%



## SERVICE DEMAND

The proposed 50-bed acute mental illness (AMI) service is consistent with and necessary to meet the demand for this service, operating at the IHFSRB's target utilization level.

Consistent with IHFSRB requirements, prospective admissions have been documented through letters from referral sources. Specifically, letters are provided from:

- forty physicians, documenting 1,850 patients that would have been admitted to Holy Cross Hospital (HCH) for AMI services had an AMI unit been available;
- a letter from HCH's Emergency Department, identifying 496 patients that would have been admitted to HCH for AMI services had an AMI unit been available; and
- a letter from Mount Sinai Hospital's Emergency Department, identifying 362 patients that would have been admitted to HCH for AMI services had an AMI unit been available. Mount Sinai Hospital (MSH) is HCH's sister hospital, with both being operated by Sinai Health System. MSH is located 6.5 miles to the north of HCH (18 minute drive).

The physician and Emergency Department letters referenced above are provided in ATTACHMENT 15. Together, the physicians and Emergency Departments identified 2,708 patients. Assuming the 5.8 day average length of stay experienced by MSH's AMI unit in 2012, 15,706 patient days of care are projected, resulting in an 86% occupancy rate.

## SERVICE ACCESSIBILITY

The proposed acute mental illness (AMI) unit at Holy Cross Hospital (HCH) is necessary to improve the accessibility to AMI services for the communities served by HCH.

As discussed in other attachments to this application, HCH's Emergency Department routinely encounters difficulties when attempting to transfer patients to another hospital for admission to an AMI bed, and Mount Sinai Hospital experiences the same difficulties. As a result, HCH's ED has been forced to transfer patients as far away as the north side of Chicago (Chicago Lake Shore Hospital, Thorek Hospital, and Chicago Methodist Hospital) for AMI services. This not only results in a treatment site remote from the patient's home community, but causes difficulties with maintaining continuity of care following discharge, often precludes the patients' primary care physician from following the patient during hospitalization, and makes family interaction and participation in the treatment process very difficult.

Three of the area's largest (in terms of number of beds) AMI providers are UHS Riveredge Hospital (210 beds), UHS Hartgrove Hospital (150 beds), and UHS Garfield Park Hospital (88 beds). All three are owned by Universal Health Services, Inc.; and all three have restrictions on their admissions that diminish accessibility for HCH patients. Consistent with the medical/surgical patient population of HCH, the proposed AMI service is anticipated to treat primarily adult and older adult patients. In addition, the communities traditionally served by HCH have a disproportionately high percentage of Medicaid recipients. UHS Garfield Park Hospital limits its admissions to the 10-17 year old age group (statement from website attached); and while UHS Riveredge and UHS Hartgrove provide adult services; as freestanding psychiatric hospitals, they are not able to accept adult Medicaid recipients. Therefore, there are 448 area AMI beds with limited accessibility for the anticipated patient population. Similar to UHS-Garfield Park Hospital, Roseland Community Hospital in its Certificate of Need application (08-055), described their program as being limited to children and adolescents, and therefore is not accessible to the vast majority of patients seen at HCH.



# GARFIELD PARK HOSPITAL

520 North Ridgeway Avenue | Chicago, Illinois 60624 | Phone: 773.265.3700 | Fax: 773.265.4305

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## About Garfield Park

Garfield Park Hospital is dedicated to providing high quality behavioral health psychiatric support for ten to seventeen year old youths. At Garfield Park Hospital, every youth is treated as our own. We consider the psychological health of every child to be a sacred trust, and will ensure that a high degree of compassion and dedication is provided throughout all services we provide. The most important conversation about your psychological health and wellness is the one we have with you.

Garfield Park Hospital has brought together world class treatment as it has a strong commitment to excellence within the field of behavioral health. Our service providers are well known and respected within their fields of expertise, and display a high sense of compassion and dedication. We recognize the importance of building and sustaining a culture of trust within our patients, their families, and our communities we serve. Each time our patients and families come to Garfield Park Hospital it is our promise to make sure that they leave with a satisfying and enriching life experience.

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ATTACHMENT 22b5

## UNNECESSARY DUPLICATION/MALDISTRIBUTION

The proposed establishment of an acute mental illness (AMI) service at Holy Cross Hospital (HCH) will not result in an unnecessary duplication of services, as a result of the lack of accessibility/documentated patients (please see ATTACHMENT 15) that have needed to leave the hospital's service area for admission to an AMI bed.

A listing of all ZIP Code areas located within 30 minutes (MapQuest, adjusted) of Holy Cross Hospital is attached. The 2015 projected population of this area, per GeoLytics, is 1,576,721.

Below are listed the hospitals providing AMI services and which are located within 30 minutes (MapQuest, adjusted) of HCH, along with the number of authorized AMI beds at each hospital.

St. Bernard Hospital, Chicago	40 beds
South Shore Hospital, Chicago	15 beds
Roseland Community Hospital, Chicago	30 beds
Mercy Hospital & Medical Center, Chicago	39 beds
Jackson Park Hospital, Chicago	86 beds
St. Anthony Hospital, Chicago	42 beds
Rush University Med. Ctr., Chicago	70 beds
Mount Sinai Hospital, Chicago	28 beds
Advocate Christ Med. Center, Oak Lawn	39 beds
Little Co. of Mary, Evergreen Park	24 beds
MetroSouth Medical Center, Blue Island	14 beds

The proposed project will not result in a maldistribution of AMI services within the planning area. While the AMI bed:population ratio of the area approximates the average of the State, in metropolitan areas patients often access services outside of the IDPH-designated service area in which they reside, and Holy Cross Hospital has documented difficulties in accessing AMI beds for its patients at the hospitals in the planning area (please see ATTACHMENT 15).

ZIP Code Areas  
Within 30 Minutes of  
Holy Cross Hospital

60402  
60406  
60415  
60453  
60455  
60456  
60457  
60458  
60459  
60465  
60482  
60501  
60605  
60607  
60608  
60609  
60615  
60616  
60617  
60619  
60620  
60621  
60623  
60628  
60629  
60632  
60636  
60637  
60638  
60643  
60649  
60652  
60653  
60655  
60658  
60805  
60827

Notes



mapquest

Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

3.64 miles / 11 minutes



**St Bernard Hospital & Health Care**  
326 W 64th St, Chicago, IL 60621  
(773) 488-1244



1. Start out going east on W 64th St toward S Yale Ave. [Map](#) 0.08 Mi



2. Turn right onto S Yale Ave. [Map](#) 0.4 Mi



3. Turn right onto W Marquette Rd / W 67th St. [Map](#) 3.1 Mi



4. Turn left onto S Washtenaw Ave. [Map](#) 0.1 Mi



5. Take the 1st right onto W 68th St. [Map](#) 0.01 Mi



6. 2701 W 68TH ST is on the left. [Map](#)



**Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: 3.64 miles - about 11 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

/??

Notes



**mapquest**

Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

7.59 miles / 22 minutes



**South Shore Hospital**

8012 S Crandon Ave, Chicago, IL 60617

(773) 356-5000



1. Start out going south on S Crandon Ave toward E 81st St. [Map](#)

0.4 Mi



2. Turn right onto E 83rd St. [Map](#)

0.4 Mi



3. Turn slight right onto S South Chicago Ave. [Map](#)

2.9 Mi



4. Turn slight left onto E Marquette Rd / E 67th St. [Map](#)

3.9 Mi



5. Turn left onto S Washtenaw Ave. [Map](#)

0.1 Mi



6. Take the 1st right onto W 68th St. [Map](#)

0.01 Mi



7. 2701 W 68TH ST is on the left. [Map](#)



**Holy Cross Hospital**

2701 W 68th St, Chicago, IL 60629

(773) 884-9000

Total Travel Estimate: 7.59 miles - about 22 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

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Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629  
(773) 884-9000

9.16 miles / 22 minutes



**Roseland Community Hospital**  
67 W 111th St, Chicago, IL 60628  
(773) 995-3463



1. Start out going east on W 111th St toward S State St. [Map](#) 0.09 Mi



2. Take the 1st left onto S State St. [Map](#) 2.1 Mi



3. Merge onto I-94 W / Dan Ryan Expy W via the ramp on the left. [Map](#) 3.0 Mi



4. Take EXIT 59B toward Marquette Rd / 67th St. [Map](#) 0.2 Mi



5. Keep right at the fork in the ramp. [Map](#) 0.2 Mi



6. Turn left onto W Marquette Rd / W 67th St. [Map](#) 3.4 Mi



7. Turn left onto S Washtenaw Ave. [Map](#) 0.1 Mi



8. Take the 1st right onto W 68th St. [Map](#) 0.01 Mi



9. 2701 W 68TH ST is on the left. [Map](#)



**Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: 9.16 miles - about 22 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

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Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

9.48 miles / 20 minutes



**Mercy Hospital & Medical Center**  
 2525 S Michigan Ave, Chicago, IL 60616  
 (312) 842-2327

- 1. Start out going **south** on **S Prairie Ave.** [Map](#)

0.02 Mi
- ↵

2. Take the 1st **left** to stay on **S Prairie Ave.** [Map](#)

0.07 Mi
- ↘

3. Turn **right** onto **E 25th St.** [Map](#)

0.2 Mi
- ↵

4. Turn **left** onto **S Dr Martin Luther King Jr Dr.** [Map](#)

0.01 Mi
- ↵

5. Take the 1st **left** onto **E 24th St.** [Map](#)

0.07 Mi
- 6. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)

0.5 Mi
- 7. Take the **I-90 E / I-94 E** exit, **EXIT 293B**, toward **Indiana.** [Map](#)

0.6 Mi
- 8. Take the **I-90-EXPRESS / I-94-EXPRESS** exit on the **left** toward **Garfield Blvd.** [Map](#)

0.2 Mi
- 9. Merge onto **I-94 Express Ln E / Dan Ryan Express Ln E / I-90 Express Ln E.** [Map](#)

3.4 Mi
- 10. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd.** [Map](#)

0.5 Mi
- 11. Take **EXIT 58B** toward **63rd St.** [Map](#)

0.2 Mi
- ↵

12. Turn **slight left** onto **S Yale Ave.** [Map](#)

0.6 Mi
- ↘

13. Turn **right** onto **W Marquette Rd / W 67th St.** [Map](#)

3.1 Mi
- ↵

14. Turn **left** onto **S Washtenaw Ave.** [Map](#)

0.1 Mi

ATTACHMENT 22c

136



15. Take the 1st **right** onto **W 68th St.** [Map](#)

0.01 Mi



16. **2701 W 68TH ST** is on the **left.** [Map](#)



**Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: **9.48 miles - about 20 minutes**

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

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Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629  
(773) 884-9000

6.00 miles / 17 minutes

*JACKSON PARK HOSPITAL*  
**A** **7531 S Stony Island Ave, Chicago, IL 60649-3954**

-  1. Start out going north on S Stony Island Ave toward E 75th Pl. [Map](#) 0.02 Mi
-  2. Turn left onto E 75th St. [Map](#) 0.5 Mi
-  3. Turn slight right onto S South Chicago Ave. [Map](#) 1.4 Mi
-  4. Turn slight left onto E Marquette Rd / E 67th St. [Map](#) 3.9 Mi
-  5. Turn left onto S Washtenaw Ave. [Map](#) 0.1 Mi
-  6. Take the 1st right onto W 68th St. [Map](#) 0.01 Mi
-  7. 2701 W 68TH ST is on the left. [Map](#)

**B** **Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: 6.00 miles - about 17 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

*138*

Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

6.92 miles / 19 minutes



**Saint Anthony Hospital**  
2875 W 19th St, Chicago, IL 60623  
(773) 484-1000



- 1. Start out going west on W 19th St / S Homan Ave toward S Marshall Blvd. [Map](#) 0.05 Mi
- 2. Take the 1st left onto S Marshall Blvd. [Map](#) 0.3 Mi
- 3. Turn right onto W Cermak Rd / W 22nd St. [Map](#) 0.3 Mi
- 4. Turn left onto S Kedzie Ave. [Map](#) 5.5 Mi
- 5. Turn left onto W Marquette Rd / W 67th St. [Map](#) 0.6 Mi
- 6. Turn right onto S Washtenaw Ave. [Map](#) 0.1 Mi
- 7. Take the 1st right onto W 68th St. [Map](#) 0.01 Mi
- 8. 2701 W 68TH ST is on the left. [Map](#)



**Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: 6.92 miles - about 19 minutes

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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ATTACHMENT 22c

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Notes



Trip to:

**Holy Cross Hospital**

**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

8.04 miles / 23 minutes



**Rush University Medical Center**

1725 W Harrison St, Chicago, IL 60612

(312) 942-2195



1. Start out going **west** on **W Harrison St** toward **S Wood St**. [Map](#) 0.2 Mi



2. Turn **slight left** onto **W Ogden Ave**. [Map](#) 0.9 Mi



3. Turn **slight left** onto **S Western Ave**. [Map](#) 6.4 Mi



4. Turn **right** onto **W Marquette Rd / W 67th St**. [Map](#) 0.4 Mi



5. Turn **left** onto **S Washtenaw Ave**. [Map](#) 0.1 Mi



6. Take the 1st **right** onto **W 68th St**. [Map](#) 0.01 Mi



7. **2701 W 68TH ST** is on the **left**. [Map](#)



**Holy Cross Hospital**

2701 W 68th St, Chicago, IL 60629

(773) 884-9000

Total Travel Estimate: **8.04 miles - about 23 minutes**

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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14/0

Notes



**mapquest**

Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

7.55 miles / 21 minutes



**Mt Sinai Hospital**

1500 S California Ave, Chicago, IL 60608

(773) 542-2000



1. Start out going **east** toward **S Washtenaw Ave.** [Map](#)

0.05 Mi



2. Take the 1st **left** onto **S Washtenaw Ave.** [Map](#)

0.08 Mi



3. Turn **left** onto **W Ogden Ave.** [Map](#)

0.7 Mi



4. Turn **left** onto **S Kedzie Ave.** [Map](#)

6.0 Mi



5. Turn **left** onto **W Marquette Rd / W 67th St.** [Map](#)

0.6 Mi



6. Turn **right** onto **S Washtenaw Ave.** [Map](#)

0.1 Mi



7. Take the 1st **right** onto **W 68th St.** [Map](#)

0.01 Mi



8. **2701 W 68TH ST** is on the **left.** [Map](#)



**Holy Cross Hospital**

2701 W 68th St, Chicago, IL 60629

(773) 884-9000

Total Travel Estimate: **7.55 miles - about 21 minutes**

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Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

5.01 miles / 13 minutes



**Advocate Christ Medical Center**  
4440 W 95th St, Oak Lawn, IL 60453  
(708) 684-5375

-  1. Start out going **east** on **W 95th St / US-20 / US-12** toward **S Kenneth Ave.** [Map](#) 0.6 Mi
-  2. Turn **left** onto **S Pulaski Rd / S Crawford Ave.** Continue to follow **S Pulaski Rd.** [Map](#) 1.1 Mi
-  3. Turn **slight right** onto **W Columbus Ave.** [Map](#) 1.4 Mi
-  4. Turn **left** onto **S Kedzie Ave.** [Map](#) 1.0 Mi
-  5. Turn **right** onto **W 71st St.** [Map](#) 0.5 Mi
-  6. Turn **left** onto **S California Ave.** [Map](#) 0.4 Mi
-  7. Turn **right** onto **W 68th St.** [Map](#) 0.1 Mi
-  8. **2701 W 68TH ST** is on the **right.** [Map](#)



**Holy Cross Hospital**  
2701 W 68th St, Chicago, IL 60629  
(773) 884-9000

Total Travel Estimate: 5.01 miles - about 13 minutes

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Notes



Trip to:

**Holy Cross Hospital**  
**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

4.30 miles / 11 minutes



**Little Company of Mary Hospital and Health Care**

Sleep Disorders

2800 W 95th St, Evergreen Park, IL 60805

(708) 423-7378



1. Start out going east on W 95th St / US-20 / US-12 toward S Fairfield Ave. [Map](#)

0.5 Mi



2. Turn left onto S Western Ave. [Map](#)

3.4 Mi



3. Turn left onto W 68th St. [Map](#)

0.4 Mi



4. 2701 W 68TH ST is on the left. [Map](#)



**Holy Cross Hospital**

2701 W 68th St, Chicago, IL 60629

(773) 884-9000

Total Travel Estimate: 4.30 miles - about 11 minutes

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Notes



Trip to:

**Holy Cross Hospital**

**2701 W 68th St**

Chicago, IL 60629

(773) 884-9000

8.20 miles / 23 minutes



**Metrosouth Medical Center**

12935 Gregory St, Blue Island, IL 60406

(708) 597-2000



1. Start out going **north** on **Gregory St** toward **Union St**. [Map](#)

0.3 Mi



2. Turn **left** onto **127th St / Burr Oak Ave**. [Map](#)

0.1 Mi



3. Take the 1st **right** onto **Western Ave**. [Map](#)

7.4 Mi



4. Turn **left** onto **W 68th St**. [Map](#)

0.4 Mi



5. **2701 W 68TH ST** is on the **left**. [Map](#)



**Holy Cross Hospital**

2701 W 68th St, Chicago, IL 60629

(773) 884-9000

Total Travel Estimate: **8.20 miles - about 23 minutes**

**BOOK TRAVEL** with **mapquest** (877) 577-5766

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## STAFFING AVAILABILITY

The proposed acute mental illness (AMI) category of service will be staffed consistent with, and in many cases above, all licensure and Joint Commission requirements; and will operate in a coordinated manner with Sinai Health System's existing AMI unit, located at Mount Sinai Hospital. The Holy Cross and Mount Sinai programs will operate with common clinical and administrative leadership, and the potential exists for certain clinical staff to relocate from the Mount Sinai program to the proposed service.

It is not anticipated that any difficulties will be encountered in the hiring of well-qualified staff for the proposed service. Sinai Health System operates a broad spectrum of mental health services, and has many employees residing in the neighborhoods surrounding Holy Cross Hospital. Available employment positions will initially be made known to current Sinai Health System staff, after which normal means of advertising openings, including professional journals and local newspapers will be used, with the initial staff being in place 2-4 weeks prior to the service's acceptance of patients.

## PERFORMANCE REQUIREMENTS

The proposed project involves the establishment of a fifty-bed acute mental illness category of service in the City of Chicago, and is therefore in compliance with applicable performance requirements.



December 24, 2013

Illinois Health Facilities  
and Services Review Board  
Springfield, Illinois

To Whom It May Concern:

This letter is being written for inclusion in the Certificate of Need application addressing the establishment of an Acute Mental Illness (AMI) category of service at Holy Cross Hospital. Please be advised that it is my expectation and understanding that by the second year following the project's completion, the AMI service will be operating at the IHFSRB's target utilization rate, and that it will, at minimum, maintain that level of utilization thereafter.

Sincerely,

Alan H. Channing  
President and CEO



Notarized:

# **Holy Cross Hospital and Affiliate**

Consolidated Financial Report  
June 30, 2012

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## Independent Auditor's Report on the Consolidated Financial Statements

To the Board of Trustees  
Holy Cross Hospital  
Chicago, Illinois

We have audited the accompanying consolidated balance sheets of Holy Cross Hospital and Affiliate (the Hospital) as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Holy Cross Hospital and Affiliate as of June 30, 2012 and 2011, and the results of their operations and changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*McGladrey LLP*

Chicago, Illinois  
September 27, 2012

Holy Cross Hospital and Affiliate

Consolidated Balance Sheets  
June 30, 2012 and 2011

<b>Assets</b>	<b>2012</b>	<b>2011</b>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 19,417,518	\$ 15,472,749
Assets whose use is limited, externally designated under debt agreements	-	1,340,445
Patient accounts receivable, less allowances of \$10,819,000 and in 2012 and \$8,901,000 in 2011	11,812,870	10,807,555
Contribution receivable	232,625	104,206
Inventory	1,555,118	1,625,775
Prepaid expenses and other current assets	889,465	597,837
<b>Total current assets</b>	<b>33,907,596</b>	<b>29,948,567</b>
<b>Assets Whose Use is Limited, net of current portion, externally designated under:</b>		
Grant agreement	3,502,209	-
Self-insurance trust	7,645,948	3,173,973
Workmen's compensation contracts and other	486,822	543,971
	<b>11,634,979</b>	<b>3,717,944</b>
 Property and Equipment, net	 <b>33,475,578</b>	 <b>37,098,824</b>
 Other Assets	 <b>50,000</b>	 <b>100,000</b>
<b>Total assets</b>	 <b>\$ 79,068,153</b>	 <b>\$ 70,865,335</b>

See Notes to Consolidated Financial Statements.

Holy Cross Hospital and Affiliate

Consolidated Balance Sheets  
June 30, 2012 and 2011

Liabilities and Net Assets	2012	2011
<b>Current Liabilities</b>		
Current portion of long-term debt	\$ -	\$ 1,465,463
Accounts payable	5,887,942	6,338,008
Accrued expenses	6,051,909	6,293,074
Current portion of accrued pension and postretirement benefits	222,000	266,000
Due to third-party payors	6,793,470	3,910,654
<b>Total current liabilities</b>	<b>18,955,321</b>	<b>18,273,199</b>
<b>Noncurrent Liabilities</b>		
Long-term debt, less current portion	-	47,590
Accrued pension and postretirement benefits, net of current portion	32,983,774	14,836,940
Professional liability	7,189,502	4,607,022
<b>Total noncurrent liabilities</b>	<b>40,173,276</b>	<b>19,491,552</b>
<b>Total liabilities</b>	<b>59,128,597</b>	<b>37,764,751</b>
 <b>Commitments and Contingencies (Notes 9, 11 and 12)</b>		
 <b>Net Assets</b>		
Unrestricted	15,994,444	32,437,122
Temporarily restricted	3,945,112	663,462
<b>Total net assets</b>	<b>19,939,556</b>	<b>33,100,584</b>
<b>Total liabilities and net assets</b>	<b>\$ 79,068,153</b>	<b>\$ 70,865,335</b>

See Notes to Consolidated Financial Statements.

**Holy Cross Hospital and Affiliate**

**Consolidated Statements of Operations and Changes In Net Assets  
Years Ended June 30, 2012 and 2011**

	2012	2011
<b>Revenue:</b>		
Net patient service revenue	\$ 94,829,745	\$ 94,570,394
Capitation revenue	3,825,529	4,351,072
Other revenue	1,749,036	1,628,801
Medicaid stimulus revenue	2,700,180	6,394,752
Medicaid hospital assessment revenue	12,889,822	12,889,822
Net assets released from restrictions - used for operations	278,909	614,768
	<u>116,273,221</u>	<u>120,449,609</u>
<b>Expenses:</b>		
Salaries and employee benefits	52,528,352	55,556,349
Professional fees	9,923,444	9,323,589
Food, drugs and medical supplies	12,606,521	12,717,422
Supplies, utilities and other	20,564,236	19,998,660
Medicaid hospital assessment tax	5,509,291	5,509,292
Provision for uncollectible accounts	9,660,422	9,860,018
Depreciation and amortization	5,244,586	5,560,363
Interest	27,974	215,505
	<u>116,064,826</u>	<u>118,741,198</u>
<b>Income from operations</b>	<u>208,395</u>	<u>1,708,411</u>
<b>Nonoperating income (expense):</b>		
Investment income	81,781	173,606
Unrealized gain (loss) on investments	71,975	(26,027)
Proceeds from insurance	832,462	-
<b>Total nonoperating income</b>	<u>986,218</u>	<u>147,579</u>
<b>Excess of revenue over expenses</b>	<u>\$ 1,194,613</u>	<u>\$ 1,855,990</u>

(Continued)

Holy Cross Hospital and Affiliate

Consolidated Statements of Operations and Changes In Net Assets (Continued)  
 Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted net assets:		
Excess of revenue over expenses	\$ 1,194,613	\$ 1,855,990
Net assets released from restrictions - used for property and equipment	969,080	417,260
Pension-related changes other than net periodic pension cost	<u>(18,606,371)</u>	<u>13,699,515</u>
<b>(Decrease) increase in unrestricted net assets</b>	<b><u>(16,442,678)</u></b>	<b><u>15,972,765</u></b>
Temporarily restricted net assets:		
Contributions	4,529,639	478,635
Net assets released from restrictions	<u>(1,247,989)</u>	<u>(1,032,028)</u>
<b>Increase (decrease) in temporarily restricted net assets</b>	<b><u>3,281,650</u></b>	<b><u>(553,393)</u></b>
<b>(Decrease) increase in net assets</b>	<b>(13,161,028)</b>	<b>15,419,372</b>
Net assets:		
Beginning of year	<u>33,100,584</u>	<u>17,681,212</u>
End of year	<b><u>\$ 19,939,556</u></b>	<b><u>\$ 33,100,584</u></b>

See Notes to Consolidated Financial Statements.

**Holy Cross Hospital and Affiliate**

**Consolidated Statements of Cash Flows  
Years Ended June 30, 2012 and 2011**

	2012	2011
<b>Cash Flows from Operating Activities</b>		
(Decrease) increase in net assets	\$ (13,161,028)	\$ 15,419,372
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Net change in unrealized gains and losses on investments	(71,975)	26,027
Provision for uncollectible accounts	9,660,422	9,860,018
(Gain) loss on disposal	(1,000)	24,647
Depreciation	5,194,586	5,444,458
Amortization	50,000	115,905
Changes in operating assets and liabilities:		
Patient accounts receivable	(10,665,737)	(8,343,028)
Contribution receivable	(128,419)	121,073
Inventory, prepaid expenses and other assets	(220,971)	289,497
Due to third-party payors	2,882,816	715,356
Accounts payable and other liabilities	1,770,390	(32,891)
Accrued pension and postretirement benefits	18,102,834	(13,597,658)
<b>Net cash provided by operating activities</b>	<b>13,411,918</b>	<b>10,042,776</b>
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(1,425,487)	(2,370,742)
Purchase of investments whose use is limited and other investments	(7,914,836)	(3,393,565)
Proceeds from sales of investments whose use is limited and other investments	1,410,221	1,166,758
<b>Net cash used in investing activities</b>	<b>(7,930,102)</b>	<b>(4,597,549)</b>
<b>Cash Flows from Financing Activities</b>		
Proceeds from contributions used for the purchase of capital assets	-	417,260
Payments on long-term debt	(1,513,053)	(13,085,788)
Payment of accounts payable for property and equipment	(23,994)	(418,838)
<b>Net cash used in financing activities</b>	<b>(1,537,047)</b>	<b>(13,087,366)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>3,944,769</b>	<b>(7,642,139)</b>
<b>Cash and cash equivalents:</b>		
Beginning of year	15,472,749	23,114,888
End of year	<b>\$ 19,417,518</b>	<b>\$ 15,472,749</b>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash paid for interest	\$ 31,079	\$ 197,993
<b>Supplemental Schedule of Noncash Investing and Financing Activities</b>		
Purchases of equipment in accounts payable	\$ 144,853	\$ 23,994

See Notes to Consolidated Financial Statements.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

---

#### Note 1. Nature of Business and Summary of Significant Accounting Policies

**Nature of business:** The accompanying consolidated financial statements represent the accounts of Holy Cross Hospital (Hospital) and its wholly owned affiliate, Holy Cross Health Partners, Inc. (HCHP). The Hospital is an Illinois not-for-profit corporation. The Hospital provides inpatient, outpatient and emergency care services to residents of the Chicago Metropolitan area. The Hospital is the sole shareholder of HCHP, an Illinois for-profit corporation that was incorporated in 1998. HCHP's purpose is to administer and negotiate contracts on behalf of participating health care providers.

A summary of significant accounting policies follows:

**Principles of consolidation:** The consolidated financial statements include the Hospital and HCHP. All significant intercompany accounts and transactions have been eliminated in consolidation.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. The use of estimates and assumptions in the preparation of the accompanying financial statements is primarily related to the determination of the net patient receivables and settlements with third-party payors and the accruals for pension and professional and general liability. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**Basis of presentation:** The Hospital may classify its net assets into three categories, which are unrestricted, temporarily restricted and permanently restricted.

Unrestricted net assets are reflective of revenues and expenses associated with the principal operating activities of the Hospital and are not subject to donor-imposed stipulations.

Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met either by actions of the Hospital and/or the passage of time. The Hospital has temporarily restricted net assets which are available for operations or improvements to the physical facility. When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as assets released from restriction. During the year ended June 30, 2012, the Hospital was awarded a grant by the State of Illinois Department of Public Health in the amount of \$7,000,000 to fund designated capital projects. The grant term begins July 1, 2011 and ends June 30, 2013. As of June 30, 2012, \$3,500,000 of the grant had been received. Because of contingencies relating to receipt of additional funds under the grant, the remaining \$3,500,000 has not been recorded in the accompanying consolidated financial statements. The unspent portion of the grant at June 30, 2012, \$3,462,000 is reported within temporarily restricted net assets in the accompanying consolidated balance sheet.

Permanently restricted net assets are subject to donor-imposed stipulations that they be maintained permanently by the Hospital. The Hospital had no permanently restricted net assets at June 30, 2012 and 2011.

**Donor-restricted gifts:** Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indication of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

---

#### Note 1. Nature of Business and Summary of Significant Accounting Policies (Continued)

**Cash and cash equivalents:** All investments that are not limited as to use with an original maturity of three months or less when purchased are reflected as cash and cash equivalents. The carrying value of cash equivalents approximates fair value.

Throughout the year, the Hospital may have amounts on deposit with financial institutions in excess of those insured by the FDIC. Management does not believe that this presents a more significant risk to the Hospital than other options available.

**Patient accounts receivable, provision for uncollectible accounts and due to third-party payors:** The collection of receivables from third-party payors and patients is the Hospital's primary source of cash for operations and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance payor has paid, but patient responsibility amounts (deductibles and copayments) remain outstanding. Patient receivables, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Patient receivables due directly from the patients are carried at the original charge for the service provided less amounts covered by third-party payors, discounts for patients that are uninsured and an estimated allowance for doubtful receivables. Management estimates this allowance based on the aging of its accounts receivable and its historical collection experience for each payor type. Recoveries of receivables previously written off are recorded as a reduction of bad debt expense when received.

The past due status of receivables is determined on a case-by-case basis depending on the payor responsible. Interest is generally not charged on past due accounts.

Receivables or payables related to estimated settlements on various payor contracts, primarily Medicare, are reported as amounts due from or to third-party payors. Significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental health care coverage could affect the Hospital's collection of accounts receivable, cash flows and results of operations.

**Inventory:** Inventory is stated at cost, determined by the first-in, first-out method. Inventory consists mainly of supplies.

**Assets whose use is limited:** Investments in money market accounts are measured at fair value which approximates cost. Investments in certificates of deposit are carried at cost, which approximates fair value. Investments in debt and equity securities are recorded at fair value based on quoted market prices. The change in unrealized appreciation in fair value of investments is recognized as a change in net assets

Assets whose use is limited includes investments held under debt agreements, grant agreements, workmen's compensation contracts, and insurance policies.

Investments are regularly evaluated for impairment. The Hospital considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Hospital considers the length of time an investment's fair value has been below carrying value, the near-term prospects for recovery to carrying value, and the intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other than temporary, the related investment is written down to its estimated fair value and included as a realized loss in excess of revenues over expenses.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

---

#### Note 1. Nature of Business and Summary of Significant Accounting Policies (Continued)

**Property and equipment:** Property and equipment are stated at cost. Depreciation is provided over the estimated useful life of each asset and is computed on the straight-line method. Leased equipment under capital leases is amortized over the shorter of the lease term or estimated useful life unless it contains a bargain purchase option which the Hospital expects to exercise. Amortization expense on assets acquired under capital leases is included with depreciation expense on owned assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

**Accrued professional liability:** The provision for accrued professional liability includes estimates of the ultimate costs for claims incurred but not reported. The provision is actuarially determined.

**Net patient service revenue:** The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**Capitation revenue:** The Hospital has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Hospital receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by the Hospital. In addition, the HMOs make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

**Results of operations:** The statement of operations and changes in net assets includes excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include net assets released from restrictions used for property and equipment, contributions of equipment, as well as pension-related changes other than the net periodic pension cost, investment income and unrealized gains and losses.

**Charity care and uninsured allowance:** The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Hospital provides a 66 percent discount from customary charges for uninsured patients. The Hospital maintains records to identify and monitor the level of charity care it provides. Charity care is measured based on the Hospital's estimated direct and indirect costs of providing charity care services. That estimate is made by calculating a ratio of cost to gross charges, applied to the uncompensated charges associated with providing charity care to patients.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

---

#### Note 1. Nature of Business and Summary of Significant Accounting Policies (Continued)

**Income taxes:** The Hospital has received a determination letter from the Internal Revenue Service stating that it is exempt from the payment of federal income taxes under Section 501(c)(3) of the Internal Revenue Code. HCHP is subject to federal and state income taxes, which are not significant to the consolidated operations.

The Hospital files a Form 990 (Return of Organization Exempt from Income Tax) annually and HCHP files Federal and Illinois Forms 1120 (U.S. Corporation Income Tax Return) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. UBIT is reported on Form 990T, as appropriate. The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination.

Forms 990 and 1120 filed by the Hospital and HCHP are subject to examination by the Internal Revenue Service (IRS) and the State of Illinois up to three years from the extended due date of each return. These returns filed by the Hospital and HCHP are no longer subject to examination for the years 2008 and prior.

**New accounting guidance:** During the year ended June 30, 2012, the Hospital adopted the disclosure guidance contained in the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure – a consensus of the FASB Emerging Issues Task Force*. This ASU requires that the measurement of charity care by a health care entity for disclosure purposes be based on the direct and indirect costs of providing the charity care, and that the Hospital provide disclosure regarding the method used to identify or determine such costs. See Note 3 for further information.

Effective July 1, 2011, the Hospital adopted the provisions of FASB ASU No. 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries – a consensus of the FASB Emerging Issues Task Force*, which further clarifies that health care entities should not net insurance recoveries against the related claim liabilities. The adoption of ASU 2010-24 had no impact on the Hospital's consolidated financial statements.

**Pending pronouncement:** In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954) – Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities – a consensus of the FASB Emerging Issues Task Force*. ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay, to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, ASU 2011-07 requires those health care entities to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.

ATTACHMENT 36

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 1. Nature of Organization and Significant Accounting Policies (Continued)

For nonpublic entities such as the Hospital, the provisions of ASU 2011-07 are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The changes to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The disclosures required by ASU 2011-07 should be provided for the period of adoption and subsequent reporting periods. The Hospital is assessing the impact of the implementation of ASU 2011-07 on its consolidated financial statements.

**Reclassifications:** Certain amounts in the 2011 financial statements have been reclassified to conform with the 2012 presentation with no effect on the net assets.

**Subsequent events:** Management has evaluated subsequent events for potential recognition or disclosure through September 27, 2012, the date the financial statements were available to be issued.

#### Note 2. Contractual Arrangements with Third-Party Payors

The Hospital has agreements with third-party payors which provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at list price and the amounts reimbursed by Medicare, Medicaid, Blue Cross, and certain other third-party payors; and any differences between estimated third-party reimbursement settlements for prior years and subsequent final settlements. Contractual adjustments under third-party reimbursement programs are accrued on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined. A summary of the basis of reimbursement with major third-party payors follows:

**Medicare:** The Hospital is paid for inpatient acute care and outpatient care services rendered to Medicare program beneficiaries under prospectively determined rates per discharge (Prospective Payment System). These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Hospital's classification of patients under the Prospective Payment System and the appropriateness of the patient's admissions are subject to validation reviews. The Hospital is reimbursed at tentative rates with final settlement determined after submission of annual reimbursement reports by the Hospital and audits by the Medicare fiscal intermediary.

**Medicaid:** The Hospital is reimbursed at prospectively determined rates for each Medicaid inpatient discharge. Outpatient services are reimbursed based on established fee screens. For inpatient acute care services, payment rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The prospectively determined rates are not subject to retroactive adjustment. The Hospital also receives incremental Medicaid reimbursement for specific programs and services at the discretion of the State of Illinois Medicaid Program. Medicaid reimbursement may be subject to periodic adjustment, as well as to changes in existing payment levels and rates, based on the amount of funding available to the Medicaid program.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 2. Contractual Arrangements with Third-Party Payors (Continued)

Due to the Hospital's relatively high Medicaid patient volume, the Hospital received additional reimbursement of approximately \$4,679,000 in 2012 and 2011 in the form of Safety Net Adjustment Payments (SNAP), the majority of which is provided by the Illinois Medicaid program. The Hospital also received approximately \$900,000 in 2012 and 2011 of additional reimbursement in the form of Critical Hospital Adjustment Payments (CHAP). The Hospital will continue to receive \$900,000 in CHAP payments from the Illinois Medicaid program through 2013. Whether the program will be extended beyond 2013 is uncertain at this time. The Hospital also received additional payments from the Illinois Medicaid Disproportionate Share Hospital program (DSH) of approximately \$2,104,000 and \$2,242,000 at June 30, 2012 and 2011, respectively, to provide services that are vital to Medicaid patients.

In December 2008, the Federal Centers for Medicare & Medicaid Services (CMS) approved State of Illinois (State) legislation for a Medicaid Hospital Assessment Program (Program) relating to the period July 1, 2008 to June 30, 2014. Under these Programs, the Hospital received additional Medicaid reimbursement from the State and paid the related assessment taxes. Total reimbursement revenue recognized by the Hospital for fiscal years 2012 and 2011 was \$12,889,822 for both years. Total assessment tax incurred by the Hospital for fiscal years 2012 and 2011 related to this program was approximately \$5,509,300. The Hospital will continue to receive a net reimbursement of approximately \$8,560,000 from this Program through 2014. Whether the Program will be extended beyond 2014 is uncertain at this time. In addition, the Hospital received \$2,700,180 in 2012 and \$6,394,752 in 2011 in Medicaid stimulus payments and is expected to receive \$2,700,180 in 2013.

**Blue Cross:** The Hospital also participates as a provider of health care services under a reimbursement agreement with Blue Cross. The provisions of this agreement stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of an annual cost report by the Hospital and a review by Blue Cross.

**Managed care organizations:** The Hospital has also entered into reimbursement agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes discounts from established charges and prospectively determined per diem rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Net patient service revenue was increased by approximately \$653,000 and \$1,317,000 for the years ended June 30, 2012 and 2011, respectively, due to the removal of allowances previously estimated that are no longer necessary as a result of accrual adjustments and final settlements.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 3. Community Commitment

Community commitment includes charity care for patient care services rendered to the community at a reduced or no fee due to the inability of the patient to pay for services. Community commitment also includes the difference between the estimated cost of services provided to Medicaid patients and the reimbursement from this governmental program. The estimated amount of community commitment provided for the years ended June 30, 2012 and 2011 is as follows:

	2012	2011
Charity care (at cost)	\$ 6,870,332	\$ 4,458,506
Uninsured discount	17,198,464	12,570,677
Unreimbursed cost (estimated cost, less reimbursement)	15,584,783	10,986,485

In addition, the Hospital is involved in many community benefit activities. These activities are conducted free of charge or below the cost of providing them.

#### Note 4. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors at June 30, 2012 and 2011 is as follows:

	2012	2011
Medicare	25 %	20 %
Medicaid	31	32
Managed care	11	20
Self pay	24	21
Other	9	7
	<u>100 %</u>	<u>100 %</u>

Gross revenue from the Medicare program accounted for approximately 41 percent and 43 percent, respectively, for the years ended June 30, 2012 and 2011. Revenue from the Medicaid program accounted for approximately 26 percent and 30 percent of the Hospital's gross patient revenue for the years ended June 30, 2012 and 2011, respectively.

#### Note 5. Assets Whose Use is Limited

The composition of assets limited as to use is as follows as of June 30:

	2012	2011
Money market and other funds	\$ 4,654,841	\$ 506,965
Certificates of deposit	486,822	1,884,416
Marketable equity securities	2,154,501	932,983
Fixed income securities	4,338,815	1,734,025
	<u>\$ 11,634,979</u>	<u>\$ 5,058,389</u>

ATTACHMENT 36

**Holy Cross Hospital and Affiliate**

**Notes to Consolidated Financial Statements**

**Note 5. Assets Whose Use is Limited (Continued)**

Total investment return for the years ended June 30, 2012 and 2011 is summarized as follows:

	2012	2011
Investment income	\$ 81,781	\$ 175,608
Reported as:		
Operations--other revenue	\$ -	\$ 2,002
Investment income--nonoperating	81,781	173,606
	<u>\$ 81,781</u>	<u>\$ 175,608</u>
Unrealized gain (loss) on investments	<u>\$ 71,975</u>	<u>\$ (26,027)</u>

**Note 6. Property and Equipment**

Property and equipment consists of the following at June 30, 2012 and 2011:

	2012	2011
Land and improvements	\$ 2,868,224	\$ 2,868,224
Buildings	53,002,024	52,957,624
Equipment	76,339,857	75,738,165
Construction in progress	894,920	293,629
	<u>133,105,025</u>	<u>131,857,642</u>
Less accumulated depreciation and amortization	<u>(99,629,447)</u>	<u>(94,758,818)</u>
	<u>\$ 33,475,578</u>	<u>\$ 37,098,824</u>

The amounts above include assets under capital leases that are capitalized using interest rates appropriate at the inception of each lease. Equipment under capital leases is as follows at June 30, 2012 and 2011:

	2012	2011
Equipment	\$ 8,140,676	\$ 8,365,588
Less accumulated amortization	<u>(7,428,871)</u>	<u>(7,158,602)</u>
	<u>\$ 711,805</u>	<u>\$ 1,206,986</u>

Holy Cross Hospital and Affiliate

Notes to Consolidated Financial Statements

**Note 7. Pledged Assets and Long-Term Debt**

There was no long term debt at June 30, 2012. Long-term debt is comprised of the following at June 30, 2011:

Bank note, monthly payments of \$6,228 of principal and interest at 3.08%, due and paid in full on July 1, secured by certain real estate	\$ 1,209,565
Capitalized leases, varying amounts, secured by related equipment	<u>303,488</u>
	1,513,053
Less current maturities	<u>(1,465,463)</u>
	<u>\$ 47,590</u>

Pursuant to bank note, certain funds were required to be held on deposit at a commercial lender, at June 30, 2011, such lender held funds in the amount of \$1,340,445. There were no such funds at June 30, 2012.

**Note 8. Employee Benefit Programs**

The Hospital has a noncontributory defined benefit pension plan and a noncontributory postretirement health plan. Effective June 30, 2005, the defined benefit pension plan's credited service was frozen, and the definition of pay was changed to exclude pay after 2014. Effective December 31, 2010, the definition of pay was changed to exclude pay after December 31, 2010 (fully freezing the accrual of benefits at that point).

Obligations and funded status were as follows at June 30:

	2012		2011	
	Pension Benefits	Other Benefits	Pension Benefits	Other Benefits
<b>Change in benefit obligation</b>				
Benefit obligation, beginning of year	\$ 73,327,244	\$ 2,124,997	\$ 77,884,965	\$ 2,287,087
Service cost	-	-	-	-
Interest cost	4,048,992	112,538	4,154,892	117,407
Change due to plan amendment	-	-	(2,477,383)	-
Actuarial losses (gains)	13,666,248	(585,305)	(3,455,870)	(232,217)
Benefits paid	(2,959,186)	(49,673)	(2,779,360)	(47,280)
Benefit obligation, end of year	<u>88,083,298</u>	<u>1,602,557</u>	<u>73,327,244</u>	<u>2,124,997</u>
<b>Change in plan assets</b>				
Fair value of plan assets, beginning of year	60,349,301	-	51,471,454	-
Actual return on plan assets	(910,034)	-	11,657,207	-
Employer contributions	-	49,673	-	47,280
Benefits paid	(2,959,186)	(49,673)	(2,779,360)	(47,280)
Fair value of plan assets, end of year	<u>56,480,081</u>	<u>-</u>	<u>60,349,301</u>	<u>-</u>
<b>Funded status of the plan</b>	<u>\$ (31,603,217)</u>	<u>\$ (1,602,557)</u>	<u>\$ (12,977,943)</u>	<u>\$ (2,124,997)</u>

Holy Cross Hospital and Affiliate

Notes to Consolidated Financial Statements

**Note 8. Employee Benefit Programs (Continued)**

Amounts recognized in the consolidated balance sheets consist of:

	2012		2011	
	Pension Benefits	Other Benefits	Pension Benefits	Other Benefits
<b>Liabilities</b>				
Current liabilities	\$ -	\$ (222,000)	\$ -	\$ (266,000)
Noncurrent liabilities	(31,603,217)	(1,380,557)	(12,977,943)	(1,858,997)
Total recognized as a liability	<u>\$ (31,603,217)</u>	<u>\$ (1,602,557)</u>	<u>\$ (12,977,943)</u>	<u>\$ (2,124,997)</u>
<b>Unrestricted net assets</b>				
Net actuarial (gains) losses	\$ 28,431,628	\$ (1,138,104)	\$ 9,608,311	\$ (629,271)
Net prior service cost (credit)	(2,056,933)	(190,471)	(2,309,056)	(230,236)
Total recognized in unrestricted net assets	<u>\$ 26,374,695</u>	<u>\$ (1,328,575)</u>	<u>\$ 7,299,255</u>	<u>\$ (859,507)</u>

The accumulated benefit obligation for both benefit plans was \$89,685,855 and \$75,452,241 at June 30, 2012 and 2011, respectively.

The components of net periodic pension (benefit) cost and other amounts recognized in unrestricted net assets for the years ended June 30, 2012 and 2011 are as follows:

	2012		2011	
	Pension Benefits	Other Benefits	Pension Benefits	Other Benefits
<b>Components of net periodic pension (benefit) cost:</b>				
Service cost	\$ -	\$ -	\$ -	\$ -
Interest cost	4,048,992	112,538	4,154,892	117,407
Expected return on plan assets	(4,439,731)	-	(4,448,937)	-
Amortization of unrecognized prior service costs (gains)	(252,123)	(39,765)	35,715	(39,765)
Amortization of unrecognized net losses	192,696	(76,472)	359,464	(29,638)
	<u>(450,166)</u>	<u>(3,699)</u>	<u>101,134</u>	<u>48,004</u>
<b>Other changes in plan assets and benefit obligations recognized in unrestricted net assets:</b>				
Net actuarial loss (gain) arising during the period	19,016,013	(585,305)	(10,664,140)	(232,217)
Prior service cost	-	-	(2,477,383)	-
Amortization of prior service (cost) credit	252,123	39,765	(35,715)	39,765
Amortization of actuarial gain (loss)	(192,696)	76,472	(359,464)	29,638
	<u>19,075,440</u>	<u>(469,068)</u>	<u>(13,536,702)</u>	<u>(162,814)</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ 18,625,274</u>	<u>\$ (472,767)</u>	<u>\$ (13,435,568)</u>	<u>\$ (114,810)</u>

The estimated net actuarial losses and prior service credit for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is \$1,980,371 and \$252,123, respectively.

**Holy Cross Hospital and Affiliate**

**Notes to Consolidated Financial Statements**

**Note 8. Employee Benefit Programs (Continued)**

Information relative to the assumptions used to determine the benefit obligations and net periodic benefit cost as of and for the years ended June 30 are as follows:

	2012		2011	
	Pension Benefits	Other Benefits	Pension Benefits	Other Benefits
Assumptions used to determine the benefit obligations at June 30:				
Discount rate	4.15%	4.15%	5.65%	5.65%
Rate of compensation increase	N/A	N/A	N/A	4.00%
Medical inflation rate- year 1	N/A	8.00%	N/A	7.50%
Medical inflation rate- ultimate	N/A	5.00%	N/A	5.00%
Assumptions used to determine the net periodic benefit cost for the year ended June 30:				
Discount rate	5.65%	5.65%	5.45%	5.45%
Expected return on plan assets	7.50%	N/A	7.50%	N/A
Rate of compensation increase	N/A	N/A	N/A	4.00%
Medical inflation rate- year 1	N/A	7.50%	N/A	8.00%
Medical inflation rate- ultimate	N/A	5.00%	N/A	5.00%

The assumed health care cost trend rate has a significant effect on the amounts reported. A one-percentage-point change in the assumed health care cost trend rate would have the following effects:

	One Percentage Point Increase	One Percentage Point Decrease
Effect on total of service and interest cost components	\$ 4,094	\$ (3,728)
Effect on postretirement benefit obligation	35,347	(32,072)

The asset allocation of investment categories for the defined benefit plan at June 30, 2012 and 2011 was as follows:

	2012	2011
Equity securities	65%	65%
Debt securities	35%	35%
Total	100%	100%

The overall expected long-term rate of return on assets is based upon the weighted average expected long-term return of a target asset allocation of 60–70 percent equity securities and 30–40 percent debt securities. Debt securities are expected to have a long-term rate of return based on current interest levels. Equity securities are expected to have a long-term rate of return based on historical equity premiums over returns on debt securities.

**Holy Cross Hospital and Affiliate**

**Notes to Consolidated Financial Statements**

**Note 8. Employee Benefit Programs (Continued)**

There is no contribution expected for the pension plan for the year ended June 30, 2013. No plan assets are expected to be returned to the Hospital over the next fiscal year. A contribution of \$222,000 is expected for other benefits for the year ended June 30, 2013.

Estimated future benefit payments for the years ending June 30 are as follows (in thousands):

Years ending June 30,	Pension Benefits	Other Benefits
2013	\$ 3,536	\$ 222
2014	3,739	180
2015	3,887	168
2016	4,043	158
2017	4,255	143
2018 - 2022	24,517	603

The Hospital's overall investment strategy is to preserve, protect, and grow the plan assets, as well as to maintain sufficient liquid reserves to meet plan obligations by maintaining a wide diversification of asset types, fund strategies, and fund managers. The target allocations for plan assets are 60-70 percent equity securities and 30-40 percent debt securities. Equity securities primarily include investments in large-cap and mid-cap companies primarily in the United States and abroad. Debt securities include corporate bonds of companies from diversified industries and U.S. Treasuries. Other types of investments include investments in real estate and commodity linked funds that follow several different strategies.

The fair value of the Hospital's pension plan assets at June 30, 2012, by asset category are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash	\$ 1,883,070	\$ -	\$ -	\$ 1,883,070
Equity securities index funds:				
Emerging Europe region	-	4,776,452	-	4,776,452
International region	-	8,304,286	-	8,304,286
U.S. large-cap	-	15,289,447	-	15,289,447
U.S. mid-cap	-	2,108,993	-	2,108,993
U.S. small cap	-	2,849,465	-	2,849,465
Fixed income securities fund: U.S. government and government agency obligations	2,794,034	-	-	2,794,034
Fixed income securities: corporate bonds	4,719,630	8,269,967	-	12,989,597
Real estate index fund	862,867	-	-	862,867
Commodity linked funds	4,621,870	-	-	4,621,870
	<u>\$ 14,881,471</u>	<u>\$ 41,598,610</u>	<u>\$ -</u>	<u>\$ 56,480,081</u>

Holy Cross Hospital and Affiliate

Notes to Consolidated Financial Statements

**Note 8. Employee Benefit Programs (Continued)**

The fair value of the Hospital's pension plan assets at June 30, 2011, by asset category are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash	\$ 1,679,039	\$ -	\$ -	\$ 1,679,039
Equity securities index funds:				
Emerging Europe region	-	5,739,281	-	5,739,281
International region	-	10,509,301	-	10,509,301
U.S. large-cap	-	15,356,912	-	15,356,912
U.S. mid-cap	-	2,895,701	-	2,895,701
U.S. small cap	-	2,862,196	-	2,862,196
Fixed income securities fund: U.S. government and government agency obligations	2,801,104	-	-	2,801,104
Fixed income securities: corporate bonds	4,520,533	8,621,917	-	13,142,450
Real estate index fund	676,681	-	-	676,681
Commodity linked funds	4,686,636	-	-	4,686,636
	<u>\$ 14,363,993</u>	<u>\$ 45,985,308</u>	<u>\$ -</u>	<u>\$ 60,349,301</u>

The actuarial gain/(loss) due to demographic experience, including any assumptions changes, and investment return different from assumed during the prior year was \$(13,666,248) and \$(5,349,765) for the years ended June 30, 2012 and 2011, respectively.

Effective July 1, 2005, the Hospital established a 401(k) defined contribution retirement plan which is available to all employees after one month of service who work at least 1,040 hours per year and are at least 18 years old. The Hospital currently does not contribute to this plan so there was no expense related to this plan for the year ended June 30, 2012. The Hospital's expense related to this plan for the year ended June 30, 2011 was \$249,000.

**Note 9. Self-Insurance Program**

Since June 1, 1979, the Hospital's primary professional and general liability coverage has been provided through the Chicago Hospital Risk Pooling Program (CHRPP) with 13 other participating hospitals. CHRPP is a self-insured trust that provides coverage, after a nominal deductible, through the use of a fund specific to each participating hospital and two pooled funds, which include all CHRPP participating hospitals. Excess insurance coverage is purchased from a commercial insurance company. Required reserves and contributions by participating hospitals are determined annually by an independent actuary based on claim experience, investment performance and assumed self-insured retentions. The required contributions are subject to future retrospective adjustments. Effective January 1, 2003, CHRPP changed its coverage from occurrence basis to claims-made and the Hospital has established a tail liability related to this change in coverage. Additionally, effective January 1, 2011, the CHRPP program ceased offering coverage for new claims, and is now in run-off mode until all active claims are resolved. As a result, the Hospital is providing medical malpractice coverage through a self-insured trust effective January 1, 2011. The Hospital is self-funded for the first \$4,000,000 per claim with a \$12,000,000 annual aggregate limit. Excess insurance coverage is \$10,000,000 for the primary layer, and an additional \$10,000,000 secondary level has been purchased with a \$20,000,000 aggregate limit per year.

Holy Cross Hospital and Affiliate

Notes to Consolidated Financial Statements

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**Note 9. Self-Insurance Program (Continued)**

Accrued professional and general liability claim losses have been discounted at 4.0 percent and 4.5 percent for the years ended June 30, 2012 and 2011, respectively, and are based on actuarial central estimate (a confidence level of between 55% and 60%). If accrued professional liability losses had not been discounted, the estimated liability would be approximately \$1,725,000 and \$1,293,000 higher than the amounts reported in the consolidated balance sheets as of June 30, 2012 and 2011, respectively. The portion of the accrual for estimated professional and general liability claims expected to be paid within one year of the balance sheet dates is not readily determinable, and therefore, the entire accrual balance is classified as a noncurrent liability.

Self-insured professional and general liability expense of approximately \$3,791,000 in 2012 and \$3,524,000 in 2011 has been included in supplies, utilities and other in the accompanying consolidated statements of operations and changes in net assets. In 2012 and 2011, the Hospital received a premium refund from CHRPP of approximately \$166,000 and \$193,000, respectively, resulting in a decrease in the self-insurance professional and general liability expense for 2012 and 2011. For the purposes of the incurred but not reported (IBNR) calculation, the Hospital assumed potential losses at the level of \$3,000,000 for the years ended June 30, 2012 and 2011.

The Hospital has recorded a reserve for incurred but not reported claims at June 30, 2012 and 2011 of \$7,190,000 and \$4,607,000, respectively, related to its estimated tail liability.

**Note 10. Functional Expenses**

The Hospital provides general health care services to residents within its geographic location. Expenses related to these services for the years ended June 30, 2012 and 2011 are as follows:

	2012	2011
Health care services	\$ 108,360,433	\$ 112,914,144
General and administrative	7,704,393	5,770,317
Fundraising	-	56,737
	<u>\$ 116,064,826</u>	<u>\$ 118,741,198</u>

Certain costs have been allocated among health care services and general and administrative.

**Note 11. Operating Leases**

The Hospital leases certain facilities and equipment under operating leases that expire at various dates through November 2016. The aggregate minimum annual rental commitments under noncancellable operating leases are \$41,311 through the year ending June 30, 2016.

Rent expenses incurred on all operating leases totaled approximately \$12,000 and \$99,000 for the years ended June 30, 2012 and 2011, respectively.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 12. Commitment and Contingencies

**Medicaid reimbursement:** The Hospital's net patient service revenue for the years ended June 30, 2012 and 2011 includes approximately \$10,384,000 and \$14,216,000, respectively, of high volume adjustments and other add-on and one-time payments from the Illinois Medicaid program.

The amount of additional reimbursement from the Illinois Medicaid program which will be made to hospitals in the future is uncertain, and future legislative changes to reimbursements provided to hospitals could have a material adverse effect on the Hospital's operating results. The Hospital's operations for the years ended June 30, 2012 and 2011, benefited from the Medicaid Hospital Assessment Program (Program) net reimbursement of approximately \$7,381,000. The Hospital is expected to receive \$8,560,000 in 2013 from this Program which expires June 30, 2014. There is no assurance that it will be continued after its expiration.

**CMS RAC Program:** Congress passed the Medicare Modernization Act in 2003, which among other things established a demonstration of The Medicare Recovery Audit Contractor (RAC) program. The RAC's identified and corrected a significant amount of improper overpayments to providers. In 2006, Congress passed the Tax Relief and Health Care Act of 2006, which authorized the expansion of the RAC program to all 50 states. CMS rolled out this program in Illinois during the fiscal year ended June 30, 2010. At June 30, 2012 and 2011, the Hospital has recorded a liability for estimated amounts that will be repaid under the RAC program based on the Hospital's RAC program experience to date.

**Property and sales tax exemption:** On June 14, 2012, the Governor of Illinois signed into law legislation that governs property and sales tax exemption for not-for-profit hospitals. The law took effect on the date it was signed. Under the law, in order to maintain its property and sales tax exemption, the value of specified services and activities of a not-for-profit hospital must equal or exceed the estimated value of the hospital's property tax liability, as determined under a formula in the law. The specified services are those that address the health care needs of low-income or underserved individuals or relieve the burden of government with regard to health care services, and include: the cost of free or discounted services provided pursuant to the hospital's financial assistance policy; other unreimbursed costs of addressing the health needs of low-income and underserved individuals; direct or indirect financial or in-kind subsidies of State and local governments; the unreimbursed cost of treating Medicaid and other means-tested program recipients; the unreimbursed cost of treating dual-eligible Medicare/Medicaid patients; and other activities that the Illinois Department of Revenue determines relieve the burden of government or address the health of low-income or underserved individuals. Management believes that the Hospital meets the requirements under the law to maintain its property and sales tax exemption.

**Litigation:** The Hospital is involved in litigation arising in the normal course of business. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's financial position or results of operations.

**Construction in progress:** Construction in progress as of June 30, 2012, consists primarily of additional projects that have been committed to of approximately \$2,000,000.

**Potential strategic relationship:** The Hospital is in discussion with a health system regarding a framework for an ongoing relationship which may include a potential merger with the system. A letter of intent was signed on August 10, 2012, but discussions are preliminary and ongoing.

**Regulatory investigation and contingencies:** The U.S. Department of Justice, other federal agencies and the Illinois Department of Public Aid routinely conduct regulatory investigations and compliance audits of health care providers. The Hospital is subject to these regulatory efforts. The Hospital is in the process of settling a self-reported Stark violation related to the period July 1, 2004 through April 30, 2011, related primarily to technical violations of personal services contracts and physician leases. As of June 30, 2012, the Hospital has recorded a reserve related to this voluntary self-disclosure. The Hospital has established a liability based on a tentative settlement agreement that has been reached and is in the process of being finalized.

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 12. Commitment and Contingencies (Continued)

Management believes that the Hospital is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations. While no regulatory inquiries have been made that is expected to have a material effect on the Hospital's financial position or results from operations, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or asserted at this time.

The FASB issued guidance on Accounting for Conditional Asset Retirement Obligations, which clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. The Hospital has a legal obligation to remove hazardous material from its facilities in the event the facilities are renovated or replaced. Such hazardous materials include asbestos. Since inception of Holy Cross Hospital and throughout its history, management has renovated, replaced, or newly constructed the majority of the physical plant facilities, resulting in only a small portion of the facilities with any remaining hazardous material. Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Hospital may settle the obligation is unknown. However, management does not believe that the estimate of the liability related to these asset retirement activities is a material amount at June 30, 2012 and 2011.

#### Note 13. Fair Value Disclosures

##### Fair Value Disclosures

*Fair value of financial instruments* – The following methods and assumptions were used by the Hospital to estimate the fair value of financial instruments:

The carrying values of cash and cash equivalents, accounts receivable, other receivables, accounts payable, accrued liabilities and estimated third-party payor settlements are reasonable estimates of their fair value due to the short-term nature of these financial instruments.

The fair value of investments in debt and equity securities, which are the amounts reported on the balance sheet, is based on quoted market prices, if available, or estimated using quoted market prices for similar securities. The fair value of investments in certificates of deposit approximates the cost due to the short-term nature of the accounts.

The fair value of the long-term debt is estimated based on the quoted market prices for the same or similar issues or on current rates offered to market participants for debt of the same remaining maturities. The fair value of the long-term debt approximates the carrying value.

*Fair value measurements* – Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Hospital uses various methods including market, income and cost approaches. Based on these approaches, the Hospital often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques the Hospital is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities carried at fair value are classified and disclosed in one of the following three categories:

## Holy Cross Hospital and Affiliate

### Notes to Consolidated Financial Statements

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#### Note 13. Fair Value Disclosures (Continued)

Level 1: Quoted prices for identical instruments in active markets.

Level 2: Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third-party pricing services for identical or similar assets or liabilities.

Level 3: Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

For the fiscal year ended June 30, 2012, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for instruments measured at fair value:

#### *Investment Securities*

The fair value of investment securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers. If listed prices or quotes are not available, fair value is based upon externally developed models that use unobservable inputs due to the limited market activity of the instrument.

#### **Fair Value on a Recurring Basis**

The tables below presents the balances of assets and liabilities measured at fair value on a recurring basis, as of June 30, 2012 and June 30, 2011.

<u>As of June 30, 2012</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 3,729,336	\$ -	\$ -	\$ 3,729,336
Fixed income securities fund:				
U.S. and government obligations	444,524	-	-	444,524
Fixed income securities: corporate bonds	3,894,291	-	-	3,894,291
Marketable equity securities:				
Emerging Europe region	-	312,125	-	312,125
International region	-	363,763	-	363,763
United States	-	1,478,614	-	1,478,614
Real estate index fund	477,370	-	-	477,370
Commodity linked funds	448,134	-	-	448,134
	<u>\$ 8,993,655</u>	<u>\$ 2,154,502</u>	<u>\$ -</u>	<u>\$ 11,148,157</u>

Holy Cross Hospital and Affiliate

Notes to Consolidated Financial Statements

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Note 13. Fair Value Disclosures (Continued)

<u>As of June 30, 2011</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 84,155	\$ -	\$ -	\$ 84,155
Fixed income securities fund:				
U.S. and government obligations	192,073	-	-	192,073
Fixed income securities: corporate bonds	1,541,952	-	-	1,541,952
Marketable equity securities:				
Emerging Europe region	-	122,925	-	122,925
International region	-	185,363	-	185,363
United States	-	624,695	-	624,695
Real estate index fund	155,656	-	-	155,656
Commodity linked funds	267,154	-	-	267,154
	<u>\$ 2,240,990</u>	<u>\$ 932,983</u>	<u>\$ -</u>	<u>\$ 3,173,973</u>



### Independent Auditor's Report on the Supplementary Information

To the Board of Trustees  
Holy Cross Hospital  
Chicago, Illinois

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of operations of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*McGladrey LLP*

Chicago, Illinois  
September 27, 2012

Holy Cross Hospital and Affiliate

Consolidating Balance Sheet  
June 30, 2012

<b>Assets</b>	Holy Cross Hospital	Holy Cross Health Partners	Eliminations	Consolidated
<b>Current Assets</b>				
Cash and cash equivalents	\$ 18,335,613	\$ 1,081,905	\$ -	\$ 19,417,518
Patient accounts receivable, less allowances	11,812,870	-	-	11,812,870
Contribution receivable	232,625	-	-	232,625
Inventory	1,555,118	-	-	1,555,118
Due from affiliates	1,019,881	-	(1,019,881)	-
Prepaid expenses and other current assets	557,457	332,008	-	889,465
<b>Total current assets</b>	<b>33,513,564</b>	<b>1,413,913</b>	<b>(1,019,881)</b>	<b>33,907,596</b>
<b>Assets Whose Use is Limited, net of current portion, externally designated under:</b>				
Grant agreement	3,502,209	-	-	3,502,209
Self-insurance trust	7,645,948	-	-	7,645,948
Workmen's compensation contracts and other	486,822	-	-	486,822
	<b>11,634,979</b>	<b>-</b>	<b>-</b>	<b>11,634,979</b>
 Property and Equipment, net	 <b>33,475,578</b>	 <b>-</b>	 <b>-</b>	 <b>33,475,578</b>
 Other Assets	 <b>50,000</b>	 <b>-</b>	 <b>-</b>	 <b>50,000</b>
 <b>Total assets</b>	 <b>\$ 78,674,121</b>	 <b>\$ 1,413,913</b>	 <b>\$ (1,019,881)</b>	 <b>\$ 79,068,153</b>

Holy Cross Hospital and Affiliate

Consolidating Balance Sheet

June 30, 2012

Liabilities and Net Assets (Deficit)	Holy Cross Hospital	Holy Cross Health Partners	Eliminations	Consolidated
<b>Current Liabilities</b>				
Accounts payable	\$ 4,953,829	\$ 934,113	\$ -	\$ 5,887,942
Due to affiliate	-	1,019,881	(1,019,881)	-
Accrued expenses	5,770,941	280,968	-	6,051,909
Current portion of accrued pension and postretirement pension benefits	222,000	-	-	222,000
Due to third-party payors	6,793,470	-	-	6,793,470
<b>Total current liabilities</b>	<b>17,740,240</b>	<b>2,234,962</b>	<b>(1,019,881)</b>	<b>18,955,321</b>
<b>Noncurrent Liabilities</b>				
Accrued pension and postretirement benefits, net of current portion	32,983,774	-	-	32,983,774
Professional liability	7,189,502	-	-	7,189,502
<b>Total noncurrent liabilities</b>	<b>40,173,276</b>	<b>-</b>	<b>-</b>	<b>40,173,276</b>
<b>Total liabilities</b>	<b>57,913,516</b>	<b>2,234,962</b>	<b>(1,019,881)</b>	<b>59,128,597</b>
<b>Net Assets (Deficit)</b>				
Unrestricted	16,815,493	(821,049)	-	15,994,444
Temporarily restricted	3,945,112	-	-	3,945,112
<b>Total net assets (deficit)</b>	<b>20,760,605</b>	<b>(821,049)</b>	<b>-</b>	<b>19,939,556</b>
<b>Total liabilities and net assets (deficit)</b>	<b>\$ 78,674,121</b>	<b>\$ 1,413,913</b>	<b>\$ (1,019,881)</b>	<b>\$ 79,068,153</b>

**Holy Cross Hospital and Affiliate**

**Consolidating Balance Sheet  
June 30, 2011**

<b>Assets</b>	Holy Cross Hospital	Holy Cross Health Partners	Eliminations	Consolidated
<b>Current Assets</b>				
Cash and cash equivalents	\$ 14,312,709	\$ 1,160,040	\$ -	\$ 15,472,749
Assets whose use is limited, externally designated under debt agreements	1,340,445	-	-	1,340,445
Patient accounts receivable, less allowances	10,807,555	-	-	10,807,555
Contribution receivable	104,206	-	-	104,206
Inventory	1,625,775	-	-	1,625,775
Due from affiliates	839,881	-	(839,881)	-
Prepaid expenses and other current assets	531,108	66,729	-	597,837
<b>Total current assets</b>	<u>29,561,679</u>	<u>1,226,769</u>	<u>(839,881)</u>	<u>29,948,567</u>
<b>Assets Whose Use is Limited, net of current portion, externally designated under:</b>				
Self-insurance trust	3,173,973	-	-	3,173,973
Workmen's compensation contracts and other	543,971	-	-	543,971
	<u>3,717,944</u>	<u>-</u>	<u>-</u>	<u>3,717,944</u>
 Property and Equipment, net	 <u>37,098,824</u>	 <u>-</u>	 <u>-</u>	 <u>37,098,824</u>
 Other Assets	 <u>100,000</u>	 <u>-</u>	 <u>-</u>	 <u>100,000</u>
<b>Total assets</b>	<u><u>\$ 70,478,447</u></u>	<u><u>\$ 1,226,769</u></u>	<u><u>\$ (839,881)</u></u>	<u><u>\$ 70,865,335</u></u>

**Holy Cross Hospital and Affiliate**

**Consolidating Balance Sheet  
June 30, 2011**

<b>Liabilities and Net Assets (Deficit)</b>	<b>Holy Cross Hospital</b>	<b>Holy Cross Health Partners</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Current Liabilities</b>				
Current portion of long-term debt	\$ 1,465,463	\$ -	\$ -	\$ 1,465,463
Accounts payable	5,458,236	879,772	-	6,338,008
Due to affiliate	-	839,881	(839,881)	-
Accrued expenses	5,964,909	328,165	-	6,293,074
Current portion of accrued pension and postretirement benefits	266,000	-	-	266,000
Due to third-party payors	3,910,654	-	-	3,910,654
<b>Total current liabilities</b>	<b>17,065,262</b>	<b>2,047,818</b>	<b>(839,881)</b>	<b>18,273,199</b>
<b>Noncurrent Liabilities</b>				
Long-term debt, less current portion	47,590	-	-	47,590
Accrued pension and postretirement benefits, net of current portion	14,836,940	-	-	14,836,940
Professional liability	4,607,022	-	-	4,607,022
<b>Total noncurrent liabilities</b>	<b>19,491,552</b>	<b>-</b>	<b>-</b>	<b>19,491,552</b>
<b>Total liabilities</b>	<b>36,556,814</b>	<b>2,047,818</b>	<b>(839,881)</b>	<b>37,764,751</b>
<b>Net Assets (Deficit)</b>				
Unrestricted	33,258,171	(821,049)	-	32,437,122
Temporarily restricted	663,462	-	-	663,462
<b>Total net assets (deficit)</b>	<b>33,921,633</b>	<b>(821,049)</b>	<b>-</b>	<b>33,100,584</b>
<b>Total liabilities and net assets (deficit)</b>	<b>\$ 70,478,447</b>	<b>\$ 1,226,769</b>	<b>\$ (839,881)</b>	<b>\$ 70,865,335</b>

Holy Cross Hospital and Affiliate

Consolidating Schedule of Operations  
Year Ended June 30, 2012

	Holy Cross Hospital	Holy Cross Health Partners	Eliminations	Consolidated
<b>Revenue:</b>				
Net patient service revenue	\$ 94,829,745	\$ -	\$ -	\$ 94,829,745
Capitation revenue	617,228	3,208,301	-	3,825,529
Other revenue	2,049,036	-	(300,000)	1,749,036
Medicaid stimulus revenue	2,700,180	-	-	2,700,180
Medicaid hospital assessment revenue	12,889,822	-	-	12,889,822
Net assets released from restrictions - used for operations	278,909	-	-	278,909
	<u>113,364,920</u>	<u>3,208,301</u>	<u>(300,000)</u>	<u>116,273,221</u>
<b>Expenses:</b>				
Salaries and employee benefits	52,528,352	-	-	52,528,352
Professional fees	8,024,052	1,899,392	-	9,923,444
Food, drugs and medical supplies	12,606,521	-	-	12,606,521
Supplies, utilities and other	19,550,202	1,314,034	(300,000)	20,564,236
Medicaid hospital assessment tax	5,509,291	-	-	5,509,291
Provision for uncollectible accounts	9,660,422	-	-	9,660,422
Depreciation and amortization	5,244,586	-	-	5,244,586
Interest	27,974	-	-	27,974
	<u>113,151,400</u>	<u>3,213,426</u>	<u>(300,000)</u>	<u>116,064,826</u>
<b>Income (loss) from operations</b>	<u>213,520</u>	<u>(5,125)</u>	<u>-</u>	<u>208,395</u>
<b>Nonoperating income:</b>				
Investment income	76,656	5,125	-	81,781
Unrealized gain on investments	71,975	-	-	71,975
Proceeds from insurance	832,462	-	-	832,462
<b>Total nonoperating income</b>	<u>981,093</u>	<u>5,125</u>	<u>-</u>	<u>986,218</u>
<b>Excess of revenue over expenses</b>	<u>\$ 1,194,613</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,194,613</u>

Holy Cross Hospital and Affiliate

Consolidating Schedule of Operations  
Year Ended June 30, 2011

	Holy Cross Hospital	Holy Cross Health Partners	Eliminations	Consolidated
<b>Revenue:</b>				
Net patient service revenue	\$ 94,570,394	\$ -	\$ -	\$ 94,570,394
Capitation revenue	778,380	3,572,692	-	4,351,072
Other revenue	1,928,801	-	(300,000)	1,628,801
Medicaid stimulus revenue	6,394,752	-	-	6,394,752
Medicaid hospital assessment revenue	12,889,822	-	-	12,889,822
Net assets released from restrictions - used for operations	614,768	-	-	614,768
	<u>117,176,917</u>	<u>3,572,692</u>	<u>(300,000)</u>	<u>120,449,609</u>
<b>Expenses:</b>				
Salaries and employee benefits	55,556,349	-	-	55,556,349
Professional fees	7,141,463	2,182,126	-	9,323,589
Food, drugs and medical supplies	12,717,422	-	-	12,717,422
Supplies, utilities and other	18,902,668	1,395,992	(300,000)	19,998,660
Medicaid hospital assessment tax	5,509,292	-	-	5,509,292
Provision for uncollectible accounts	9,860,018	-	-	9,860,018
Depreciation and amortization	5,560,363	-	-	5,560,363
Interest	215,505	-	-	215,505
	<u>115,463,080</u>	<u>3,578,118</u>	<u>(300,000)</u>	<u>118,741,198</u>
<b>Income (loss) from operations</b>	<u>1,713,837</u>	<u>(5,426)</u>	<u>-</u>	<u>1,708,411</u>
<b>Nonoperating income (expense):</b>				
Investment income	168,180	5,426	-	173,606
Unrealized loss on investments	(26,027)	-	-	(26,027)
<b>Total nonoperating income, net</b>	<u>142,153</u>	<u>5,426</u>	<u>-</u>	<u>147,579</u>
<b>Excess of revenue over expenses</b>	<u>\$ 1,855,990</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,855,990</u>



**Sinai Health System** California Avenue at 15th Street • Chicago, IL 60608 • (773) 542-2000 • TDD (773) 542-0040

December 24, 2013

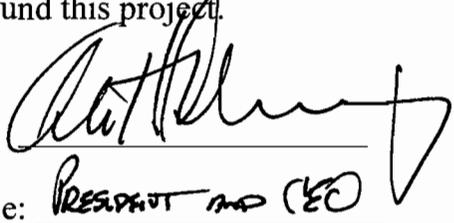
Illinois Health Facilities and  
Services Review Board  
Springfield, IL

RE: Establishment of an Acute Mental Illness Service  
at Holy Cross Hospital

To Whom It May Concern:

I hereby attest that:

- The proposed establishment of an Acute Mental Illness service at Holy Cross Hospital will be funded through cash, and that no debt financing is to be used; and
- Applicant Sinai Health System maintains sufficient cash and short-term securities to fund this project.

By:   
 Title: President and CEO



Notarized:  12/24/13

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A New	B Cost/Sq. Foot		C DGSF		E DGSF		F Circ.	G Const. \$ (A x C)	H Mod. \$ (B x E)	Total Costs (G + H)	
		New	Mod.	New	Circ.	Mod.	Circ.					
AMI		\$	269.21				23,268		\$	6,264,000	\$	6,264,000
contingency		\$	25.79						\$	600,000	\$	600,000
		\$	295.00						\$	6,864,000	\$	6,864,000

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## SAFETY NET STATEMENT

The proposed project is limited to the expansion of Sinai Health System's (SHS's) commitment to addressing its community's mental health needs. This will be accomplished through the establishment of a 50-bed acute mental illness (AMI) category of service at Holy Cross Hospital, complementing the inpatient, hospital-based outpatient and community-based outpatient mental health programs now offered by SHS.

Sinai Health System has a long-standing and well-deserved reputation of being one of the most comprehensive providers of safety net services in Illinois; with the amount of charity care provided directly through its two hospitals accounting for only a fraction of the System's commitment to the provision of charity care and safety net services. SHS has become a model of how to most effectively and efficiently address the health care needs of a large urban population characterized by low income, a lack of preventive care, and limited access to both primary and specialized health care services.

Much of SHS's commitment to the safety net needs of its community is carried out through Sinai Community Institute (SCI) and Sinai Urban Health Institute (SUHI), both of which are subsidiaries of SHS.

SCI is a community-based health and social service provider committed to helping families and individuals improve their own health status and level of functioning. This goal is met not only through making affordable health care services and community resources available, but by also offering programs directed at quality education and job readiness, as well as case management and nutritional services. Among the continuum of direct health care services provided by SCI are: primary care and specialty medical care services, mental health services, rehabilitation services, social services, child abuse prevention and treatment, occupational health, home health care and substance abuse treatment. Because of a lack of available alternatives in the neighborhoods served by SHS, those services, as provided by SHS, are all safety net services.

SCI directly interacts with approximately 30,000 families a year, approximately 95% of which include low-income minority women and children.

Sinai Urban Health Institute works within the SHS community to develop and implement effective approaches to eliminate the health disparities stemming from such social issues as racism and poverty, through data-driven research, interventions, evaluation and community engagement. SUHI is recognized as a template for the identification and addressing of the health care issues associated with a low-income urban population, including lower life expectancy and higher rates of smoking, mental illness, obesity, diabetes and asthma. The findings of SUHI's research have been used to design prevention and treatment programs in use not only on the west side of Chicago, but nation-wide.

The proposed expanding of SHS's commitment to the provision of expanded safety net mental health programming is a direct result of the understanding of increasing rates of mental disease within the population served by SHS.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28
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29	Kidney Transplantation	
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32	Community-Based Residential Rehabilitation Center	
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