**Section 1110.255 Postsurgical Recovery Care Center Alternative Health Care Model**

a) Introduction

1) This Section contains review criteria that pertain to the postsurgical recovery care center alternative health care model category of service. Definitions pertaining to this Section are contained in the Act, 77 Ill. Adm. Code 1100 and 1130, and the Alternative Health Care Delivery Act. The postsurgical recovery care center alternative health care model category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act. These postsurgical recovery care center alternative health care model review criteria are utilized in addition to the applicable review criteria of Subpart B and 77 Ill. Adm. Code 1120. This Section also contains the methodology HFSRB will utilize in evaluating competing applications, if any, for the establishment of any postsurgical recovery care center alternative health care models.

2) A postsurgical recovery care center alternative health care model must obtain a CON permit to establish the category of service prior to receiving a license for the service. Failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act.

3) As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care cost, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. All data requests of this type shall be a component of the semiannual progress reports required of all permit holders. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.

4) Applications received for the postsurgical recovery care center alternative health care model shall be deemed complete upon receipt by HFSRB. All postsurgical recovery care center alternative health care models, for the purposes of review, shall be considered the establishment of a category of service rather than an addition of beds. Due to the comparative nature of the postsurgical recovery care center alternative health care model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFSRB decision. The application, as submitted to HFSRB, shall serve as the basis for all standard and prioritization evaluations.

b) Review Criteria

1) Needs/Unit Size

The applicant must specify the number of beds to be in the proposed postsurgical recovery care center. The applicant must also document that the proposed number of beds is justified (utilizing the 80% occupancy target) based upon the anticipated number of patients who will utilize the service. Documentation shall consist of: patient identification numbers, ICD 10 Code or procedure type, patient length of stay and surgical referral site for each inpatient surgical case that occurred in surgical referral sites over the last 12 month period that could have received surgical recovery services within the model if it had been available.

2) Staffing

The applicant must document that the postsurgical recovery care center will be a separate and distinct (physically separate and identifiable) facility and have a dedicated nursing staff (i.e., that staff members working a shift are assigned only to cover the model), a medical director and 24 hours/day, 7 days/week on call physician coverage by a physician licensed to practice medicine in all of it branches. The on-call physician must be able to be physically present at the model within 15 minutes upon request. Documentation shall consist of: physical layout of the center (i.e., design drawings); identification of the number and type of staff positions dedicated to the model; identification of the facility medical director, including a signed commitment to the facility by that person stating a willingness to hold that position; and evidence that the required physician coverage will be accomplished.

3) Patient Mix

The applicant must document that the postsurgical recovery care center is capable of providing recovery care to patients receiving a wide variety of surgical procedures. For the purposes of this subsection (b)(3), the following specialties (listing not inclusive of all surgical procedures that can recover in the model) shall be recognized: general surgery; eyes-ears-nose-throat; orthopaedic; plastic surgery; ophthalmology; urology; obstetrics-gynecology; and gastroenterology. The applicant must document that anticipated referrals would result in admissions coming from at least 3 of these surgical specialties and that each of the 3 specialty groups represents a minimum of 10% of facility admissions totaling at least 30%. Documentation shall consist of a detailed listing of the types of surgical procedures that will be performed for which recovery care will be provided and the protocols as to how recovery care will be given to each type of surgical patient, with details concerning how patient safety will be assured.

4) Travel Time/Patient Transfer

The applicant must document that the model will be located no farther than 30 minutes travel time by medical transport from all surgical referral sites. Documentation shall consist of identification of all surgical referral sites and the travel time/travel distance to the recovery care center. The applicant must also document who will have the responsibility for the transfer of patients from the surgical site to the postsurgical recovery care center and provide all transfer protocols, which must demonstrate the safe transfer of the surgical patients to the postsurgical recovery care center from each surgical referral site.

5) On Site Emergency Care

The applicant must document that the postsurgical recovery care center will have the capability to provide on-site emergency services sufficient to stabilize a patient for transfer to an acute care facility. Documentation shall consist of all protocols established for the treatment of emergency patients and the requirements established by the model for the education of staff in emergency procedures. Each postsurgical recovery care center must document that a crash cart is available on site and that staff trained in cardiac defibrillation are available at all times.

c) HFSRB Evaluation

1) HFSRB shall evaluate each application for the postsurgical recovery care center alternative health care model category of service (refer to 77 Ill. Adm. Code 1100.750(c) for development restrictions) based upon compliance with the conditions set forth in subsection (c)(2).

2) HFSRB Prioritization

A) An application for the category of service must meet the development restrictions specified in 77 Ill. Adm. Code 1100.750(c).

B) All applications for each planning area shall be rank ordered based on points awarded as follows:

i) Compliance with all applicable review criteria of Subpart B – 10 Points.

ii) Compliance with all review criteria of subsection (b) – 10 Points.

iii) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120 – 10 Points.

iv) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (section 332 of the Public Health Service Act) as a health professional shortage area) – 3 Points.

v) To ensure that the model evaluates a wide range of surgical cases, an applicant shall be awarded an additional point for each designated surgical specialty area beyond the required 3 areas from which patients are referred to the postsurgical recovery care center.

vi) Historical Medicare and Medicaid surgical revenue at the surgical referral sites: 10% to 25% – 3 Points, 26% to 50% – 6 Points and over 50% – 9 Points.

vii) Accreditation of the applicant facility or facilities by The Joint Commission or the Accreditation Association for Ambulatory Healthcare (AAAHC) – 3 Points.

C) A postsurgical recovery care center alternative health care model must obtain a minimum of 30 Points to be considered for approval. Competing applications within a planning area that have obtained the points necessary for permit consideration shall be evaluated by the HFSRB to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act.

d) Project Completion

1) Since the purpose of establishment of this category of service is to evaluate the alternative delivery model for effectiveness, these projects are not complete until the model is evaluated and the decision made to adopt or not adopt the model as an ongoing licensed level of service separate from an alternative delivery model. A discontinuation permit will not be required of a facility holding a postsurgical recovery care center alternative health care model permit if the facility elects to discontinue the model. The postsurgical recovery care center alternative health care model project shall be considered complete as of the date the Agency receives notice of the discontinuation. If a need for an additional model exists, applications shall be approved in accordance with this Section. Any alteration, discontinuation or abandonment of the approved category of service during the life of the permit is subject to State Board review.

2) All assurances and charges for service presented in the application shall be in effect for the life of the permit unless altered with approval of the State Board. Charges may be annually adjusted for inflation, not to exceed the growth in the health care component of the Consumer Price Index.

3) A postsurgical recovery care center alternative health care model shall have a period of 18 months from the date of permit issuance to become operational. Failure to begin operation in this time period shall result in the permit becoming null and void.