**Section 1110.130 Additional General Review Criteria for Master Design and Related Projects Only**

a) System Impact of Master Plan. The applicant must document that the proposed master plan or future construction or modification projects will have a positive impact on the health care delivery system of the planning area in terms of improved access, long term institutional viability, and availability of services. Documentation shall address:

1) the availability of alternative health care facilities within the planning area and the impact the applicant's proposed future projects will have on the utilization of those facilities;

2) how the services proposed in the applicant's future projects will improve access to area residents;

3) what the potential impact on area residents would be if the proposed services were not to be replaced or developed; and

4) the anticipated role of the facility in the delivery system, including anticipated patterns of patient referral and any contractual or referral agreement between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

b) Master Plan or Related Future Projects – Review Criterion

The applicant must document that all beds and services to be developed pursuant to the master design project must be needed and that access to each service will be improved as a result of the proposed master plan or the construction or modification projects. The applicant must indicate anticipated completion dates for the future construction or modification projects, and document:

1) that:

A) the proposed number of beds and services to be developed pursuant to the master design project must be consistent with the bed or service need determination of 77 Ill. Adm. Code 1100; or

B) if bed or service need determinations do not support the proposed number of beds and services, there are existing factors that support the need for that development at the time of project completion. These factors include, but are not limited to:

i) limitations on governmental funded or charity patients that are expected to continue;

ii) restrictive admission policies of existing planning area health care facilities that are expected to continue;

iii) the planning area population is projected to exhibit indicators of medical care problems, such as average family income below poverty levels or projected high infant mortality; and

2) utilization of the proposed beds and services will meet or exceed the utilization targets established in 77 Ill. Adm. Code 1100 within 2 years after completion of the future construction or modification projects. Documentation shall include:

A) historical service/bed utilization levels;

B) projected trends in utilization, including the rationale and projection assumptions used in those projections;

C) anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and

D) anticipated changes in the delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

c) Relationship to Previously Approved Master Design Projects – Review Criterion

1) The applicant must document that any construction or modification project submitted pursuant to an approved master design project is consistent with the approved design permit. When the construction or modification represents a single phase of a multiple phase master plan, the applicant must document that the proposed phase is consistent with the approved master plan, and that any elements that will be utilized to support additional phases are justified under the approved master design permit. Documentation shall consist of:

A) schematic architectural plans for all construction or modification approved in the master design permit;

B) the estimated project cost for the proposed project and also for the total construction/modification project approved in the master design permit;

C) an item by item comparison of the construction elements (i.e., site, number of buildings, number of floors, etc.) in the proposed project to the approved master design permit; and

D) a comparison of proposed beds and services to those approved under the master design permit.

2) Approval of a proposed construction or modification project that is but one phase in a multiple phase project does not obligate approval or positive findings on construction or modification projects in future phases. Future applications, including those involving the replacement or addition of beds, are subject to the review criteria and bed need in effect at the time of State Board review.