

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 1110
6 PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA
7

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47

48 1110.APPENDIX A ASTC Services

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50

51 AUTHORITY: Authorized by Section 12 of, and implementing, the Illinois Health Facilities
 52 Planning Act [20 ILCS 3960], the Alternative Health Care Delivery Act [210 ILCS 3], and the
 53 Birth Center Licensing Act [210 ILCS 170].

54

55 SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4
 56 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22,
 57 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079,
 58 effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for
 59 a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth
 60 Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633,
 61 effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective
 62 March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987; amended at 12 Ill. Reg.
 63 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29,
 64 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of
 65 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October
 66 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 18 Ill. Reg. 2993,
 67 effective February 10, 1994; amended at 18 Ill. Reg. 8455, effective July 1, 1994; amended at 19
 68 Ill. Reg. 2991, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 7981, effective
 69 May 31, 1995, for a maximum of 150 days; emergency expired October 27, 1995; emergency
 70 amendment at 19 Ill. Reg. 15273, effective October 20, 1995, for a maximum of 150 days;
 71 recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill.
 72 Reg. 2600; amended at 20 Ill. Reg. 4734, effective March 22, 1996; amended at 20 Ill. Reg.
 73 14785, effective November 15, 1996; amended at 23 Ill. Reg. 2987, effective March 15, 1999;
 74 amended at 24 Ill. Reg. 6075, effective April 7, 2000; amended at 25 Ill. Reg. 10806, effective
 75 August 24, 2001; amended at 27 Ill. Reg. 2916, effective February 21, 2003; amended at 32 Ill.
 76 Reg. 12332, effective July 18, 2008; amended at 33 Ill. Reg. 3312, effective February 6, 2009;
 77 amended at 34 Ill. Reg. 6121, effective April 13, 2010; amended at 35 Ill. Reg. 16989, effective
 78 October 7, 2011; amended at 36 Ill. Reg. 2569, effective January 31, 2012; amended at 38 Ill.
 79 Reg. 8861, effective April 15, 2014; amended at 39 Ill. Reg. 13659, effective October 2, 2015;
 80 former Part repealed at 42 Ill. Reg. 5444, and new Part adopted at 42 Ill. Reg. 5447, effective
 81 March 7, 2018; amended at 42 Ill. Reg. 24907, effective December 12, 2018; amended at 48 Ill.
 82 Reg. _____, effective _____.

83

84 SUBPART A: APPLICABILITY; PROJECT CLASSIFICATION;
 85 DISCONTINUATION OF CATEGORY OF SERVICE

86

87 **Section 1110.10 Introduction; Definition of Terms; Referenced Statutes**

88
89 a) Introduction

90 An application for permit *shall be made to the* Health Facilities and Services
91 Review Board (HFSRB) and shall *contain such information as HFSRB deems*
92 *necessary* [20 ILCS 3960/6(a)]. The applicant is responsible for addressing all
93 pertinent review criteria that relate to the scope of a construction or modification
94 project or to a project for the acquisition of major medical equipment. Applicable
95 review criteria may include, but are not limited to, general review criteria,
96 discontinuation, category of service criteria, and financial and economic
97 feasibility criteria. Applications for permits shall be processed, classified and
98 reviewed in accordance with all applicable HFSRB rules. HFSRB shall consider a
99 project's conformance with all applicable review criteria in evaluating
100 applications and in determining whether a permit should be issued.

101
102 b) Definition of Terms

103 Definitions pertaining to this Part are contained in the Act, 77 Ill. Adm. Code
104 1100 and 1130, and various Sections of this Part. HFSRB's operational rules
105 relating to the processing and review of applications for permit are contained in
106 77 Ill. Adm. Code 1130.

107
108 c) Referenced Statutes

109
110 1) Illinois Statutes

111
112 A) Alternative Health Care Delivery Act [210 ILCS 3]

113
114 B) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

115
116 C) [Birth Center Licensing Act \[210 ILCS 170\]](#)

117
118 D) Clinical Social Work and Social Work Practice Act [225 ILCS 20]

119
120 E) Community Benefits Act [210 ILCS 76]

121
122 F) Dietitian Nutritionist Practice Act [225 ILCS 30]

123
124 G) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

125
126 ~~End Stage Renal Disease Facility Act [210 ILCS 62]~~

127
128 H) Hospital Licensing Act [210 ILCS 85]

129

- 130 D Illinois Administrative Procedure Act [5 ILCS 100]
- 131
- 132 J Illinois Health Facilities Planning Act [20 ILCS 3960]
- 133
- 134 K Nursing Home Care Act [210 ILCS 45]
- 135
- 136 2) Federal Statutes
- 137
- 138 A Public Health Service Act (42 U.S.C.~~USC~~ 254E)
- 139
- 140 B Social Security Act – Title XVIII (42 U.S.C.~~USC~~ 1395)
- 141
- 142 C Social Security Act – Title XIX (42 U.S.C.~~USC~~ 1396)
- 143
- 144 D Social Security Act Amendments of 1982 (PL 92-603) (42
- 145 U.S.C.~~USC~~ 1329)
- 146

147 (Source: Amended at 48 Ill. Reg. _____, effective _____)

148

149 SUBPART C: CATEGORY OF SERVICE REVIEW CRITERIA

150

151 **Section 1110.275 Birth Center – Alternative Health Care Model (Repealed)**

152

153 a) **Introduction**

- 154
- 155 1) ~~This Section contains review criteria that pertain to the birth center model~~
- 156 ~~category of service. The birth center model category of service is a~~
- 157 ~~demonstration program that is authorized by the Alternative Health Care~~
- 158 ~~Delivery Act. Definitions pertaining to this category of service are~~
- 159 ~~contained in 77 Ill. Adm. Code 1100 and 1130 and in the Alternative~~
- 160 ~~Health Care Delivery Act. These birth center model review criteria are~~
- 161 ~~utilized in addition to the applicable review criteria of Subpart B and 77~~
- 162 ~~Ill. Adm. Code 1120.~~
- 163
- 164 2) ~~A Certificate of Need (CON) permit shall be obtained to establish a birth~~
- 165 ~~center model. CON application forms are available from HFSRB's~~
- 166 ~~website (www.hfsrb.illinois.gov).~~
- 167
- 168 3) ~~Failure to obtain a permit will result in the application of sanctions as~~
- 169 ~~provided for in the Illinois Health Facilities Planning Act.~~
- 170
- 171 4) ~~CON applications for permits received for the birth center model shall be~~
- 172 ~~deemed complete upon receipt by HFSRB.~~

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~~5) As the purpose of the demonstration project is to evaluate the birth center model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness.~~

~~b) Review Criteria~~

~~1) Location Requirements~~

~~A) There shall be no more than 10 birth center alternative health care models in the demonstration program including:~~

~~i) A total of 4 located in the combined Cook, DuPage, Kane, Lake, McHenry and Will counties;~~

~~ii) A total of 3 located in municipalities with a population of 50,000 or more not located in an area described in subsection (b)(1)(A)(i); and~~

~~iii) A total of 3 located in rural areas.~~

~~B) In each of the geographic groups identified in subsection (b)(1)(A), one birth center shall be owned or operated by a hospital and one birth center shall be owned and operated by a federally qualified health center.~~

~~C) Documentation~~

~~i) The applicant shall document that the proposed birth center will be located in one of the geographic areas stated in the Alternative Health Care Delivery Act and described in subsection (b)(1)(A); and~~

~~ii) The applicant shall document that the proposed birth center is owned or operated by a hospital or owned or operated by a federally qualified health center or owned and operated by a private person or entity.~~

~~D) As stated in Section 30 of the Alternative Health Care Delivery Act, there shall be no more than 2 birth centers authorized to operate in any single health planning area for obstetric services as~~

216 ~~determined under the Illinois Health Facilities Planning Act [20~~
217 ~~ILCS 3960].~~

218
219 2) ~~Service Provision to a Health Professional Shortage Area~~

220
221 A) ~~The first 3 birth centers authorized to be operated by IDPH shall~~
222 ~~be located in or predominantly serve the residents of a health~~
223 ~~professional shortage area, as determined by the U.S. Department~~
224 ~~of Health and Human Services. [210 ILCS 3/30] The applicant~~
225 ~~shall document whether the proposed site is located in or will~~
226 ~~predominantly serve the residents of a health professional shortage~~
227 ~~area.~~

228
229 B) ~~If a birth center is located outside of a health professional~~
230 ~~shortage area:~~

231
232 i) ~~the birth center shall be located in a health planning area~~
233 ~~with a demonstrated need for obstetrical service beds, as~~
234 ~~determined by the Health Facilities and Services Review~~
235 ~~Board; or~~

236
237 ii) ~~there shall be a reduction in the existing number of~~
238 ~~obstetrical service beds in the planning area so that the~~
239 ~~establishment of the birth center does not result in an~~
240 ~~increase in the total number of obstetrical service beds in~~
241 ~~the health planning area. [210 ILCS 3/30]~~

242
243 3) ~~Admission Policies~~

244 ~~A birth center may not discriminate against any patient requiring~~
245 ~~treatment because of the source of payment for services, including~~
246 ~~Medicare and Medicaid recipients. [210 ILCS 3/35] Documentation shall~~
247 ~~consist of copies of all admission policies to be in effect at the facility and~~
248 ~~a signed statement that no restrictions on admissions due to these factors~~
249 ~~will occur.~~

250
251 4) ~~Bed Capacity~~

252 ~~The applicant shall document that the proposed birth center will have no~~
253 ~~more than 10 beds.~~

254
255 5) ~~Staffing Availability~~

256 ~~The applicant shall document that relevant clinical and professional~~
257 ~~staffing needs for the proposed project were considered and that licensure~~
258 ~~staffing requirements can be met. In addition, the applicant shall~~

259 document that necessary staffing is available by providing a narrative
260 explanation of how the proposed staffing will be achieved.

261
262 6) Emergency Surgical Backup

263 The applicant shall document that either:

264
265 A) The birth center will operate under a hospital license and will be
266 located within 30 minutes ground travel time from the hospital to
267 allow for an emergency caesarian delivery to be started within 30
268 minutes after the decision that a caesarian delivery is necessary; or

269
270 B) A contractual agreement has been signed with a licensed hospital
271 for the referral and transfer of patients in need of an emergency
272 caesarian delivery. *Birth centers shall be located within 30*
273 *minutes ground travel time from the licensed hospital to allow for*
274 *an emergency caesarian delivery to be started within 30 minutes*
275 *after the decision that a caesarian delivery is necessary. [210 ILCS*
276 *3/35]*

277
278 7) Education

279 *A birth center shall offer prenatal care and community education services*
280 *and shall coordinate these services with other health care services*
281 *available in the community. [210 ILCS 3/35] Documentation shall consist*
282 *of a written narrative on the prenatal care and community education*
283 *services offered by the birth center and how these services are being*
284 *coordinated with other health services in the community.*

285
286 8) Inclusion in Perinatal System

287
288 A) Requirements

289
290 i) *At a minimum, the birth center's participation shall require*
291 *a birth center to establish a letter of agreement with a*
292 *hospital designated under the Perinatal System.*

293
294 ii) *A hospital that operated or has a letter of agreement with a*
295 *birth center shall include the birth center under its*
296 *maternity service plan under the Hospital Licensing Act*
297 *and shall include the birth center in the hospital's letter of*
298 *agreement with its perinatal center. [210 ILCS 3/30]*

299
300 B) Documentation

301

- 302 i) ~~A hospital that operated or has a letter of agreement with a~~
303 ~~birth center shall provide a copy of the hospital's letter of~~
304 ~~agreement with its perinatal center and of copy of the~~
305 ~~hospital's maternity service plan.~~
306
307 ii) ~~An applicant that is not a hospital shall identify the regional~~
308 ~~perinatal center that will provide neonatal intensive care~~
309 ~~services, as needed, to the applicant birth center patients. A~~
310 ~~letter of intent, signed by both the administrator of the~~
311 ~~proposed birth center and the administrator of the regional~~
312 ~~perinatal center, shall be provided.~~
313

314 9) ~~Medicare/Medicaid Certification~~

315 ~~The applicant shall document that the proposed birth center will be~~
316 ~~certified to participate in the Medicare and Medicaid programs under titles~~
317 ~~XVIII and XIX, respectively, of the federal Social Security Act (42 USC~~
318 ~~1395 and 1396).~~
319

320 10) ~~Charity Care~~

321 ~~All birth centers shall provide charitable care consistent with that~~
322 ~~provided by comparable health care providers in the geographic area.~~
323 ~~[210 ILCS 3/30] The applicant shall provide to HFSRB a copy of the~~
324 ~~charity care policy that will be adopted by the proposed birth center.~~
325

326 11) ~~Quality Assurance~~

327 ~~Each birth center shall implement a quality assurance program with~~
328 ~~measurable benefits. [210 ILCS 3/30] The applicant shall provide to~~
329 ~~HFSRB a copy of the quality assurance program to be adopted by the birth~~
330 ~~center.~~
331

332 (Source: Repealed at 48 Ill. Reg. _____, effective _____)
333

334 **Section 1110.285 Birth Center Services**
335

336 a) Introduction
337

338 1) A birth center shall obtain a certificate of need from the Health Facilities
339 and Services Review Board under the Health Facilities Planning Act
340 before receiving a license by the Department. [210 ILCS 170/17(a)]
341

342 2) All birth centers in existence as of September 1, 2023, shall obtain a valid
343 license to operate by September 1, 2025. ([210 ILCS 170/10] and 77 Ill.
344 Adm. Code 264.1250(a)).

- 345
- 346 3) If, after obtaining an initial certificate of need under subsection (a)(1), a
- 347 birth center seeks to increase the bed capacity of the birth center, the birth
- 348 center must obtain a certificate of need from the Health Facilities and
- 349 Services Review Board before increasing bed capacity. [210 ILCS
- 350 170/17(b)]
- 351
- 352 4) A birth center that is located in a medically underserved area, as
- 353 determined by the U.S. Department of Health and Human Services, shall
- 354 receive priority in obtaining a certificate of need. [210 ILCS 170/17(c)]
- 355

b) Review Criteria

- 358 1) These criteria are applicable only to those projects or components of
- 359 projects involving the birth center category of service. In addition, the
- 360 applicant shall address other applicable requirements in this Part, as well
- 361 as those in 77 Ill. Adm. Code 1100, 1120 and 1130. Applicants proposing
- 362 to establish, expand or modernize a birth center category of service shall
- 363 comply with the applicable subsections of this Section, as follows:
- 364

<u>PROJECT TYPE</u>	<u>REQUIRED REVIEW CRITERIA</u>
<u>Establishment of Service</u>	<ul style="list-style-type: none"> (c)(1) = <u>Formula Calculation</u> (c)(2) = <u>Service to Area Residents</u> (c)(3) = <u>Service Accessibility</u> (d)(1) = <u>Unnecessary Duplication</u> (d)(2) = <u>Maldistribution of Service</u> (d)(3) = <u>Impact on Other Providers</u> (d)(4) = <u>Request for Data from Other Providers</u> (f) = <u>Staffing Availability</u>
<u>Expansion of Existing Service</u>	<ul style="list-style-type: none"> (c)(2) = <u>Service to Area Residents</u> (f) = <u>Staffing Availability</u>
<u>Category of Service Modernization</u>	<ul style="list-style-type: none"> (e)(1) = <u>Deteriorated Facilities</u> (e)(2) = <u>Documentation</u> (e)(3) = <u>Additional Documentation</u>

- 365
- 366 2) If the proposed project involves the replacement of a birth center on the
- 367 same site as the existing birth center, the applicant shall comply with the

- 368 requirements listed in subsection (b)(1) for Category of Service
369 Modernization.
370
371 3) If the proposed project involves the replacement of the birth center on a
372 new site, the applicant shall comply with the requirements listed in
373 subsection (b)(1) for Establishment of Service.
374
375 4) All projects shall meet or exceed the utilization standards for the service,
376 as specified in 77 Ill. Adm. Code 1100.820(c).
377
378 5) All projects for a birth center shall comply with the licensing requirements
379 of the Illinois Department of Public Health, which are set forth in the Birth
380 Center Licensing Act [210 ILCS 170] and the Birth Center Licensing
381 Code (77 Ill. Adm. Code 264).
382
383 6) The applicant shall certify that it has reviewed and understands the
384 requirements to become certified under Titles XVIII and IX of the federal
385 Social Security Act and plans to seek certification under this Act.
386
387 c) Area Need – Establishment or Expansion of Service
388
389 1) 77 Ill. Adm. Code 1100 Formula Calculation
390 No formula need calculation has been established for the Birth Center
391 category of service.
392
393 2) Service to Area Residents
394 Applicants proposing to establish or expand a birth center shall document
395 that the primary purpose of the project will be to provide necessary health
396 care to the residents of the geographic service area (GSA) as set forth
397 under 77 Ill. Adm. Code 1100.510(d).
398
399 A) For projects to establish a Birth Center category of service, the
400 applicant shall document that at least 50% of the projected patient
401 volume will be residents of the GSA.
402
403 B) For projects to expand a Birth Center category of service, the
404 applicant shall provide patient origin information for all
405 admissions for the last 12-month period, verifying that at least 50%
406 of admissions were residents of the GSA. For all other projects,
407 applicants shall document that at least 50% of the projected patient
408 volume will be from residents of the GSA.
409
410 3) Service Accessibility

411 The proposed project to establish or expand a Birth Center category of
412 service is necessary to improve access for GSA residents. The applicant
413 shall document the following:

414
415 A) Service Restrictions

416 The applicant shall document that at least one of the following
417 factors exists in the GSA:

- 418
419 i) The absence of a birth center within the GSA
420
421 ii) The area population and existing care system exhibit
422 indicators of medical care problems, such as high infant
423 mortality;
424
425 iii) All or part of the GSA is located in the Center for Disease
426 Control and Prevention's Social Variability Index for Social
427 and Economic Status. Factors contained within the Social
428 and Economic Status include: number of persons living
429 below the federal poverty level, a higher civilian
430 unemployment rate (compared to the State rate), per capita
431 income, and persons (age 25 and older) without a high
432 school diploma;
433
434 iv) Designation by the U.S. Department of Health Human
435 Services that all or part of the GSA is located in a Health
436 Professional Shortage Area or a Medically Underserved
437 Area;
438
439 v) All existing birth centers within the established radii
440 outlined in 77 Ill. Adm. Code 1100.510(d) meet or exceed
441 the utilization standard specified in 77 Ill. Adm. Code
442 1100.820(c).

443
444 B) Supporting Documentation

445 The applicant shall provide the following documentation, as
446 applicable, concerning existing restrictions to service access:

- 447
448 i) The location and utilization of other GSA service
449 providers;
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451 ii) Patient location information by zip code;
452
453 iii) Travel-time studies; and

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iv) Scheduling or admission restrictions that exist with birth centers located within the GSA.

d) Unnecessary Duplication / Maldistribution – Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication of birth centers. The applicant shall provide the following information:

A) A list of all zip code areas (in total or in part) that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved birth centers situated within the established radii outlined in 77 Ill. Adm. Code 1100.510(d).

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the birth centers identified is subsection (1)(C), as established by 77 Ill. Adm. Code 1100.510(d), have not met the target utilization. The applicant shall document the following:

A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing birth centers within the established radii, as outlined in 77 Ill. Adm. Code 1100.510(d), of the applicant's site that is below the utilization standard established pursuant to 77 Ill. Adm. Code 1100.820(c); or

B) Insufficient population to provide the volume or caseload necessary to utilize the Birth Center services proposed by the project at or above utilization standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project will not:

495 A) lower the utilization of other birth centers within the GSA below
496 the utilization standard specified in 77 Ill. Adm. Code 1100.820(c);
497 and

498
499 B) lower, to a further extent, the utilization of other birth centers
500 within the GSA that are currently (during the latest 12-month
501 period) operating below the utilization standard.

502
503 4) The applicant shall document that a written request was received by all
504 existing facilities that provide birth center services located within the
505 established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project
506 site asking the anticipated impact of the proposed project upon the
507 facility's utilization. The request shall include a statement that a written
508 response is to be provided to the applicant no later than 15 days after
509 receipt. Failure by an existing facility to respond to the applicant's request
510 for information within the prescribed 15-day response period shall
511 constitute an assumption that the existing facility will not experience an
512 adverse impact on utilization from the project. Copies of the applicant's
513 request and any correspondence received from the facilities shall be
514 included in the application.

515
516 e) Category of Service - Modernization

517
518 1) If the project involves modernization of an existing birth center, the
519 applicant shall document that the existing treatment areas to be
520 modernized have deteriorated or are functionally obsolete and need to be
521 replaced or modernized, due to such factors as, but not limited to:

522
523 A) High cost of maintenance;

524
525 B) Non-compliance with licensing or life safety codes;

526
527 C) Changes in standards of care; or

528
529 D) Need for additional space for diagnostic or therapeutic purposes.

530
531 2) Documentation shall include the most recent:

532
533 A) IDPH Inspection reports; and

534
535 B) Commission for the Accreditation of Birth Centers reports.
536

- 537 3) Other documentation shall include the following, as applicable to the
538 factors cited in the application:
539
540 A) Copies of maintenance reports;
541
542 B) Copies of citations for life safety code violations; and
543
544 C) Other pertinent reports and data.
545
- 546 f) Staffing Availability
547
- 548 1) An applicant proposing to establish a birth center category of service shall
549 document that a sufficient supply of obstetric personnel will be available
550 to staff the service. Sufficient staff availability shall be based upon
551 evidence that, for the latest 12-month period prior to submission of the
552 application, existing birth centers that are located in the GSA (in total or in
553 part) have not experienced a staffing shortage.
554
- 555 2) A staffing shortage at a licensed birth center is indicated by an average
556 annual vacancy rate of more than 10% for budgeted full-time equivalent
557 obstetric personnel (staff who deliver or assist in the delivery of a
558 newborn). This staffing includes, but is not limited to, advanced practice
559 registered nurses, certified nurse midwives, licensed certified professional
560 midwives, obstetricians, and patient care technicians.
561
- 562 3) The applicant shall document that a written request for staffing
563 information was received by all existing licensed birth centers within the
564 GSA, and that the request included a statement that a written response be
565 provided to the applicant no later than 15 days after receipt. Failure by an
566 existing licensed birth center to respond to the applicant's request for
567 information within the prescribed 15-day response period shall constitute
568 an assumption that the existing licensed birth center has not experienced
569 staffing vacancy rates in excess of 10%. Copies of the applicant's request
570 and any correspondence received from the facilities shall be included in
571 the application.
572
- 573 4) If more than 25% of the licensed birth centers contacted indicate an
574 experienced obstetric staffing vacancy rate of more than 10% percent, the
575 applicant shall provide documentation as to how sufficient staff shall be
576 obtained to operate the proposed project, in accordance with licensing
577 requirements.
578
- 579 g) Charity Care

580 A birth center shall provide charitable care consistent with that provided by
581 comparable health care providers in the GSA. [210 ILCS 170/40(c)]
582 Documentation shall include a copy of the charity care policy that will be in effect
583 at the birth center and copies of charity care policies from other birth centers
584 located within the GSA. The applicant's charity care policy shall be compared to
585 the other birth center providers in the GSA. If the applicant's charity care policy
586 is inconsistent with the charity care policy of comparable health care providers in
587 the GSA, the applicant shall provide an explanation.

588
589 h) Admission Policies

590
591 1) For projects to establish a birth center, an applicant shall document that
592 the birth center may not discriminate against any patient requiring
593 treatment because of the source of payment for services, including
594 Medicare and Medicaid recipients. [210 ILCS 170/40(d)] Documentation
595 shall consist of a signed statement that no restrictions on admissions due to
596 these factors will occur.

597
598 2) For projects to establish a birth center, an applicant shall document that all
599 admission protocols, as referenced at 77 Ill. Adm. Code 264.1550, will be
600 implemented, and followed once the birth center is licensed.
601 Documentation shall consist of a signed statement that the birth center will
602 adhere to the established requirements.

603
604 i) Transfer Agreement and Hospital Proximity

605 For projects to establish a birth center, an applicant shall document that it will
606 have the mandatory linkage and integration requirements and that it will have a
607 transfer agreement with a nearby birthing hospital. An applicant shall document
608 the following:

609
610 1) A birth center shall link and integrate its services with at least one
611 birthing hospital with a minimum Level 1 perinatal designation. [210
612 ILCS 170/20(a)] The applicant shall provide an attestation that it will
613 establish the necessary services.

614
615 2) The birth center shall have an established agreement with a nearby
616 receiving birthing hospital with policies and procedures for timely
617 transfer of maternal and neonatal patients. [210 ILCS 170/20(b)] The
618 transfer agreement shall be in place prior to initiating the planning and
619 construction of the facility. (77 Ill. Adm. Code 264.2770(a)(2)(A))
620 Patient transfers shall be within 30 minutes travel time for both rural and
621 nonrural hospitals. (77 Ill. Adm. Code 264.2250(b) and 264.2700(a)(3))

622 The applicant shall provide a copy of the transfer agreement in the
623 application for permit (77 Ill. Adm. Code 264.2700(a)(2)(A)).

624
625 j) Prenatal Care and Community Education
626 For projects to establish a birth center, the applicant shall document that it offers
627 prenatal care and community education services and coordinates these services
628 with other health care services available in the community. [210 ILCS 170/5(5)]
629 The applicant shall provide a written narrative on how these services will be
630 offered and coordinated with other health care services in the community.

631
632 k) Quality Assurance and Improvement
633 For projects to establish a birth center, the applicant shall document that it shall
634 implement a quality improvement program consistent with the requirements of the
635 accrediting body and is encouraged to participate in quality improvement
636 projects implemented by the Department's Administrative Perinatal Centers and
637 other Department-supported perinatal quality improvement projects. [210 ILCS
638 170/35] The applicant shall provide a written narrative on how this requirement
639 will be implemented at the birth center.

640
641 l) Mandatory Reporting of Data
642 Per Sections 13 and 14.1 of the Health Facilities Planning Act and 77 Ill. Adm.
643 Code 1100.60, licensed birth centers shall provide data needed for planning. Data
644 provided from these facilities shall include, but not be limited to, facility capacity,
645 utilization, and socio-economic information. Data obtained from these facilities
646 shall be included in the State Board's Inventory of Health Care Facilities and
647 Services and Need Determinations.

648
649 (Source: Added at 48 Ill. Reg. _____, effective _____)