

1 TITLE 77: PUBLIC HEALTH  
2 CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD  
3 SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN  
4

5 PART 1100  
6 NARRATIVE AND PLANNING POLICIES  
7

8 SUBPART A: GENERAL NARRATIVE  
9

10	Section	
11	1100.10	Introduction
12	1100.20	Authority
13	1100.30	Purpose
14	1100.40	<u>Incorporated and Referenced Materials</u> <del>Health Maintenance Organizations</del>
15		<del>(Repealed)</del>
16	1100.50	Subchapter Organization
17	1100.60	Mandatory Reporting of Data
18	1100.70	Data Appendices
19	1100.75	Annual Bed Report
20	1100.80	Institutional Master Plan Hospitals (Repealed)
21	1100.90	Public Hearings (Repealed)

22  
23 SUBPART B: DEFINITIONS  
24

25	Section	
26	1100.210	Introduction
27	1100.220	Definitions

28  
29 SUBPART C: PLANNING POLICIES  
30

31	Section	
32	1100.310	Need Assessment
33	1100.320	Staffing
34	1100.330	Professional Education
35	1100.340	Public Testimony (Repealed)
36	1100.350	Multi-Institutional Systems
37	1100.360	Modern Facilities
38	1100.370	Occupancy/Utilization Standards
39	1100.380	Systems Planning
40	1100.390	Quality
41	1100.400	Location
42	1100.410	Needed Facilities
43	1100.420	Discontinuation

- 44 1100.430 Coordination with Other State Agencies
- 45 1100.440 Requirements for Authorized Hospital Beds

46  
47  
48

SUBPART D: NEED ASSESSMENT

49 Section

- 50 1100.510 Introduction, Formula Components, Planning Area Development Policies, and
- 51 Distance Determinations
- 52 1100.520 Medical-Surgical/Pediatric Categories of Service
- 53 1100.530 Obstetric Care Category of Service
- 54 1100.540 Intensive Care Category of Service
- 55 1100.550 Comprehensive Physical Rehabilitation Category of Service
- 56 1100.560 Acute Mental Illness Treatment Category of Service
- 57 1100.570 Substance Abuse/Addiction Treatment Category of Service (Repealed)
- 58 1100.580 Neonatal Intensive Care Category of Service
- 59 1100.590 Burn Treatment Category of Service (Repealed)
- 60 1100.600 Therapeutic Radiology Equipment (Repealed)
- 61 1100.610 Open Heart Surgery Category of Service
- 62 1100.620 Cardiac Catheterization Services
- 63 1100.630 In-Center Hemodialysis Category of Service
- 64 1100.640 Non-Hospital Based Ambulatory Surgical Treatment Center Services – Category
- 65 of Service
- 66 1100.650 Computer Systems (Repealed)
- 67 1100.660 General Long-Term Nursing Care Category of Service (Repealed)
- 68 1100.661 General Long-Term Care-Sheltered Care Category of Service (Repealed)
- 69 1100.670 Specialized Long-Term Care Categories of Service (Repealed)
- 70 1100.680 Intraoperative Magnetic Resonance Imaging Category of Service (Repealed)
- 71 1100.690 High Linear Energy Transfer (L.E.T.) (Repealed)
- 72 1100.700 Positron Emission Tomographic Scanning (P.E.T.) (Repealed)
- 73 1100.710 Extracorporeal Shock Wave Lithotripsy (Repealed)
- 74 1100.720 Selected Organ Transplantation
- 75 1100.730 Kidney Transplantation
- 76 1100.740 Subacute Care Hospital Model
- 77 1100.750 Postsurgical Recovery Care Center Alternative Health Care Model
- 78 1100.760 Children's Respite Care Center Alternative Health Care Model
- 79 1100.770 Community-Based Residential Rehabilitation Center Alternative Health Care
- 80 Model
- 81 1100.800 Freestanding Emergency Center Medical Services Category of Service
- 82 1100.810 Long-Term Acute Care Hospital Category of Service
- 83 [1100.820 Birth Center Category of Service](#)

84

- 85 1100.APPENDIX A Applicable Codes and Standards Utilized in 77 Ill. Adm. Code: Chapter
- 86 II, Subchapter a (Repealed)

87  
 88 AUTHORITY: Authorized by Section 12 of and implementing the Illinois Health Facilities  
 89 Planning Act [20 ILCS 3960/12].  
 90  
 91 SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4  
 92 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22,  
 93 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079,  
 94 effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for  
 95 a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth  
 96 Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633,  
 97 effective January 31, 1984; codified at 8 Ill. Reg. 15476; amended at 9 Ill. Reg. 3344, effective  
 98 March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg.  
 99 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29,  
 100 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 18 Ill. Reg. 2986,  
 101 effective February 10, 1994; amended at 18 Ill. Reg. 8448, effective July 1, 1994; emergency  
 102 amendment at 19 Ill. Reg. 1941, effective January 31, 1995, for a maximum of 150 days;  
 103 amended at 19 Ill. Reg. 2985, effective March 1, 1995; amended at 19 Ill. Reg. 10143, effective  
 104 June 30, 1995; recodified from the Department of Public Health to the Health Facilities Planning  
 105 Board at 20 Ill. Reg. 2594; amended at 20 Ill. Reg. 14778, effective November 15, 1996;  
 106 amended at 21 Ill. Reg. 6220, effective May 30, 1997; expedited correction at 21 Ill. Reg. 17201,  
 107 effective May 30, 1997; amended at 23 Ill. Reg. 2960, effective March 15, 1999; amended at 24  
 108 Ill. Reg. 6070, effective April 7, 2000; amended at 25 Ill. Reg. 10796, effective August 24, 2001;  
 109 amended at 27 Ill. Reg. 2904, effective February 21, 2003; amended at 31 Ill. Reg. 15255,  
 110 effective November 1, 2007; amended at 32 Ill. Reg. 4743, effective March 18, 2008; amended  
 111 at 32 Ill. Reg. 12321, effective July 18, 2008; expedited correction at 33 Ill. Reg. 4040, effective  
 112 July 18, 2008; amended at 34 Ill. Reg. 6067, effective April 13, 2010; amended at 35 Ill. Reg.  
 113 16978, effective October 7, 2011; amended at 36 Ill. Reg. 2542, effective January 31, 2012;  
 114 amended at 38 Ill. Reg. 2822, effective February 1, 2014; amended at 42 Ill. Reg. 5410, effective  
 115 March 7, 2018; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

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 117 SUBPART A: GENERAL NARRATIVE  
 118

119 **Section 1100.40 Incorporated or Referenced Materials~~Health Maintenance Organizations~~**  
 120 **~~(Repealed)~~**

121  
 122 The following Illinois statutes and administrative rules are incorporated or referenced in this  
 123 Part:  
 124

125 a) Illinois statutes:  
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- 127 1) Alternative Health Care Delivery Act [210 ILCS 3]  
 128  
 129 2) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

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- 3) [Birth Center Licensing Act \[210 ILCS 170\]](#)
- 4) [Developmental Disability Prevention Act \[410 ILCS 250\]](#)
- 5) [Emergency Medical Services \(EMS\) Systems Act \[210 ILCS 50\]](#)
- 6) [Hospital Licensing Act \[210 ILCS 85\]](#)
- 7) [ID/DD Community Care Act \[210 ILCS 47\]](#)
- 8) [Illinois Administrative Procedure Act \[5 ILCS 100\]](#)
- 9) [Illinois Health Facilities Planning Act \[20 ILCS 3960\]](#)
- 10) [MC/DD Act \[210 ILCS 46\]](#)
- 11) [Mental Health and Developmental Disabilities Code \[405 ILCS 5\]](#)
- 12) [Nursing Home Care Act \[210 ILCS 45\]](#)
- 13) [Specialized Mental Health Rehabilitation Act of 2013 \[210 ILCS 49\]](#)

b) [Illinois administrative rules:](#)

- 1) [Processing, Classification Policies and Review Criteria \(77 Ill. Adm. Code 1110\)](#)
- 2) [Financial and Economic Feasibility Review \(77 Ill. Adm. Code 1120\)](#)
- 3) [Health Facilities and Services Review Operational Rules \(77 Ill. Adm. Code 1130\)](#)

(Source: Former Section 1100.40 repealed at 13 Ill. Reg. 16055, effective September 29, 1989; new Section 1100.40 adopted at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART B: DEFINITIONS

**Section 1100.220 Definitions**

"Act" means the Illinois Health Facilities Planning Act [20 ILCS 3960].

172 "Acute Dialysis" means dialysis given on an intensive care, inpatient basis to  
173 patients suffering from (presumably reversible) acute renal failure, or to patients  
174 with chronic renal failure with serious complications.  
175

176 "Acute Mental Illness" means a crisis state or an acute phase of one or more  
177 specific psychiatric disorders in which a person displays one or more specific  
178 psychiatric symptoms of such severity as to prohibit effective functioning in any  
179 community setting. Persons who are acutely mentally ill may be admitted to an  
180 acute mental illness facility or unit under the provisions of the Mental Health and  
181 Developmental Disabilities Code [405 ILCS 5], which determines the specific  
182 requirements for admission by age and type of admission.  
183

184 "Acute Mental Illness Facility" or "Acute Mental Illness Unit" means a facility or  
185 a distinct unit in a facility that provides a program of acute mental illness  
186 treatment service (as defined in this Section); that is designed, equipped,  
187 organized and operated to deliver inpatient and supportive acute mental illness  
188 treatment services; and that is licensed by the Department of Public Health under  
189 the Hospital Licensing Act [210 ILCS 85] or is a facility operated or maintained  
190 by the State or a State agency.  
191

192 "Acute Mental Illness Treatment Service" means a category of service that  
193 provides a program of care for those persons suffering from acute mental illness.  
194 These services are provided in a highly structured setting in a distinct psychiatric  
195 unit of a general hospital, in a private psychiatric hospital, or in a State-operated  
196 facility to individuals who are severely mentally ill and in a state of acute crisis, in  
197 an effort to stabilize the individual and either effect his or her quick placement in  
198 a less restrictive setting or reach a determination that extended treatment is  
199 needed. Acute mental illness is typified by an average length of stay of 45 days or  
200 less for adults and 60 days or less for children and adolescents.  
201

202 "Administrative *Perinatal Center*" or "APC" means a *referral facility* designated  
203 under the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) and  
204 *intended to care for the high risk patient before, during or after labor and*  
205 *delivery and characterized by sophistication and availability of personnel,*  
206 *equipment, laboratory, transportation techniques, consultation and other support*  
207 *services.* [410 ILCS 250/2(e)] An APC is a university or university-affiliated  
208 facility designated by the Department of Public Health that has a Level III  
209 hospital and is responsible for providing leadership and oversight of the  
210 Department of Public Health's regionalized perinatal health care program,  
211 including continuing education for health professions.  
212

213 "Admissions" means the number of patients accepted for inpatient service during  
214 a 12-month period; newborns are not included.

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"Adult Catheterization" means the cardiac catheterization of patients 15 years of age and older.

"Adverse Action" means a disciplinary action taken by Illinois Department of Public Health, Centers for Medicare and Medicaid Services, or any other State or federal agency against a person or entity that owns and/or operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type A violations. A *"Type A" violation means a violation of the Nursing Home Care Act or 77 Ill. Adm. Code 300, 330, 340, 350 or 390 that creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom.* [210 ILCS 45/1-129]

"Agency", "Department" or "IDPH" means the Illinois Department of Public Health. [20 ILCS 3960/3]

"Ambulatory Care" means all types of health care services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services that do not require an overnight stay. (Source: Glossary of Terms Commonly Used in Health Care (Illinois Health and Hospital Association, 1151 East Warrenville Road, PO Box 3015, Naperville IL 60566, 630/276-5400; 2004, no later amendments or editions included)).

"Ambulatory Surgical Treatment Center" or "ASTC" means any institution, place or building required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

"Authorized Hospital Bed Capacity" means the number of beds recognized for planning purposes at a hospital facility, as determined by HFSRB. The operational status of authorized hospital beds is identified as physically available, reserve, or transitional, as follows:

"Physically Available Beds" means beds that are physically set up, meet hospital licensure requirements, and are available for use. These are beds maintained in the hospital for the use of inpatients and that furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed, but are physically available.

258 "Reserve Beds" means beds that are not set up for inpatients, but could be  
259 made physically available for inpatient use within 72 hours.

260  
261 "Transitional Beds" means beds for which a Certificate of Need (CON)  
262 has been issued, but that are not yet physically available, and beds that are  
263 temporarily unavailable due to modernization projects that do not require a  
264 CON.

265  
266 "Authorized Long-Term Care Bed Capacity" means the number of beds by  
267 category of service, recognized, and licensed by IDPH for long-term care.

268  
269 "Average Daily Census" or "ADC" means over a 12-month period the average  
270 number of inpatients receiving service on any given day.

271  
272 "Average Length of Stay" or "ALOS" means over a 12-month period the average  
273 duration of inpatient stay expressed in days as determined by dividing total  
274 inpatient days by total admissions.

275  
276 "Base Year" means the calendar year, as determined by IDPH, that serves as the  
277 starting point or benchmark for the historical utilization and population  
278 projections.

279  
280 "Birth Center" means a designated site, other than a hospital:

281  
282 in which births are planned to occur following a normal, uncomplicated,  
283 and low-risk pregnancy;

284  
285 that is not the pregnant person's usual place of residence;

286  
287 that is dedicated to serving the childbirth-related needs of pregnant  
288 persons and their newborns, and has no more than 10 beds;

289  
290 that offers prenatal care and community education services and  
291 coordinates these services with other health care services available in the  
292 community; and

293  
294 that does not provide general anesthesia or surgery (except as allowed per  
295 77 Ill. Adm. Code 264.1800(h) and (i) and Section 5 of the Birth Center  
296 Licensing Act [210 ILCS 170/5])

297  
298 "Birth Center" or "Center" means an alternative health care delivery model that is  
299 *exclusively dedicated to serving the childbirth-related needs of women and their*  
300 *newborns and has no more than 10 beds. A birth center is a designated site that is*

301 *away from the mother's usual place of residence and in which births are planned*  
302 *to occur following a normal, uncomplicated, and low-risk pregnancy. [210 ILCS*  
303 *3/35]*  
304

305 "Board Certified or Board Eligible Physician" means a physician who has  
306 satisfactorily completed an examination (or is "eligible" to take such examination)  
307 in a medical specialty and has taken all of the specific training requirements for  
308 certification by a specialty board. For purposes of this definition, "medical  
309 specialty" shall mean a specific area of medical practice by health care  
310 professionals.  
311

312 "Cardiac Catheterization Category of Service" means, for the purposes of this  
313 Part, the performance of catheterization procedures that, due to safety and quality  
314 considerations, are preferably performed within a cardiac catheterization  
315 laboratory or special procedure room. Procedures that do not require the use of  
316 such specialized settings, such as pericardiocentesis, myocardial biopsy, cardiac  
317 pacemaker insertion or replacement, right heart catheterization with a flow-  
318 directed catheter (e.g., Swan-Ganz catheter), intra-aortic balloon pump assistance  
319 with intra-aortic balloon catheter placement, certain types of electrophysiology,  
320 arterial pressure or blood gas monitoring, fluoroscopy, and cardiac ultrasound, are  
321 not recognized as procedures that, under this Subchapter, would in and of  
322 themselves qualify a facility as having a cardiac catheterization category of  
323 service.  
324

325 "Cardiac Surgeon" means a physician board eligible or board certified by the  
326 American Board of Thoracic Surgery.  
327

328 "Cardiac Surgery Room" means a physically identifiable room adequately staffed  
329 and equipped for the performance of open and closed heart surgery and  
330 extracorporeal bypass.  
331

332 "Cardiological Team" means the designated specialists and support personnel who  
333 consistently work together in the performance of open-heart~~open-heart~~ surgery.  
334

335 "Cardiovascular Surgical Procedures" means any surgical procedure dealing with  
336 the heart, coronary arteries, and surgery of the great vessels.  
337

338 "Cardiovascular Surgical Services" means the programs, equipment and staff  
339 dealing with the surgery of the heart, coronary arteries, and great vessels.  
340

341 "Category of Service" means a grouping by generic class of various types or  
342 levels of support functions, equipment, care, or treatment provided to  
343 patient/residents. Examples include but are not limited to medical-surgical,



344 pediatrics, cardiac catheterization, etc. A category of service may include  
 345 subcategories or levels of care that identify a particular degree or type of care  
 346 within the category of service.

347  
 348 "Certified nurse midwife" or "CNM" means an advanced practice registered  
 349 nurse license in Illinois under the Nurse Practice Act with full practice authority  
 350 or who is delegated such authority as part of a written collaborative agreement  
 351 with a physician who is associated with the birthing center or who has privileges  
 352 at a nearby birthing hospital. [210 ILCS 170/5]

353  
 354 "Chronic Renal Dialysis" means a category of service in which dialysis is  
 355 performed on a regular long-term basis in patients with chronic irreversible renal  
 356 failure. The maintenance and preparation of patients for kidney transplantation  
 357 (including the immediate post-operative period and in case of organ rejection) or  
 358 other acute conditions within a hospital does not constitute a chronic renal dialysis  
 359 category of service.

360  
 361 "Clinical Encounter Time" means an instance of direct provider/practitioner to  
 362 patient interaction, between a patient and a practitioner vested with primary  
 363 responsibility for diagnosing, evaluating or treating the patient's condition, or  
 364 both. The clinical encounter definition excludes practitioner actions in the absence  
 365 of a patient, such as practitioner to practitioner interaction and practitioner to  
 366 records interaction.

367  
 368 "Closed Heart Surgery" means any cardiovascular surgical procedures that do not  
 369 include the use of a heart/lung pump.

370  
 371 "Combined Maternity and Gynecological Unit" means an entire facility or a  
 372 distinct part of a facility that provides both a program of maternity care (as  
 373 defined in this Section) and a program of obstetric gynecological care (as defined  
 374 in this Section), and that is designed, equipped, organized, and operated in  
 375 accordance with the requirements of the Hospital Licensing Act [210 ILCS 85].

376  
 377 "Community-Based Residential Rehabilitation" means *services that include, but*  
 378 *are not limited to, case management, training and assistance with activities of*  
 379 *daily living, nursing consultation, traditional therapies (physical, occupational,*  
 380 *speech), functional interventions in the residence and community (job placement,*  
 381 *shopping, banking, recreation), counseling, self-management strategies,*  
 382 *productive activities, and multiple opportunities for skill acquisition and practice*  
 383 *throughout the day. [210 ILCS 3/35]*

384  
 385 "Community-Based Residential Rehabilitation Center" means *a designated site*  
 386 *that provides rehabilitation or support, or both, for persons who have*

387 *experienced severe brain injury, who are medically stable, and who no longer*  
388 *require acute rehabilitative care or intense medical or nursing services. The*  
389 *average length of stay in a community-based residential rehabilitation center*  
390 *shall not exceed 4 months. [210 ILCS 3/35]*

391  
392 "Comprehensive Physical Rehabilitation" means a category of service provided in  
393 a comprehensive physical rehabilitation facility providing the coordinated  
394 interdisciplinary team approach to physical disability under a physician licensed  
395 to practice medicine in all its branches who directs a plan of management of one  
396 or more of the classes of chronic or acute disabling disease or injury.  
397 Comprehensive physical rehabilitation services can be provided only by a  
398 comprehensive physical rehabilitation facility.

399  
400 "Comprehensive Physical Rehabilitation Facility" means a distinct bed unit of a  
401 hospital or a special referral hospital that provides a program of comprehensive  
402 physical rehabilitation; that is designed, equipped, organized, and operated to  
403 deliver inpatient rehabilitation services; and that is licensed by the Department of  
404 Public Health under the Hospital Licensing Act or is a facility operated or  
405 maintained by the State or a State agency. Types of comprehensive physical  
406 rehabilitation facilities include:

407  
408 "Freestanding comprehensive physical rehabilitation facility" means a  
409 specialty hospital dedicated to the provision of comprehensive  
410 rehabilitation; and

411  
412 "Hospital-based comprehensive physical rehabilitation facility" means a  
413 distinct unit, located in a hospital, dedicated to the provision of  
414 comprehensive physical rehabilitation.

415  
416 "Dedicated Cardiac Catheterization Laboratory" means a distinct laboratory that is  
417 staffed, equipped, and operated solely for the provision of cardiac catheterization.

418  
419 "Designated Pediatric Beds" means beds within the facility that are primarily used  
420 for pediatric patients and are not a component part of a distinct pediatric unit as  
421 defined in this Section.

422  
423 "Dialysis" means a process by which dissolved substances are removed from a  
424 patient's body by diffusion from one fluid compartment to another across a semi-  
425 permeable membrane. [210 ILCS 62/5] The two types of dialysis that are  
426 recognized in classical practice are hemodialysis and peritoneal dialysis.

427

428 "Dialysis Technician" means an individual who is not a registered nurse or  
429 physician and who provides dialysis care under the supervision of a registered  
430 nurse or physician. [210 ILCS 62/5]  
431

432 "Discontinuation" means to cease operation of an entire health care facility or to  
433 cease operation of a category of service and is further defined in 77 Ill. Adm.  
434 Code 1130.  
435

436 "Distinct Unit" means a physically distinct area comprising all beds served by a  
437 nursing station in which a particular category of service is provided and utilizing a  
438 nursing staff assigned exclusively to the distinct area.  
439

440 "DRG" means diagnostic related groups utilized in the Medicare and Medicaid  
441 programs for health care reimbursement.  
442

443 "Emergency Medical Services System" or "EMS System" means an organization  
444 of hospitals, vehicle service providers and personnel approved by IDPH in a  
445 specific geographic area, which coordinates and provides pre-hospital and inter-  
446 hospital emergency care and non-emergency medical transports at a BLS, ILS,  
447 and/or ALS level pursuant to a System program plan submitted to and approved  
448 by IDPH, and pursuant to the EMS Region Plan adopted for the EMS Region in  
449 which the System is located. [210 ILCS 50/3.20]  
450

451 "Emergent Care" means medical or surgical procedures and care provided to those  
452 patients treated in an emergency department (ED) of a hospital or freestanding  
453 emergency center who have traumatic conditions or illnesses with an acuity level  
454 that is classified as level one or level two based upon the Emergency Severity  
455 Index (ESI) as defined in the "Emergency Severity Index Version 4:  
456 Implementation Handbook" published by the Agency for Healthcare Research and  
457 Quality, Rockville MD (Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel  
458 DR; AHRQ Publication No. 05-0046-2; May 2005, no later amendments or  
459 editions included).  
460

461 "End Stage Renal Disease" or "ESRD" means that stage of renal impairment that  
462 appears irreversible and permanent and that requires a regular course of dialysis  
463 or kidney transplantation to maintain life. [210 ILCS 62/5]  
464

465 "End Stage Renal Disease Facility" means a freestanding facility or a unit within  
466 an existing health care facility that furnishes in-center hemodialysis treatment and  
467 other routine dialysis services to end stage renal disease patients. These types of  
468 services may include self-dialysis, training in self-dialysis, dialysis performed by  
469 trained professional staff, and chronic maintenance dialysis, including peritoneal  
470 dialysis.

471  
472 "Extracorporeal Circulation" or "Bypass" means, for the purpose of open heart  
473 surgery category of service, the circulation of blood outside the body, as through a  
474 heart/lung apparatus for carbon dioxide-oxygen exchange.  
475

476 "Federally Qualified Health Center" means a health center funded under section  
477 330 of the Public Health Service Act (42 USC 254b).  
478

479 "Fertility Rate" means determinations by IDPH of population fertility that is  
480 based upon resident birth data for an area. The fertility rate data sources include:  
481

- 482 • birth data from the Division of Vital Records by age of mother and by  
483 county; and
- 484 • population figures from IDPH estimates for females aged 15-44 by  
485 county.  
486

487  
488 "Freestanding Emergency Center" or "FEC" means a facility subject to licensure  
489 under Section 32.5 of the Emergency Medical Services (EMS) Systems Act [210  
490 ILCS 50/32.5] that provides emergency medical and related services.  
491

492 "Freestanding Emergency Center Medical Services" or "FECMS" means a  
493 category of service pertaining to the provision of emergency medical and related  
494 services provided in a freestanding emergency center.  
495

496 "General Long-Term Care" means a classification of categories of service that  
497 provide inpatient levels of care primarily for convalescent or chronic disease adult  
498 patients/residents who do not require specialized long-term care services. The  
499 General Long-Term Care Classification includes the nursing category of service,  
500 which provides inpatient treatment for convalescent or chronic disease  
501 patients/residents and includes the skilled nursing level of care and/or the  
502 intermediate nursing level of care (both as defined in IDPH's Skilled Nursing and  
503 Intermediate Care Facilities Code (77 Ill. Adm. Code 300)).  
504

505 "HFSRB" or "State Board" means the Health Facilities and Service Review Board  
506 established by the Act.  
507

508 "Health Professional Shortage Areas" means urban or rural areas, population  
509 groups, or medical or other public facilities that may have shortages of primary  
510 medical care, dental or mental health providers, as determined by HHS' Shortage  
511 Designation Branch in the Health Resources and Services Administration (HRSA)  
512 Bureau of Health Professions National Center for Health Workforce; and as

513 determined by the Illinois Designation of Shortage Areas (77 Ill. Adm. Code  
514 590.410).

515  
516 "Health Service Area" or "HSA" means the following geographic areas:

517  
518 HSA I – Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee,  
519 Ogle, Stephenson, Whiteside, and Winnebago

520  
521 HSA II – Illinois Counties of Bureau, Fulton, Henderson, Knox, LaSalle,  
522 Marshall, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, and  
523 Woodford

524  
525 HSA III – Illinois Counties of Adams, Brown, Calhoun, Cass, Christian,  
526 Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard,  
527 Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott

528  
529 HSA IV – Illinois Counties of Champaign, Clark, Coles, Cumberland,  
530 DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean,  
531 Moultrie, Piatt, Shelby, and Vermilion

532  
533 HSA V – Illinois Counties of Alexander, Bond, Clay, Crawford, Edwards,  
534 Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper,  
535 Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski,  
536 Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White,  
537 and Williamson

538  
539 HSA VI – City of Chicago

540  
541 HSA VII – DuPage County and Suburban Cook County

542  
543 HSA VIII – Illinois Counties of Kane, Lake, and McHenry

544  
545 HSA IX – Illinois Counties of Grundy, Kankakee, Kendall, and Will

546  
547 HSA X – Illinois Counties of Henry, Mercer, and Rock Island

548  
549 HSA XI – Illinois Counties of Clinton, Madison, Monroe, and St. Clair

550  
551 "Hematocrit" means a measure of the packed cell volume of red blood cells  
552 expressed as a percentage of total blood volume.

553  
554 "Hemodialysis" means a type of dialysis that involves the use of artificial kidney  
555 through which blood is circulated on one side of a semi-permeable membrane

556 while the other side is bathed by a salt dialysis solution. The accumulated toxic  
557 products diffuse out of the blood into the dialysate bath solution. The  
558 concentration and total amount of water and salt in the body fluid are adjusted by  
559 appropriate alterations in composition of the dialysate fluid.

560  
561 "Home Hemodialysis" means a type of dialysis that is done at home by the patient  
562 and a partner. Both are trained in the dialysis facility until the patient and partner  
563 become proficient to dialyze at home. The dialysis is usually three times per  
564 week.

565  
566 "Home-Assisted Hemodialysis" means hemodialysis done in a home and/or long-  
567 term ~~long-term~~ care setting through a staff-assisted program. The patient is not  
568 trained to do dialysis himself/herself.

569  
570 "Hospital" means a facility, institution, place or building licensed pursuant to or  
571 operated in accordance with the Hospital Licensing Act [210 ILCS 45] or a State-  
572 operated facility that is utilized for the prevention, diagnosis, and treatment of  
573 physical and mental illness. For purposes of this Subchapter, two basic types of  
574 hospitals are recognized:

575  
576           General Hospital – a facility that offers an integrated variety of categories  
577 of service and that offers and performs scheduled surgical procedures on  
578 an inpatient basis.

579  
580           Special or Specialized Hospital – a facility that offers, primarily, a special  
581 or particular category of service.

582  
583 "In-Center Hemodialysis" means a category of service that is provided in an end  
584 stage renal disease facility ~~licensed by the State of Illinois~~ and/or certified by the  
585 Centers for Medicare and Medicaid Services.

586  
587 "In-Center Hemodialysis Treatment" means a regimen of hemodialysis received  
588 by a patient usually three times a week, averaging four hours.

589  
590 "Independent Travel Time Studies" means studies developed and submitted to  
591 refine or supplement the determination of Normal Travel Time. Independent  
592 Travel Time studies will be considered by HFSRB only if conducted utilizing the  
593 criteria specified in this Part.

594  
595 "Index of Medically Underserved" or "IMU" means shortage designation criteria  
596 applied to determine Medically Underserved Area or Medically Underserved  
597 Population designation. The four variables of the IMU are ratio of primary  
598 medical care physicians per 1,000 population, infant mortality rate, percentage of

599 the population with incomes below the poverty level, and percentage of the  
 600 population age 65 or over (Source: Health Resources and Services Administration  
 601 Bureau of Health Professions website [MUA Find \(hrsa.gov\)](http://bhpr.hrsa.gov)  
 602 (<http://bhpr.hrsa.gov>)).  
 603

604 "Intensive Care Service" means a category of service providing the coordinated  
 605 delivery of treatment to the critically ill patient or to patients requiring continuous  
 606 care due to special diagnostic considerations requiring extensive monitoring of  
 607 vital signs through mechanical means and through direct nursing supervision.  
 608 This service is given at the direction of a physician on behalf of patients by  
 609 physicians, dentists, nurses, and other professional and technical personnel. The  
 610 intensive care category of service includes the following subcategories: medical  
 611 ICU, surgical ICU, coronary care, pediatric ICU, and combinations of such ICUs.  
 612 This category of service does not include intermediate intensive or coronary care  
 613 and special care units that are included in the medical-surgical category of  
 614 service.  
 615

616 "Intensive Care Unit" or "ICU" means a distinct part of a facility that provides a  
 617 program of intensive care service; that is designed, equipped, organized, and  
 618 operated to deliver optimal medical care for the critically ill or for patients with  
 619 special diagnostic conditions requiring specialized equipment, procedures, and  
 620 staff; and that is under the direct visual supervision of a nursing staff. Prior to  
 621 February 15, 2003, the repeal of 77 Ill. Adm. Code 1110.1010, 1110.1020 and  
 622 1110.1030, the beds and corresponding utilization for the burn treatment category  
 623 of service were included in the intensive care category of service.  
 624

625 "Inventory of Health Care Facilities and Services and Need Determinations"  
 626 means a statewide inventory of beds and other services, and need determinations  
 627 that HFSRB shall maintain and update on the Board's website, as mandated in the  
 628 Health Facilities Planning Act. (See Section 12(4) of the Act [\[20 ILCS 3960\]](#).)  
 629

630 "Key Room" means a term used in space planning to designate the primary  
 631 functional component of a department used to develop a space program or  
 632 estimate of square feet for that department. Examples of key rooms include, but  
 633 are not limited to, examination rooms for ambulatory care, operating rooms for  
 634 surgical suites, treatment stations for dialysis, imaging rooms for radiology.  
 635

636 "Kidney Transplantation Center" means a hospital that directly furnishes  
 637 transplantation and other medical and surgical specialty services required for the  
 638 care of the kidney transplant patient, including inpatient dialysis furnished  
 639 directly or under arrangement.  
 640

641 "Kidney Transplantation Service" means a category of service that involves the  
642 surgical replacement of a nonfunctioning human kidney with a donor kidney in  
643 order to restore renal function to the patient.  
644

645 "Licensed certified professional midwife" means a person who has successfully  
646 met the requirements under Section 45 of the Licensed Certified Professional  
647 Midwife Practice Act and holds an active license to practice as a licensed  
648 certified professional midwife in Illinois. [210 ILCS 170/5]  
649

650 "Maternity Care" means a subcategory of obstetric service related to the medical  
651 care of the patient prior to and during the act of giving birth either to a living child  
652 or to a dead fetus and to the continuing medical care of both patient and newborn  
653 infant under the direction of a physician, by physicians, nurses, and other  
654 professional and technical personnel.  
655

656 "Maternity Facility" or "Maternity Unit" means an entire facility or a distinct part  
657 of a facility that provides a program of maternity and newborn care and that is  
658 designed, equipped, organized, and operated in accordance with the requirements  
659 of the Hospital Licensing Act.  
660

661 "Medically Underserved Areas" means a whole county or a group of contiguous  
662 counties, or a group of county or civil divisions, or a group of urban census tracts  
663 in which residents have a shortage of personal health services, as determined by  
664 HHS' Shortage Designation Branch in the Health Resources and Services  
665 Administration (HRSA) Bureau of Health Professions National Center for Health  
666 Workforce.  
667

668 "Medically Underserved Populations" means groups of persons who face  
669 economic, cultural or linguistic barriers to health care, as determined by HHS'  
670 Shortage Designation Branch in the Health Resources and Services  
671 Administration (HRSA) Bureau of Health Professions National Center for Health  
672 Workforce.  
673

674 "Medical-Surgical Service" means a category of service pertaining to the medical-  
675 surgical inpatient care performed at the direction of a physician, by physicians,  
676 dentists, nurses, and other professional and technical personnel. For purposes of  
677 77 Ill. Adm. Code Chapter II, Subchapter a (Illinois Health Care Facilities Plan),  
678 this category of service may include medical-surgical and their respective sub-  
679 specialties of service. The medical-surgical category of service specifically does  
680 not include the following other separate categories of service and their  
681 subcategories:  
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683                   Obstetric Service;



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- Pediatric Service;
- Intensive Care Service;
- Comprehensive Physical Rehabilitation Service;
- Acute and Chronic Mental Illness Treatment Service;
- Neonatal Intensive Care Service;
- General Long-Term Care Service;
- Specialized Long-Term Care Service;
- Long-Term Acute Care Service.

"Medical-Surgical Unit" means an assemblage of inpatient beds and related facilities in which medical-surgical services are provided to a defined and limited class of patients according to their ~~particular~~ medical care needs.

"Modernization" means modification of an existing health care facility by means of building, alteration, reconstruction, remodeling, replacement and/or expansion, the erection of new buildings, or the acquisition, alteration, or replacement of equipment. Modification does not include a substantial change in either the bed count or scope of the facility.

"Neonatal Intensive Care" means a level of care providing constant and close medical coordination, multi-disciplinary consultation, and supervision to those neonates with serious and life threatening developmental or acquired medical and surgical problems that require highly specialized treatment and highly trained nursing personnel.

"Neonatal Intensive Care Service" means a category of service providing treatment of the infant for problems identified in the neonatal period that warrant intensive care. An intensive neonatal care service must include a related obstetric service for care of the high-risk mother (except when the facility is dedicated to the care of children).

"Neonatal Intensive Care Unit" means a distinct part of a facility that provides a program of intensive neonatal care and that is designed, equipped, and operated to deliver medical and surgical care to high-risk infants.

727 "Neonatologist" means a physician who is certified by the American Board of  
728 Pediatrics Subboard of Neonatal-Perinatal Medicine or a licensed osteopathic  
729 physician with equivalent training and experience and certified by the American  
730 Osteopathic Board of Pediatricians.

731  
732 "Newborn Nursery Level I", "Newborn Nursery Level II", "Newborn Nursery  
733 Level II with Extended Neonatal Capabilities" and "Newborn Nursery Level III"  
734 mean designations for hospitals providing newborn health care as defined and  
735 listed in the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640).

736  
737 "Non-Hospital Based Ambulatory Surgery" means a category of service relating  
738 to surgery that is performed at ambulatory surgical treatment centers on patients  
739 that arrive and are discharged the same day. Ambulatory surgery as the provision  
740 of surgical services may require anesthesia or a period of post-operative  
741 observation or both on a patient whose inpatient stay is not anticipated as being  
742 medically necessary.

743  
744 "Non-emergent Care" means medical or surgical procedures and care provided to  
745 those patients treated in an emergency department (ED) of a hospital or  
746 freestanding emergency center who have conditions or illnesses that are not  
747 classified as level one or level two based upon the Emergency Severity Index.

748  
749 "Observation Days" means the number of days of service provided to outpatients  
750 for the purpose of determining whether a patient requires admission as an  
751 inpatient or other treatment.

752  
753 "Obstetric/Gynecological Care" means a subcategory of obstetric service in which  
754 medical care is provided to clean (non-infectious) gynecological, surgical, or  
755 medical cases that are admitted to a postpartum section of an obstetric unit in  
756 accordance with the requirements of the Hospital Licensing Act.

757  
758 "Obstetric Service" means a category of service pertaining to the medical or  
759 surgical care of maternity and newborn patients or medical or surgical cases that  
760 may be admitted to a postpartum unit.

761  
762 "Occupancy Rate" means a measure of inpatient health facility use, determined by  
763 dividing average daily census by the number of authorized beds. It measures the  
764 average percentage of a facility's beds occupied and may be institution-wide or  
765 specific for one department or service.

766  
767 "Occupancy Target" means a utilization level established by IDPH for a facility or  
768 service reflecting adequate access as well as operational efficiency.

769

770 "Open Heart Surgery" means a category of service that utilizes any form of  
771 cardiac surgery that requires the use of extracorporeal circulation and  
772 oxygenation. The use of a pump during the procedure distinguishes "open heart"  
773 from "closed heart" surgery.

774  
775 "Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a  
776 setting designed and equipped for major or minor surgical procedures performed  
777 in conjunction with oral, parenteral, or intravenous sedation or under analgesic or  
778 dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care  
779 and Office-based Surgery, third edition, American College of Surgeons, 633 N.  
780 Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later  
781 amendments or editions included)

782  
783 "Operating Room (Class C)" means a setting designed and equipped for major  
784 surgical procedures that require general or regional block anesthesia and support  
785 of vital bodily functions. (Source: Guidelines for Optimal Ambulatory Surgical  
786 Care and Office-based Surgery, third edition, American College of Surgeons, 633  
787 N. Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later  
788 amendments or editions included)

789  
790 "Out-of-Home Respite Care" means care provided in a facility setting to a  
791 clinically stable individual whose medical condition does not require major  
792 diagnostic procedures or therapeutic interventions and who normally receives care  
793 in a home environment for the purposes of providing a respite to the caregiver  
794 from the responsibilities of providing the care.

795  
796 "Patient Care Unit" means the grouping of beds to provide an inpatient category  
797 of service. Units are physically identifiable areas that are staffed to provide all  
798 care required for ~~particular~~ service.

799  
800 "Patient Days" means the total number of days of service provided to inpatients  
801 over a 12-month period, usually expressed as annual patient days measured. This  
802 figure includes observation days if the observation patient occupies a bed that is  
803 included in IDPH's Inventory of Health Care Facilities and Services and Need  
804 Determinations.

805  
806 "Patient Migration" means the total number of patients who reside in a given  
807 planning area but receive services at health care facilities located in another  
808 planning area for a given year. Patient migration is determined by utilizing the  
809 latest available patient origin data concerning admissions to health care facilities  
810 by various categories of service for a given year. The term in-migration refers to  
811 the number of patients who are not residents of a planning area that enter the area

812 to receive services, while the term out-migration refers to the number of planning  
813 area residents who leave the planning area to obtain services elsewhere.

814  
815 "Pediatric Catheterization" means the cardiac catheterization of patients zero to 14  
816 years in age.

817  
818 "Pediatric Facility" or "Distinct Pediatric Unit" means an entire facility or a  
819 distinct unit of a facility, where the nurses' station services only that unit, that  
820 provides a program of pediatric service and is designed, equipped, organized, and  
821 operated to render medical-surgical care to the zero to 14 age population.

822  
823 "Pediatric Service" means a category of service for the delivery of treatment  
824 pertaining to the non-intensive medical-surgical care of a pediatric patient (zero to  
825 14 years in age) performed at the direction of a physician on behalf of the patient  
826 by physicians, dentists, nurses and other professional and technical personnel.

827  
828 "Perinatal Center" means a referral facility designated under the Regionalized  
829 Perinatal Health Care Code (77 Ill. Adm. Code 640) and intended to care for the  
830 ~~high-risk~~ high-risk patient before, during or after labor and delivery and  
831 characterized by sophistication and availability of personnel, equipment,  
832 laboratory, transportation techniques, consultation, and other support services.  
833 "Perinatal Center" is further defined in the Developmental Disability Prevention  
834 Act [410 ILCS 250/2(e)].

835  
836 "Peritoneal Dialysis" means a type of dialysis in which the dialysate fluid is  
837 infused slowly into the peritoneum, causing dialysis of water and waste products  
838 to occur through the peritoneal sac, which acts as a semi-permeable membrane.  
839 The fluid and waste, after accumulating for a period of time (one hour), is drained  
840 from the abdomen and the process is repeated.

841  
842 "Planning Area" means a defined geographic area within the State established by  
843 HFSRB as a basis for the collection, organization, and analysis of information to  
844 determine health care resources and needs and to serve as a basis for planning.

845  
846 "Population Estimates" means the latest available numbers of residents of a  
847 geographic area based upon birth and death records and other inputs, as  
848 determined by IDPH. These numbers may be further broken down by age and sex  
849 cohorts.

850  
851 "Population Projections" means the numbers of residents of a geographic area  
852 projected for one or more future time periods, as determined by IDPH and based  
853 upon State of Illinois population projections, as available. These numbers are for  
854 defined geographic areas and may be further broken down by age and sex cohorts.

855  
856 "Post-Anesthesia Recovery Phase I" means the phase in surgical recovery that  
857 focuses on providing a transition from a totally anesthetized state to one requiring  
858 less acute interventions. Recovery occurs in the post-anesthesia care unit (PACU).  
859 The purpose of this phase is for patients to regain physiological homeostasis and  
860 receive appropriate nursing intervention as needed.

861  
862 "Post-Anesthesia Recovery Phase II" means the phase in surgical recovery that  
863 focuses on preparing the patient for self care, care by family members, or care in  
864 an extended care environment. The patient is discharged to phase II recovery  
865 when intensive nursing care no longer is needed. In the phase II area, sometimes  
866 referred to as the step-down or discharge area, the patient becomes more alert and  
867 functional.

868  
869 "Postsurgical Recovery Care Center" *means a designated site which provides*  
870 *postsurgical recovery care for generally healthy patients undergoing surgical*  
871 *procedures that require overnight nursing care, pain control, or observation that*  
872 *would otherwise be provided in an inpatient setting. Such a center may be either*  
873 *freestanding or a defined unit of an ambulatory surgical treatment center or*  
874 *hospital. The maximum length of stay for patients in a postsurgical recovery care*  
875 *center is not to exceed 72 hours. (Section 35 of the Alternative Health Care*  
876 *Delivery Act [210 ILCS 3/35])*

877  
878 "Postsurgical Recovery Care Center Alternative Health Care Model" means a  
879 category of service for the provision of postsurgical recovery care within a  
880 postsurgical recovery care center.

881  
882 "Pre-Dialysis" means that the initiation of hemodialysis therapy is anticipated  
883 within 12 months.

884  
885 "Pump Procedures" means the utilization of a heart/lung pump in surgery to  
886 perform the work of the heart and lungs. Included in these procedures are  
887 myocardial revascularization, aortic and mitral valve replacement, ventricular  
888 aneurysm repairs, pulmonary valvuloplasty, and all other procedures utilizing a  
889 cardiac pump.

890  
891 "Quality of Care", for purposes of 77 Ill. Adm. Code 1110.110, the degree to  
892 which delivered health services meet established professional standards and are  
893 judged to be of value to the consumer. Quality may also be seen as the degree to  
894 which actions taken or not taken maximize the probability of beneficial health  
895 outcomes and minimize risk and other outcomes, given the existing state of  
896 medical science and art. (Source: "A Glossary of Terms for Community Health  
897 Care and Services for Older Persons", World Health Organization Centre for

898 Health Development, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-Ku, Kobe  
899 651-0073 Japan, tel. +81 78 230 3100; 2004, no later amendments or editions  
900 included)

901  
902 "Rapid Population Growth Rate" means an average of the three most recent  
903 annual growth rates of a defined geographic area's population that has exceeded  
904 the average of three to seven immediately preceding annual growth rates by at  
905 least 100%.

906  
907 "Renal Dialysis Facility" means a freestanding facility, or a unit within an existing  
908 health care facility, that furnishes routine chronic dialysis services to chronic renal  
909 disease patients. Routine services are self-dialysis, training in self-dialysis,  
910 dialysis performed by trained professional staff, and chronic maintenance dialysis,  
911 including peritoneal dialysis.

912  
913 "Resource Hospital" means the hospital that is responsible for an Emergency  
914 Medical Services (EMS) System in a specific geographic region, as defined in the  
915 Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

916  
917 "Selected Organ Transplantation Center" means a hospital that provides staffing  
918 and other adult or pediatric medical and surgical specialty services required for  
919 the care of a transplant patient.

920  
921 "Selected Organ Transplantation Service" means a category of service relating to  
922 the surgical transplantation of any of the following human organs: heart, lung,  
923 heart-lung, liver, pancreas, or intestine. It does not include bone marrow or  
924 cornea transplants.

925  
926 "Self-Care Dialysis" or "Self-Dialysis" means maintenance dialysis performed by  
927 a trained patient in a special facility with or without the assistance of a family  
928 member or other helper.

929  
930 "Self-Care Dialysis Training" means a program that trains patients or their  
931 helpers, or both, to perform self-care dialysis in the in-center setting.

932  
933 "Site" means the location of an existing or proposed facility. An existing facility  
934 site is determined by street address. In a proposed facility the legal property  
935 description or the street address can be used to identify the site.

936  
937 "Special Procedures Laboratory with a Cardiac Catheterization Service" means a  
938 special procedures or angiography laboratory that has the equipment, staff and  
939 support services required to provide cardiac catheterization and in which

940 catheterizations are routinely performed. The laboratory is also utilized for other  
941 procedures, such as angiography, not directly related to cardiac catheterization.

942  
943 "Specialized Long-Term Care" means a classification consisting of categories of  
944 service that provide inpatient care primarily for children (ages zero through 21) or  
945 inpatient care for adults who require specialized treatment and care because of  
946 mental or developmental disabilities. The Specialized Long-Term Care  
947 Classification includes the following categories of services:

948  
949       Chronic Mental Illness (MI) – levels of care provided to severely mentally  
950 ill clients in a structured setting in a psychiatric unit of a general hospital,  
951 in a private psychiatric hospital, or in a State-operated facility primarily in  
952 order to facilitate the improvement of their functioning level, to prevent  
953 further deterioration of their functioning level, or, in some instances, to  
954 maintain their current level of functioning.

955  
956       Long-Term Care for the Developmentally Disabled (Adult) (DD-Adult) –  
957 levels of care for developmentally disabled adults as defined in the Illinois  
958 Mental Health and Developmental Disabilities Code [405 ILCS 5]  
959 (including those facilities licensed as Intermediate Care Facilities for the  
960 Developmentally Disabled (ICF/DD)) that provide an integrated,  
961 individually tailored program of services for developmentally disabled  
962 adults and that provide an active, aggressive and organized program of  
963 services directed toward achieving measurable behavioral and learning  
964 objectives.

965  
966       Long-Term Care for the Developmentally Disabled (Children)  
967 (DD-Children) – levels of care for developmentally disabled children  
968 limited to those residents ages zero through 21 years and whose condition  
969 meets the definition of developmental disabilities in the Illinois Mental  
970 Health and Developmental Disabilities Code.

971  
972       ["Social Vulnerability Index" or "SVI" is a tool used by the U.S. Centers for](#)  
973 [Disease Control and Prevention to identify socially vulnerable populations.](#)  
974 [Information on the location and concentration of different types of social](#)  
975 [vulnerabilities can help plan for the specific needs of a community.](#)

976  
977       "Subacute Care" means the provision of *medical specialty care for patients who*  
978 *need a greater intensity or complexity of care than generally provided in a skilled*  
979 *nursing facility but who no longer require acute hospital care. Subacute care*  
980 *includes physician supervision, registered nursing and physiological monitoring*  
981 *on a continual basis.* (Section 35 of the Alternative Health Care Delivery Act  
982 [210 ILCS 3/35])

983  
984 "Subacute Care Hospital" means a designated site that provides medical specialty  
985 care for patients who need a greater intensity or complexity of care than  
986 generally provided in a skilled nursing facility but who no longer require acute  
987 hospital care. The average length of stay for patients treated in subacute care  
988 hospitals shall not be less than 20 days; for individual patients, the expected  
989 length of stay at the time of admission shall not be less than 10 days. A subacute  
990 care hospital is either a freestanding building or a distinct physical and  
991 operational entity within a hospital or nursing home building. A subacute care  
992 hospital shall only consist of beds currently existing in licensed hospitals or  
993 skilled nursing facilities. (Section 35 of the Alternative Health Care Delivery  
994 Act)

995  
996 "Subacute Care Hospital Model" means a category of service for the provision of  
997 subacute care.

998  
999 "Surgical Referral Site" means an ambulatory surgical treatment center or hospital  
1000 in which surgery will be performed and the surgical patient then transferred to the  
1001 recovery care center.

1002  
1003 "Teaching Institution" means, for the purpose of selected organ transplantation  
1004 category of service, a hospital having a major relationship with a medical school  
1005 as defined and listed in the Directory of Residency Training Programs developed  
1006 by the American Medical Association and the National Organ Procurement and  
1007 Transplantation Network (AMA, 535 N. Dearborn, Chicago IL 60610, 312/751-  
1008 6079; 2009-2010, no later amendments or editions included).

1009  
1010 "Urea" means the chief product of urine and the final product of protein  
1011 metabolism in the body.

1012  
1013 "Urea Reduction Ratio" or "URR" means the amount of blood cleared of urea  
1014 during dialysis. It is reflected by the ratio of the measured level of urea before  
1015 dialysis and urea remaining after dialysis. The larger the URR, the greater the  
1016 amount of urea removed during the dialysis treatment.

1017  
1018 "Use Rate" means the ratio of inpatient days per 1,000 population over a 12-  
1019 month period (Inpatient Days/Population in Thousands = Use Rate). For need  
1020 assessment purposes, HFSRB may establish minimum or maximum use rates in  
1021 order to promote the development of additional resources or to limit unnecessary  
1022 duplication of services and beds in a planning area.

1023  
1024 "Utilization Standards" means an operational target for facilities or services that  
1025 may demonstrate operational efficiencies, minimum proficiency, or other



1026 performance parameters. Utilization standards and their purposes are established  
1027 by category of service. Utilization may be expressed by various ratios, such as  
1028 facility or bed service occupancy rates or hours of use for types of equipment,  
1029 operating rooms, dialysis stations, etc.

1030

1031 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1032

1033 SUBPART D: NEED ASSESSMENT

1034

1035 **Section 1100.820 Birth Center Category of Service**

1036

1037 a) Planning Areas

1038 No planning areas are established for need determination purposes. Birth centers  
1039 shall be inventoried by health service area.

1040

1041 b) Age Groups

1042 Females aged 15 and over.

1043

1044 c) Utilization Target

1045 Birth centers should operate at or above an annual minimum occupancy rate of  
1046 60%. This rate is consistent with the occupancy rate requirement for the Obstetric  
1047 Care Category of Service for facilities with 1-10 beds. (see 77 Ill. Adm. Code  
1048 1100.530(c)(1))

1049

1050 d) Need Determination

1051 Need must be established pursuant to the applicable review criteria of 77 Ill.  
1052 Adm. Code 1110.285.

1053

1054 e) Bed Capacity

1055 Bed capacity at a birth center is a maximum of 10 beds. [210 ILCS 170/5(3)].

1056

1057 (Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)