

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	Incorporated and Referenced Materials
15	1100.50	Subchapter Organization
16	1100.60	Mandatory Reporting of Data
17	1100.70	Data Appendices
18	1100.75	Annual Bed Report
19	1100.80	Institutional Master Plan Hospitals (Repealed)
20	1100.90	Public Hearings (Repealed)

21  
22 SUBPART B: DEFINITIONS  
23

24	Section	
25	1100.210	Introduction
26	1100.220	Definitions

27  
28 SUBPART C: PLANNING POLICIES  
29

30	Section	
31	1100.310	Need Assessment
32	1100.320	Staffing
33	1100.330	Professional Education
34	1100.340	Public Testimony (Repealed)
35	1100.350	Multi-Institutional Systems
36	1100.360	Modern Facilities
37	1100.370	Occupancy/Utilization Standards
38	1100.380	Systems Planning
39	1100.390	Quality
40	1100.400	Location
41	1100.410	Needed Facilities
42	1100.420	Discontinuation
43	1100.430	Coordination with Other State Agencies

44 1100.440 Requirements for Authorized Hospital Beds

45

46 SUBPART D: NEED ASSESSMENT

47

48 Section

49 1100.510 Introduction, Formula Components, Planning Area Development Policies, and  
50 Distance Determinations

51 1100.520 Medical-Surgical/Pediatric Categories of Service

52 1100.530 Obstetric Care Category of Service

53 1100.540 Intensive Care Category of Service

54 1100.550 Comprehensive Physical Rehabilitation Category of Service

55 1100.560 Acute Mental Illness Treatment Category of Service

56 1100.570 Substance Abuse/Addiction Treatment Category of Service (Repealed)

57 1100.580 Neonatal Intensive Care Category of Service

58 1100.590 Burn Treatment Category of Service (Repealed)

59 1100.600 Therapeutic Radiology Equipment (Repealed)

60 1100.610 Open Heart Surgery Category of Service

61 1100.620 Cardiac Catheterization [Category of Service](#) ~~Services~~

62 1100.630 In-Center Hemodialysis Category of Service

63 1100.640 Non-Hospital Based Ambulatory Surgical Treatment Center Services = Category  
64 of Service

65 1100.650 Computer Systems (Repealed)

66 1100.660 General Long-Term Nursing Care Category of Service (Repealed)

67 1100.661 General Long-Term Care-Sheltered Care Category of Service (Repealed)

68 1100.670 Specialized Long-Term Care Categories of Service (Repealed)

69 1100.680 Intraoperative Magnetic Resonance Imaging Category of Service (Repealed)

70 1100.690 High Linear Energy Transfer (L.E.T.) (Repealed)

71 1100.700 Positron Emission Tomographic Scanning (P.E.T.) (Repealed)

72 1100.710 Extracorporeal Shock Wave Lithotripsy (Repealed)

73 1100.720 Selected Organ Transplantation ([Repealed](#))

74 1100.730 Kidney Transplantation ([Repealed](#))

75 1100.740 Subacute Care Hospital Model ([Repealed](#))

76 1100.750 Postsurgical Recovery Care Center Alternative Health Care Model

77 1100.760 Children's Respite Care Center Alternative Health Care Model ([Repealed](#))

78 1100.770 Community-Based Residential Rehabilitation Center Alternative Health Care  
79 Model

80 1100.800 Freestanding Emergency Center Medical Services Category of Service

81 1100.810 Long-Term Acute Care Hospital Category of Service

82 1100.820 Birth Center Category of Service

83

84 1100.APPENDIX A Applicable Codes and Standards Utilized in 77 Ill. Adm. Code: Chapter  
85 II, Subchapter a (Repealed)

86

87 AUTHORITY: Authorized by Section 12 of and implementing the Illinois Health Facilities  
88 Planning Act [20 ILCS 3960/12].

89  
90 SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4  
91 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22,  
92 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079,  
93 effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for  
94 a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth  
95 Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633,  
96 effective January 31, 1984; codified at 8 Ill. Reg. 15476; amended at 9 Ill. Reg. 3344, effective  
97 March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg.  
98 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29,  
99 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 18 Ill. Reg. 2986,  
100 effective February 10, 1994; amended at 18 Ill. Reg. 8448, effective July 1, 1994; emergency  
101 amendment at 19 Ill. Reg. 1941, effective January 31, 1995, for a maximum of 150 days;  
102 amended at 19 Ill. Reg. 2985, effective March 1, 1995; amended at 19 Ill. Reg. 10143, effective  
103 June 30, 1995; recodified from the Department of Public Health to the Health Facilities Planning  
104 Board at 20 Ill. Reg. 2594; amended at 20 Ill. Reg. 14778, effective November 15, 1996;  
105 amended at 21 Ill. Reg. 6220, effective May 30, 1997; expedited correction at 21 Ill. Reg. 17201,  
106 effective May 30, 1997; amended at 23 Ill. Reg. 2960, effective March 15, 1999; amended at 24  
107 Ill. Reg. 6070, effective April 7, 2000; amended at 25 Ill. Reg. 10796, effective August 24, 2001;  
108 amended at 27 Ill. Reg. 2904, effective February 21, 2003; amended at 31 Ill. Reg. 15255,  
109 effective November 1, 2007; amended at 32 Ill. Reg. 4743, effective March 18, 2008; amended  
110 at 32 Ill. Reg. 12321, effective July 18, 2008; expedited correction at 33 Ill. Reg. 4040, effective  
111 July 18, 2008; amended at 34 Ill. Reg. 6067, effective April 13, 2010; amended at 35 Ill. Reg.  
112 16978, effective October 7, 2011; amended at 36 Ill. Reg. 2542, effective January 31, 2012;  
113 amended at 38 Ill. Reg. 2822, effective February 1, 2014; amended at 42 Ill. Reg. 5410, effective  
114 March 7, 2018; amended at 48 Ill. Reg. 8914, effective June 13, 2024; amended at 50 Ill. Reg.  
115 \_\_\_\_\_, effective \_\_\_\_\_.

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117 SUBPART A: GENERAL NARRATIVE

118  
119 **Section 1100.40 Incorporated or Referenced Materials**

120  
121 The following Illinois statutes and administrative rules are incorporated or referenced in this  
122 Part:

- 123  
124 a) Illinois Statutes:
- 125 1) Alternative Health Care Delivery Act [210 ILCS 3]
  - 126 2) Ambulatory Surgical Treatment Center Act [210 ILCS 5]
- 127  
128  
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- 130 3) Birth Center Licensing Act [210 ILCS 170]  
131  
132 4) Developmental Disability Prevention Act [410 ILCS 250]  
133  
134 5) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]  
135  
136 6) Hospital Licensing Act [210 ILCS 85]  
137  
138 7) ID/DD Community Care Act [210 ILCS 47]  
139  
140 8) Illinois Administrative Procedure Act [5 ILCS 100]  
141  
142 9) Illinois Health Facilities Planning Act [20 ILCS 3960]  
143  
144 10) MC/DD Act [210 ILCS 46]  
145  
146 11) Mental Health and Developmental Disabilities Code [405 ILCS 5]  
147  
148 12) Nurse Practice Act [225 ILCS 65]  
149  
150 1312) Nursing Home Care Act [210 ILCS 45]  
151  
152 1413) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]  
153  
154 b) Illinois Administrative Rules:  
155  
156 1) Processing, Classification Policies and Review Criteria (77 Ill. Adm. Code  
157 1110)  
158  
159 2) Health Facilities And Services Financial and Economic Feasibility Review  
160 (77 Ill. Adm. Code 1120)  
161  
162 3) Health Facilities and Services Review Operational Rules (77 Ill. Adm.  
163 Code 1130)  
164  
165 c) Federal Regulations  
166 The Center for Medicare & Medicaid Services- Ambulatory Surgical Center  
167 (ASC) Payment- License for Use of Current Procedural Terminology, Fourth  
168 Edition ("CPT®") (October 2024), available at:  
169 [https://www.cms.gov/license/ama?file=/files/zip/october-2024-asc-approved-](https://www.cms.gov/license/ama?file=/files/zip/october-2024-asc-approved-hcps-code-and-payment-rates-updated-09/24/2024.zip)  
170 [hcps-code-and-payment-rates-updated-09/24/2024.zip.](https://www.cms.gov/license/ama?file=/files/zip/october-2024-asc-approved-hcps-code-and-payment-rates-updated-09/24/2024.zip)  
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172 d) Private and Professional Association Standards

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- 1) [American College of Cardiology and the Society for Cardiac Angiography and Interventions \(SCAI\), SCAI position statement on the performance of percutaneous coronary interventions in ambulatory surgical centers \(May 14, 2020\), available at: https://onlinelibrary.wiley.com/doi/10.1002/ccd.28991.](https://onlinelibrary.wiley.com/doi/10.1002/ccd.28991)
- 2) [SCAI Expert Consensus Statement on Percutaneous Coronary Intervention Without On-site surgical Backup \(February 9, 2023\), available at: https://www.jscai.org/article/S2772-9303\(22\)00600-7/fulltext.](https://www.jscai.org/article/S2772-9303(22)00600-7/fulltext)

e) [All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the dates specified and do not include any amendments or editions after the date specified.](#)

(Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART B: DEFINITIONS

**Section 1100.220 Definitions**

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

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

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

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

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

"Administrative Perinatal Center" or "APC" shall have the meaning ascribed in Section 2(e) of the Developmental Disability Prevention Act [410 ILCS 250] and as means a referral facility designated under the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640). ~~and intended to care for the high risk patient before, during or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services. [410 ILCS 250/2(e)]~~ An APC is a university or university-affiliated facility designated by the Department of Public Health that has a Level III hospital and is responsible for providing leadership and oversight of the Department of Public Health's regionalized perinatal health care program, including continuing education for health professions.

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

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

"Advanced Practice Registered Nurse" or "APRN" shall have the meaning ascribed in Section 50-10 of the Nurse Practice Act [225 ILCS 65]

"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]

259 "Agency", "Department" or "IDPH" means the Illinois Department of Public  
260 Health. (Section 3 of the Act)~~[20 ILCS 3960/3]~~

261  
262 "Ambulatory Care" means all types of health care services that are provided on an  
263 outpatient basis, in contrast to services provided in the home or to persons who  
264 are inpatients. While many inpatients may be ambulatory, the term ambulatory  
265 care usually implies that the patient must travel to a location to receive services  
266 that do not require an overnight stay. (Source: Glossary of Terms Commonly  
267 Used in Health Care (Illinois Health and Hospital Association, 1151 East  
268 Warrenville Road, ~~PO Box 3015~~, Naperville IL 60566, 630/276-5400; 2004, no  
269 later amendments or editions included)).

270  
271 "Ambulatory Surgical Treatment Center" or "ASTC" shall have the meaning  
272 ascribed in Section 3(A) of the Ambulatory Surgical Treatment Center Act~~means~~  
273 ~~any institution, place or building required to be licensed pursuant to the~~  
274 ~~Ambulatory Surgical Treatment Center Act~~ [210 ILCS 5].

275  
276 "Authorized Hospital Bed Capacity" means the number of beds recognized for  
277 planning purposes at a hospital facility, as determined by HFSRB. The  
278 operational status of authorized hospital beds is identified as physically available,  
279 reserve, or transitional, as follows:

280  
281 "Physically Available Beds" means beds that are physically set up, meet  
282 hospital licensure requirements, and are available for use. These are beds  
283 maintained in the hospital for the use of inpatients and that furnish  
284 accommodations with supporting services (such as food, laundry, and  
285 housekeeping). These beds may or may not be staffed, but are physically  
286 available.

287  
288 "Reserve Beds" means beds that are not set up for inpatients, but could be  
289 made physically available for inpatient use within 72 hours.

290  
291 "Transitional Beds" means beds for which a Certificate of Need (CON)  
292 has been issued, but that are not yet physically available, and beds that are  
293 temporarily unavailable due to modernization projects that do not require a  
294 CON.

295  
296 "Authorized Long-Term Care Bed Capacity" means the number of beds by  
297 category of service, recognized, and licensed by IDPH for long-term care.

298  
299 "Average Daily Census" or "ADC" means over a 12-month period the average  
300 number of inpatients receiving service on any given day.

301

302 "Average Length of Stay" or "ALOS" means over a 12-month period the average  
303 duration of inpatient stay expressed in days as determined by dividing total  
304 inpatient days by total admissions.  
305

306 "Base Year" means the calendar year, as determined by IDPH, that serves as the  
307 starting point or benchmark for the historical utilization and population  
308 projections.  
309

310 "Birth Center" shall have the meaning ascribed in Section 5(1-5) of the Birth  
311 Center Licensing Act. [210 ILCS 170] ~~means a designated site, other than a~~  
312 ~~hospital:~~

313  
314 ~~in which births are planned to occur following a normal, uncomplicated,~~  
315 ~~and low-risk pregnancy;~~

316  
317 ~~that is not the pregnant person's usual place of residence;~~

318  
319 ~~that is dedicated to serving the childbirth-related needs of pregnant~~  
320 ~~persons and their newborns, and has no more than 10 beds;~~

321  
322 ~~that offers prenatal care and community education services and~~  
323 ~~coordinates these services with other health care services available in the~~  
324 ~~community; and~~

325  
326 ~~that does not provide general anesthesia or surgery (except as allowed per~~  
327 ~~77 Ill. Adm. Code 264.1800(h) and (i) and Section 5 of the Birth Center~~  
328 ~~Licensing Act [210 ILCS 170/5])~~

329  
330 "Board Certified Physician" means a physician who has passed a medical  
331 specialty examination and who has maintained certification of that specialty from  
332 a nationally recognized medical specialty board certification body that: has a  
333 process for defining specialty-specific standards for knowledge and skills; has an  
334 independent, external, psychometrically valid assessment of knowledge and skills  
335 for both initial certification and recertification or continuous certification by the  
336 certifying body that granted the initial certification in the medical specialty and;  
337 establishes and enforces a code of professional conduct.  
338

339 ~~"Board Certified or Board Eligible Physician" means a physician who has~~  
340 ~~satisfactorily completed an examination (or is "eligible" to take such examination)~~  
341 ~~in a medical specialty and has taken all of the specific training requirements for~~  
342 ~~certification by a specialty board. For purposes of this definition, "medical~~  
343 ~~specialty" shall mean a specific area of medical practice by health care~~  
344 ~~professionals.~~

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"Board Eligible Physician" means a physician who has completed the requirements for admission to a medical specialty board examination but has not yet taken and passed the examination or a physician who has board certification but did not maintain that certification and must take a medical specialty board examination again.

"Cardiac Catheterization Category of Service" means the category of service that authorizes a facility to perform a medical diagnostic or therapeutic procedure during which a catheter is inserted into a vein or artery in the patient to perform various diagnostic studies or therapeutic procedures on the heart or its vessels.

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

"Cardiac Catheterization Laboratory" shall have the meaning ascribed in Section 205.110 of the Ambulatory Surgical Treatment Center Licensing Requirements (see 77 Ill. Adm. Code 205).

"Cardiac Catheterization Procedure" shall have the meaning ascribed in Section 205.110 of the Ambulatory Surgical Treatment Center Licensing Requirements (see 77 Ill. Adm. Code 205).

"Cardiac Electrophysiology" shall have the meaning ascribed in Section 205.110 of the Ambulatory Surgical Treatment Center Licensing Requirements (see 77 Ill. Adm. Code 205).

"Cardiac Surgeon" means a physician who is board eligible, or board certified by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery.

386 ~~"Cardiac Surgery Room" means a physically identifiable room adequately staffed~~  
387 ~~and equipped for the performance of open and closed heart surgery and~~  
388 ~~extracorporeal bypass.~~

389  
390 "Cardiological Team" means the designated specialists and support personnel who  
391 consistently work together in the performance of open-heart surgery.

392  
393 "Cardiovascular Surgical Procedures" means any surgical procedure dealing with  
394 the heart, coronary arteries, and surgery of the great vessels.

395  
396 ~~"Cardiovascular Surgical Services" means the programs, equipment and staff~~  
397 ~~dealing with the surgery of the heart, coronary arteries, and great vessels.~~

398  
399 "Category of service" shall have the meaning ascribed in Section 3 of the  
400 Act ~~"Category of Service" means a grouping by generic class of various types or~~  
401 ~~levels of support functions, equipment, care, or treatment provided to~~  
402 ~~patient/residents. Examples include but are not limited to medical surgical,~~  
403 ~~pediatrics, cardiac catheterization, etc. A category of service may include~~  
404 ~~subcategories or levels of care that identify a particular degree or type of care~~  
405 ~~within the category of service.~~

406  
407 *"Certified nurse midwife" or "CNM" means an advanced practice registered*  
408 *nurse license in Illinois under the Nurse Practice Act with full practice authority*  
409 *or who is delegated such authority as part of a written collaborative agreement*  
410 *with a physician who is associated with the birthing center or who has privileges*  
411 *at a nearby birthing hospital. [210 ILCS 170/5])*

412  
413 "Chronic Renal Dialysis" means a category of service in which dialysis is  
414 performed on a regular long-term basis in patients with chronic irreversible renal  
415 failure. The maintenance and preparation of patients for kidney transplantation  
416 (including the immediate post-operative period and in case of organ rejection) or  
417 other acute conditions within a hospital does not constitute a chronic renal dialysis  
418 category of service.

419  
420 ~~"Clinical Encounter Time" means an instance of direct provider/practitioner to~~  
421 ~~patient interaction, between a patient and a practitioner vested with primary~~  
422 ~~responsibility for diagnosing, evaluating or treating the patient's condition, or~~  
423 ~~both. The clinical encounter definition excludes practitioner actions in the absence~~  
424 ~~of a patient, such as practitioner to practitioner interaction and practitioner to~~  
425 ~~records interaction.~~

426  
427 ~~"Closed Heart Surgery" means any cardiovascular surgical procedures that do not~~  
428 ~~include the use of a heart/lung pump.~~

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"Closed Medical Staff Model" means a medical facility has determined that only a finite number of health care providers will be allowed to become members. Applications for new health care providers to become members will be accepted only when a vacancy exist.

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

"Community-Based Residential Rehabilitation" shall have the meaning ascribed in Section 35(4) of the Alternative Health Care Delivery Act. [210 ILCS 3]~~means services that include, but are not limited to, case management, training and assistance with activities of daily living, nursing consultation, traditional therapies (physical, occupational, speech), functional interventions in the residence and community (job placement, shopping, banking, recreation), counseling, self-management strategies, productive activities, and multiple opportunities for skill acquisition and practice throughout the day. [210 ILCS 3/35]~~

"Community-Based Residential Rehabilitation Center" shall have the meaning ascribed in Section 35(4) of the Alternative Health Care Delivery Act. [210 ILCS 3]~~means a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitative care or intense medical or nursing services. The average length of stay in a community based residential rehabilitation center shall not exceed 4 months. [210 ILCS 3/35]~~

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

"Comprehensive Physical Rehabilitation Facility" means a distinct bed unit of a hospital or a special referral hospital that provides a program of comprehensive physical rehabilitation; that is designed, equipped, organized, and operated to deliver inpatient rehabilitation services; and that is licensed by the Department of Public Health under the Hospital Licensing Act or is a facility operated or

472 maintained by the State or a State agency. Types of comprehensive physical  
473 rehabilitation facilities include:

474  
475 "Freestanding comprehensive physical rehabilitation facility" means a  
476 specialty hospital dedicated to the provision of comprehensive  
477 rehabilitation; and

478  
479 "Hospital-based comprehensive physical rehabilitation facility" means a  
480 distinct unit, located in a hospital, dedicated to the provision of  
481 comprehensive physical rehabilitation.

482  
483 "Coronary Angioplasty" shall have the meaning ascribed in Section 205.110 of  
484 the Ambulatory Surgical Treatment Center Licensing Requirements (see 77 Ill.  
485 Adm. Code 205).

486  
487 ~~"Dedicated Cardiac Catheterization Laboratory" means a distinct laboratory that is~~  
488 ~~staffed, equipped, and operated solely for the provision of cardiac catheterization.~~

489  
490 "Designated Pediatric Beds" means beds within the facility that are primarily used  
491 for pediatric patients and are not a component part of a distinct pediatric unit as  
492 defined in this Section.

493  
494 "Dialysis" means a process by which dissolved substances are removed from a  
495 patient's body by diffusion from one fluid compartment to another across a semi-  
496 permeable membrane. The two types of dialysis that are recognized are  
497 hemodialysis and peritoneal dialysis.

498  
499 ~~"Dialysis" means a process by which dissolved substances are removed from a~~  
500 ~~patient's body by diffusion from one fluid compartment to another across a semi-~~  
501 ~~permeable membrane. [210 ILCS 62/5] The two types of dialysis that are~~  
502 ~~recognized in classical practice are hemodialysis and peritoneal dialysis.~~

503  
504 "Dialysis Technician" means an individual who provides dialysis care under the  
505 supervision of a registered nurse or physician.

506  
507 ~~"Dialysis Technician" means an individual who is not a registered nurse or~~  
508 ~~physician and who provides dialysis care under the supervision of a registered~~  
509 ~~nurse or physician. [210 ILCS 62/5]~~

510  
511 "Discontinuation" ~~shall have the meaning ascribed~~ ~~means to cease operation of an~~  
512 ~~entire health care facility or to cease operation of a category of service and is~~  
513 ~~further defined~~ in 77 Ill. Adm. Code 1130.1401130.

514

515 "Distinct Unit" means a physically distinct area comprising all beds served by a  
516 nursing station in which a particular category of service is provided and utilizing a  
517 nursing staff assigned exclusively to the distinct area.  
518

519 "Emergency Medical Services System" or "EMS System" shall have the meaning  
520 ascribed in Section 3.20(a) of the Emergency Medical Services (EMS) Systems  
521 Act. [210 ILCS 50] ~~means an organization of hospitals, vehicle service providers~~  
522 ~~and personnel approved by IDPH in a specific geographic area, which~~  
523 ~~coordinates and provides pre-hospital and inter-hospital emergency care and~~  
524 ~~non-emergency medical transports at a BLS, ILS, and/or ALS level pursuant to a~~  
525 ~~System program plan submitted to and approved by IDPH, and pursuant to the~~  
526 ~~EMS Region Plan adopted for the EMS Region in which the System is located.~~  
527 ~~[210 ILCS 50/3.20]~~  
528

529 "Emergent Care" means medical or surgical procedures and care provided to those  
530 patients treated in an emergency department (ED) of a hospital or freestanding  
531 emergency center who have traumatic conditions or illnesses with an acuity level  
532 that is classified as level one or level two based upon the Emergency Severity  
533 Index (ESI) as defined in the "Emergency Severity Index Version 4:  
534 Implementation Handbook" published by the Agency for Healthcare Research and  
535 Quality, Rockville MD (Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel  
536 DR; AHRQ Publication No. 05-0046-2; May 2005, no later amendments or  
537 editions included).  
538

539 "End Stage Renal Disease" or "ESRD" means that stage of renal impairment that  
540 appears irreversible and permanent and that requires a regular course of dialysis  
541 or kidney transplantation to maintain life.  
542

543 ~~"End Stage Renal Disease" or "ESRD" means that stage of renal impairment that~~  
544 ~~appears irreversible and permanent and that requires a regular course of dialysis~~  
545 ~~or kidney transplantation to maintain life. [210 ILCS 62/5]~~  
546

547 "End Stage Renal Disease Facility" means a freestanding facility or a unit within  
548 an existing health care facility that furnishes in-center hemodialysis treatment and  
549 other routine dialysis services to end stage renal disease patients. These types of  
550 services may include self-dialysis, training in self-dialysis, dialysis performed by  
551 trained professional staff, and chronic maintenance dialysis, including peritoneal  
552 dialysis.  
553

554 "Extracorporeal Circulation" or "Bypass" means, for the purpose of open heart  
555 surgery category of service, the circulation of blood outside the body, as through a  
556 heart/lung apparatus for carbon dioxide-oxygen exchange.  
557

558 "Federally Qualified Health Center" or "FQHC" means a health center funded  
559 under section 330 of the Public Health Service Act (42 U.S.C. 254b).

560  
561 "Federally Qualified Health Center Look-Alike" or "FQHC Look-Alike" means  
562 an organization that meets the requirements for receiving a grant under section  
563 330 of the Public Health Service Act but does not receive federal grants under that  
564 authority.

565  
566 "Fertility Rate" means determinations by IDPH of population fertility that is  
567 based upon resident birth data for an area. The fertility rate data sources include:  
568 birth data from the Division of Vital Records by age of mother and by county and  
569 population figures from IDPH estimates for females aged 15-44 by county.

- 570  
571 ~~• birth data from the Division of Vital Records by age of mother and by~~  
572 ~~county; and~~  
573  
574 ~~• population figures from IDPH estimates for females aged 15-44 by~~  
575 ~~county.~~

576  
577 "Freestanding Emergency Center" or "FEC" shall have the meaning ascribed in  
578 Section 32.5(a) of the Emergency Medical Services (EMS) Systems Act. [210  
579 ILCS 50]~~means a facility subject to licensure under Section 32.5 of the~~  
580 ~~Emergency Medical Services (EMS) Systems Act [210 ILCS 50/32.5] that~~  
581 ~~provides emergency medical and related services.~~

582  
583 "Freestanding Emergency Center Medical Services" or "FECMS" means a  
584 category of service pertaining to the provision of emergency medical and related  
585 services provided in a freestanding emergency center.

586  
587 "General Long-Term Care" means a classification of categories of service that  
588 provide inpatient levels of care primarily for convalescent or chronic disease adult  
589 patients/residents who do not require specialized long-term care services. The  
590 General Long-Term Care Classification includes the nursing category of service,  
591 which provides inpatient treatment for convalescent or chronic disease  
592 patients/residents and includes the skilled nursing level of care and/or the  
593 intermediate nursing level of care (both as defined in IDPH's Skilled Nursing and  
594 Intermediate Care Facilities Code (77 Ill. Adm. Code 300)).

595  
596 "HFSRB" or "State Board" or "Board" means the Health Facilities and Services  
597 Review Board. (Section 3 of the Act)~~"State Board" means the Health Facilities~~  
598 ~~and Service Review Board established by the Act.~~

599

600 "Health Professional Shortage Area" or "HPSA" means a designation provided by  
601 the U.S. Department of Health and Human Services, Health Resources and  
602 Service Administration. The HPSA designation indicates the shortage of primary  
603 medical care, dental or mental health providers. The HPSA designation may be  
604 geographic (a county or service area), a population group (e.g., low-income,  
605 Medicaid eligible) or facility (comprehensive health center, FQHC, or other  
606 public facility or non-profit facility). HPSA designations can be found at  
607 <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>.  
608

609 ~~"Health Professional Shortage Areas" means urban or rural areas, population~~  
610 ~~groups, or medical or other public facilities that may have shortages of primary~~  
611 ~~medical care, dental or mental health providers, as determined by HHS' Shortage~~  
612 ~~Designation Branch in the Health Resources and Services Administration (HRSA)~~  
613 ~~Bureau of Health Professions National Center for Health Workforce; and as~~  
614 ~~determined by the Illinois Designation of Shortage Areas (77 Ill. Adm. Code~~  
615 ~~590.410).~~  
616

617 "Health Service Area" or "HSA" means the following geographic areas:  
618

619 HSA I – Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee,  
620 Ogle, Stephenson, Whiteside, and Winnebago  
621

622 HSA II – Illinois Counties of Bureau, Fulton, Henderson, Knox, LaSalle,  
623 Marshall, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, and  
624 Woodford  
625

626 HSA III – Illinois Counties of Adams, Brown, Calhoun, Cass, Christian,  
627 Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard,  
628 Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott  
629

630 HSA IV – Illinois Counties of Champaign, Clark, Coles, Cumberland,  
631 DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean,  
632 Moultrie, Piatt, Shelby, and Vermilion  
633

634 HSA V – Illinois Counties of Alexander, Bond, Clay, Crawford, Edwards,  
635 Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper,  
636 Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski,  
637 Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White,  
638 and Williamson  
639

640 HSA VI – City of Chicago  
641

642 HSA VII – DuPage County and Suburban Cook County

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

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

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

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

"Hemodialysis" means a type of dialysis that involves the use of artificial kidney through which blood is circulated on one side of a semi-permeable membrane while the other side is bathed by a salt dialysis solution. The accumulated toxic products diffuse out of the blood into the dialysate bath solution. The concentration and total amount of water and salt in the body fluid are adjusted by appropriate alterations in composition of the dialysate fluid.

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

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

"Hospital" shall have the meaning ascribed in Section 3(a) of the Hospital Licensing Act [210 ILCS 85].~~means a facility, institution, place or building licensed pursuant to or operated in accordance with the Hospital Licensing Act [210 ILCS 45] or a State-operated facility that is utilized for the prevention, diagnosis, and treatment of physical and mental ills. For purposes of this Subchapter, two basic types of hospitals are recognized:~~

~~General Hospital—a facility that offers an integrated variety of categories of service and that offers and performs scheduled surgical procedures on an inpatient basis.~~

~~Special or Specialized Hospital—a facility that offers, primarily, a special or particular category of service.~~

"In-Center Hemodialysis" means a category of service that is provided in an end stage renal disease facility certified by the Centers for Medicare and Medicaid Services.

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

688  
689 "Independent Travel Time Studies" means studies developed and submitted to  
690 refine or supplement the determination of Normal Travel Time. Independent  
691 Travel Time studies will be considered by HFSRB only if conducted utilizing the  
692 criteria specified in this Part.

693  
694 ~~"Index of Medically Underserved" or "IMU" means shortage designation criteria~~  
695 ~~applied to determine Medically Underserved Area or Medically Underserved~~  
696 ~~Population designation. The four variables of the IMU are ratio of primary~~  
697 ~~medical care physicians per 1,000 population, infant mortality rate, percentage of~~  
698 ~~the population with incomes below the poverty level, and percentage of the~~  
699 ~~population age 65 or over (Source: Health Resources and Services Administration~~  
700 ~~Bureau of Health Professions website MUA Find (hrsa.gov)).~~

701  
702 "Intensive Care Service" means a category of service providing the coordinated  
703 delivery of treatment to the critically ill patient or to patients requiring continuous  
704 care due to special diagnostic considerations requiring extensive monitoring of  
705 vital signs through mechanical means and through direct nursing supervision.  
706 This service is given at the direction of a physician on behalf of patients by  
707 physicians, dentists, nurses, and other professional and technical personnel. The  
708 intensive care category of service includes the following subcategories: medical  
709 ICU, surgical ICU, coronary care, pediatric ICU, and combinations of such ICUs.  
710 This category of service does not include intermediate intensive or coronary care  
711 and special care units that are included in the medical-surgical category of  
712 service.

713  
714 "Intensive Care Unit" or "ICU" means a distinct part of a facility that provides a  
715 program of intensive care service; that is designed, equipped, organized, and  
716 operated to deliver optimal medical care for the critically ill or for patients with  
717 special diagnostic conditions requiring specialized equipment, procedures, and  
718 staff; and that is under the direct visual supervision of a nursing staff. Prior to  
719 February 15, 2003, the repeal of 77 Ill. Adm. Code 1110.1010, 1110.1020 and  
720 1110.1030, the beds and corresponding utilization for the burn treatment category  
721 of service were included in the intensive care category of service.

722  
723 "Inventory of Health Care Facilities and Services and Need Determinations" shall  
724 have the meaning ascribed at 77 Ill. Adm. Code 1130.140. ~~means a statewide~~  
725 ~~inventory of beds and other services, and need determinations that HFSRB shall~~  
726 ~~maintain and update on the Board's website, as mandated in the Health Facilities~~  
727 ~~Planning Act. (See Section 12(4) of the Act [20 ILCS 3960].)~~

728

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

734  
735 "Kidney Transplantation Center" means a hospital that directly furnishes  
736 transplantation and other medical and surgical specialty services required for the  
737 care of the kidney transplant patient, including inpatient dialysis furnished  
738 directly or under arrangement.

739  
740 ~~"Kidney Transplantation Service" means a category of service that involves the~~  
741 ~~surgical replacement of a nonfunctioning human kidney with a donor kidney in~~  
742 ~~order to restore renal function to the patient.~~

743  
744 *"Licensed certified professional midwife" means a person who has successfully*  
745 *met the requirements under Section 45 of the Licensed Certified Professional*  
746 *Midwife Practice Act and holds an active license to practice as a licensed*  
747 *certified professional midwife in Illinois. [225 ILCS 64/10 and 210 ILCS 170/5]*

748  
749 "Maternity Care" means a subcategory of obstetric service related to the medical  
750 care of the patient prior to and during the act of giving birth either to a living child  
751 or to a dead fetus and to the continuing medical care of both patient and newborn  
752 infant under the direction of a physician, by physicians, nurses, and other  
753 professional and technical personnel.

754  
755 "Medically Underserved Area" or "MUA" means a location designated by the  
756 U.S. Department of Health and Human Services based on the availability of  
757 primary care physicians, demographic characteristics, and health status of the  
758 residents of a service area. The designation is used to identify areas in need of  
759 additional health care services. MUAs can be found at  
760 <https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>.

761  
762 ~~"Medically Underserved Areas" means a whole county or a group of contiguous~~  
763 ~~counties, or a group of county or civil divisions, or a group of urban census tracts~~  
764 ~~in which residents have a shortage of personal health services, as determined by~~  
765 ~~HHS' Shortage Designation Branch in the Health Resources and Services~~  
766 ~~Administration (HRSA) Bureau of Health Professions National Center for Health~~  
767 ~~Workforce.~~

768  
769 "Medically Underserved Population" or "MUP" means a population group  
770 designated by the U.S. Department of Health and Human Services as needing

771 [additional health care services. MUPs can be found at](https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find)  
772 [https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find.](https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find)

773  
774 ~~"Medically Underserved Populations" means groups of persons who face~~  
775 ~~economic, cultural or linguistic barriers to health care, as determined by HHS'~~  
776 ~~Shortage Designation Branch in the Health Resources and Services~~  
777 ~~Administration (HRSA) Bureau of Health Professions National Center for Health~~  
778 ~~Workforce.~~

779  
780 "Medical-Surgical Service" means a category of service pertaining to the medical-  
781 surgical inpatient care performed at the direction of a physician, by physicians,  
782 dentists, nurses, and other professional and technical personnel. For purposes of  
783 77 Ill. Adm. Code 1100, ~~Chapter II, Subchapter a (Illinois Health Care Facilities~~  
784 ~~Plan)~~, this category of service may include medical-surgical and their respective  
785 sub-specialties of service. The medical-surgical category of service specifically  
786 does not include the following other separate categories of service and their  
787 subcategories:

- 788
- 789           Obstetric Service;
- 790
- 791           Pediatric Service;
- 792
- 793           Intensive Care Service;
- 794
- 795           Comprehensive Physical Rehabilitation Service;
- 796
- 797           Acute and Chronic Mental Illness Treatment Service;
- 798
- 799           Neonatal Intensive Care Service;
- 800
- 801           General Long-Term Care Service;
- 802
- 803           Specialized Long-Term Care Service;
- 804
- 805           Long-Term Acute Care Service.
- 806

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

810  
811 ["Metropolitan Statistical Area" or "MSA" means one or more adjacent counties](#)  
812 [that have at least one urban core of at least 50,000 population, plus adjacent](#)

813 territory that has a high degree of social and economic integration with the core,  
814 as measured by commuting ties.

815  
816 "Modernization" shall have the meaning ascribed at 77 Ill. Adm. Code  
817 ~~1130.140. means modification of an existing health care facility by means of~~  
818 ~~building, alteration, reconstruction, remodeling, replacement and/or expansion,~~  
819 ~~the erection of new buildings, or the acquisition, alteration, or replacement of~~  
820 ~~equipment. Modification does not include a substantial change in either the bed~~  
821 ~~count or scope of the facility.~~

822  
823 "Neonatal Intensive Care" means a level of care providing constant and close  
824 medical coordination, multi-disciplinary consultation, and supervision to those  
825 neonates with serious and life threatening developmental or acquired medical and  
826 surgical problems that require highly specialized treatment and highly trained  
827 nursing personnel.

828  
829 "Neonatal Intensive Care Service" means a category of service providing  
830 treatment of the infant for problems identified in the neonatal period that warrant  
831 intensive care. An intensive neonatal care service must include a related obstetric  
832 service for care of the high-risk mother (except when the facility is dedicated to  
833 the care of children).

834  
835 "Neonatal Intensive Care Unit" means a distinct part of a facility that provides a  
836 program of intensive neonatal care and that is designed, equipped, and operated to  
837 deliver medical and surgical care to high-risk infants.

838  
839 "Neonatologist" means a physician who is certified by the American Board of  
840 Pediatrics Sub-Board of Neonatal-Perinatal Medicine or a licensed osteopathic  
841 physician with equivalent training and experience and certified by the American  
842 Osteopathic Board of Pediatricians.

843  
844 "Newborn Nursery Level I", "Newborn Nursery Level II", "Newborn Nursery  
845 Level II with Extended Neonatal Capabilities" and "Newborn Nursery Level III"  
846 mean designations for hospitals providing newborn health care as defined and  
847 listed in the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640).

848  
849 "Non-Hospital Based Ambulatory Surgery" means a category of service relating  
850 to surgery that is performed at ambulatory surgical treatment centers on patients  
851 that arrive and are discharged the same day. Ambulatory surgery as the provision  
852 of surgical services may require anesthesia or a period of post-operative  
853 observation or both on a patient whose inpatient stay is not anticipated as being  
854 medically necessary.

855

856 "Observation Days" means the number of days of service provided to outpatients  
857 for the purpose of determining whether a patient requires admission as an  
858 inpatient or other treatment.  
859

860 "Obstetric/Gynecological Care" means a subcategory of obstetric service in which  
861 medical care is provided to clean (non-infectious) gynecological, surgical, or  
862 medical cases that are admitted to a postpartum section of an obstetric unit in  
863 accordance with the requirements of the Hospital Licensing Act.  
864

865 "Obstetric Service" means a category of service pertaining to the medical or  
866 surgical care of maternity and newborn patients or medical or surgical cases that  
867 may be admitted to a postpartum unit.  
868

869 "Occupancy Rate" means a measure of inpatient health facility use, determined by  
870 dividing average daily census by the number of authorized beds. It measures the  
871 average percentage of a facility's beds occupied and may be institution-wide or  
872 specific for one department or service.  
873

874 "Occupancy Target" means a utilization level established by IDPH for a facility or  
875 service reflecting adequate access as well as operational efficiency.  
876

877 "Open Heart Surgery" means a category of service that utilizes any form of  
878 cardiac surgery that requires the use of extracorporeal circulation and  
879 oxygenation. The use of a pump during the procedure distinguishes "open heart"  
880 from "closed heart" surgery.  
881

882 "Open Medical Staff Model" means a medical facility that continually accepts  
883 applications from new health care providers to furnish care at a medical facility.  
884

885 "Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a  
886 setting designed and equipped for major or minor surgical procedures performed  
887 in conjunction with oral, parenteral, or intravenous sedation or under analgesic or  
888 dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care  
889 and Office-based Surgery, third edition, American College of Surgeons, 633 N.  
890 Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later  
891 amendments or editions included)  
892

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

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

"Patient Days" means the total number of days of service provided to inpatients over a 12-month period, usually expressed as annual patient days measured. This figure includes observation days if the observation patient occupies a bed that is included in IDPH's Inventory of Health Care Facilities and Services and Need Determinations ([see https://hfsrb.illinois.gov/inventories\\_data.html](https://hfsrb.illinois.gov/inventories_data.html)).

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

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

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

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

"Percutaneous Coronary Intervention" or "PCI" shall have the meaning ascribed in Section 205.110 of the Ambulatory Surgical Treatment Center Licensing Requirements (see 77 Ill. Adm. Code 205).

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

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

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

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

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

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

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

"Postsurgical Recovery Care Center" shall have the meaning ascribed in Section 35(2) of the Alternative Health Care Delivery Act [210 ILCS 3].~~means a designated site which provides postsurgical recovery care for generally healthy patients undergoing surgical procedures that require overnight nursing care, pain control, or observation that would otherwise be provided in an inpatient setting. Such a center may be either freestanding or a defined unit of an ambulatory surgical treatment center or hospital. The maximum length of stay for patients in a postsurgical recovery care center is not to exceed 72 hours. (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35(2)])~~

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

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

"Quality of Care", for purposes of 77 Ill. Adm. Code 1110.110, means the degree to which delivered health services meet established professional standards and are judged to be of value to the consumer. Quality may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes and minimize risk and other outcomes, given the existing state of medical science and art. (Source: "A Glossary of Terms for Community Health Care and Services for Older Persons", World Health Organization Centre for Health Development, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-Ku, Kobe 651-0073 Japan, tel. +81 78 230 3100; 2004, no later amendments or editions included)

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

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

"Resource Hospital" shall have the meaning ascribed in Section 518.1000 of the Freestanding Emergency Center Code (77 Ill. Adm. Code 518).~~means the hospital that is responsible for an Emergency Medical Services (EMS) System in a specific geographic region, as defined in the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].~~

"Rural Health Clinic" means a clinic that is in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases and provides primary care and routine laboratory services to medically underserved populations.

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

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

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

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

"Special Procedures Laboratory with a Cardiac Catheterization Service" means a special procedures or angiography laboratory that has the equipment, staff and support services required to provide cardiac catheterization and in which catheterizations are routinely performed. The laboratory is also utilized for other procedures, such as angiography, not directly related to cardiac catheterization.

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

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

Long-Term Care for the Developmentally Disabled (Adult) (DD-Adult) – levels of care for developmentally disabled adults as defined in the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5] (including those facilities licensed as Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)) that provide an integrated, individually tailored program of services for developmentally disabled

1071 adults and that provide an active, aggressive and organized program of  
1072 services directed toward achieving measurable behavioral and learning  
1073 objectives.  
1074

1075 Long-Term Care for the Developmentally Disabled (Children)  
1076 (DD-Children) – levels of care for developmentally disabled children  
1077 limited to those residents ages zero through 21 years and whose condition  
1078 meets the definition of developmental disabilities in the Illinois Mental  
1079 Health and Developmental Disabilities Code.  
1080

1081 "Social Vulnerability Index" or "SVI" is a tool used by the U.S. Centers for  
1082 Disease Control and Prevention to identify socially vulnerable populations.  
1083 Information on the location and concentration of different types of social  
1084 vulnerabilities can help plan for the specific needs of a community.  
1085

1086 "Surgical Referral Site" means an ambulatory surgical treatment center or hospital  
1087 in which surgery will be performed and the surgical patient then transferred to the  
1088 recovery care center.  
1089

1090 "Teaching Institution" means, ~~for the purpose of selected organ transplantation~~  
1091 ~~category of service,~~ a hospital having a major relationship with a medical school  
1092 as defined and listed in the Directory of Residency Training Programs developed  
1093 by the American Medical Association ~~and the National Organ Procurement and~~  
1094 ~~Transplantation Network~~ (AMA, [330 North Wabash Avenue, Suite 39300,](#)  
1095 [Chicago, Illinois 60611-5885, 312-464-4782](#)~~535 N. Dearborn, Chicago IL~~  
1096 ~~60610, 312/751-6079; 2009-2010, no later amendments or editions included).~~  
1097

1098 "Therapeutic Cardiac Catheterization Service" shall have the meaning ascribed in  
1099 Section 205.110 of the Ambulatory Surgical Treatment Center Licensing  
1100 Requirements (see 77 Ill. Adm. Code 205).  
1101

1102 "Therapeutic Cardiac Catheterization Session" shall have the meaning ascribed in  
1103 Section 205.110 of the Ambulatory Surgical Treatment Center Licensing  
1104 Requirements (see 77 Ill. Adm. Code 205).  
1105

1106 "Urea" means the chief product of urine and the final product of protein  
1107 metabolism in the body.  
1108

1109 "Urea Reduction Ratio" or "URR" means the amount of blood cleared of urea  
1110 during dialysis. It is reflected by the ratio of the measured level of urea before  
1111 dialysis and urea remaining after dialysis. The larger the URR, the greater the  
1112 amount of urea removed during the dialysis treatment.  
1113

1114 "Use Rate" means the ratio of inpatient days per 1,000 population over a 12-  
1115 month period (Inpatient Days/Population in Thousands = Use Rate). For need  
1116 assessment purposes, HFSRB may establish minimum or maximum use rates ~~in~~  
1117 ~~order~~ to promote the development of additional resources or to limit unnecessary  
1118 duplication of services and beds in a planning area.

1119  
1120 "Utilization Standards" means an operational target for facilities or services that  
1121 may demonstrate operational efficiencies, minimum proficiency, or other  
1122 performance parameters. Utilization standards and their purposes are established  
1123 by category of service. Utilization may be expressed by various ratios, such as  
1124 facility or bed service occupancy rates or hours of use for types of equipment,  
1125 operating rooms, dialysis stations, etc.

1126  
1127 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1128  
1129 SUBPART D: NEED ASSESSMENT

1130  
1131 **Section 1100.620 Cardiac Catheterization Category of Service ~~Services~~**

- 1132  
1133 a) Planning Areas: Health Service Areas (see 77 Ill. Adm. Code 1100.220) ~~as~~  
1134 ~~defined by the Department of Health and Human Services pursuant to P.L. 93-~~  
1135 ~~641.~~  
1136  
1137 b) Utilization Standards:  
1138 There should be a minimum of 200 cardiac catheterization procedures performed  
1139 annually within two years after initiation of the service. After the initial two-year  
1140 period (from the third full year of operation on), a health care facility should  
1141 continue to meet the 200-procedure standard.  
1142  
1143 c) Need Determination—~~Cardiac Catheterization Programs:~~  
1144 No additional cardiac catheterization service shall be started unless each facility  
1145 in the planning area offering cardiac catheterization services operates at the  
1146 utilization standard referenced in subpart (b) a level of 400 procedures annually.

1147  
1148 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1149  
1150 **Section 1100.720 Selected Organ Transplantation (Repealed)**

- 1151  
1152 a) ~~Planning Area—The State of Illinois~~  
1153  
1154 b) ~~Need Determination:~~  
1155 ~~No formula need has been developed for this category of service. It is the~~  
1156 ~~responsibility of the applicant to document the need for the service by complying~~

1157 ~~with all applicable Review Criteria contained in 77 Ill. Adm. Code 1110.~~

1158  
1159 (Source: Repealed at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1160  
1161 **Section 1100.730 Kidney Transplantation (Repealed)**

- 1162  
1163 a) ~~Planning Area—The State of Illinois~~
- 1164  
1165 b) ~~Need Determination—One program is needed for a population base of two~~  
1166 ~~million unserved people within a three-hour travel time.~~
- 1167  
1168 c) ~~Utilization Standards—Minimum utilization of 25 transplants annually.~~

1169  
1170 (Source: Repealed at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1171  
1172 **Section 1100.740 Subacute Care Hospital Model (Repealed)**

- 1173  
1174 a) ~~Planning Area:~~
- 1175  
1176 1) ~~the City of Chicago;~~
- 1177  
1178 2) ~~Cook County outside the City of Chicago;~~
- 1179  
1180 3) ~~DuPage, Kane, Lake, McHenry, and Will Counties;~~
- 1181  
1182 4) ~~Municipalities with a population greater than 50,000 not located in the~~  
1183 ~~areas described in subsections (a)(1), (2), and (3) of this Section.~~  
1184 ~~Municipalities means geographic areas designated as a Metropolitan~~  
1185 ~~Statistical Area (MSA) by the Bureau of the Census pursuant to the 1990~~  
1186 ~~census but shall not include any counties within an MSA having a 1990~~  
1187 ~~population of less than 35,000. Counties with a 1990 population less than~~  
1188 ~~35,000 and which are located in an MSA are: Boone, Clinton, Grundy,~~  
1189 ~~Jersey, Menard, Monroe, and Woodford counties. These counties shall be~~  
1190 ~~classified as rural areas pursuant to subsection (a)(5) of this Section; and~~
- 1191  
1192 5) ~~Rural areas, i.e., all areas exclusive of subsections (a)(1), (2), (3), and (4)~~  
1193 ~~of this Section.~~
- 1194  
1195 b) ~~Age groups: All ages~~
- 1196  
1197 c) ~~Occupancy Targets:—Modernization/Establishment 75%~~
- 1198  
1199 d) ~~Bed capacity:~~

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- 1) ~~the lesser of measured bed capacity or functional bed capacity per individual room utilized for subacute care for facilities licensed or operated pursuant to the Hospital Licensing Act [210 ILCS 85]; or~~
  - 2) ~~the licensed bed capacity per individual room utilized for subacute care for facilities licensed pursuant to the Nursing Home Care Act [210 ILCS 45].~~
  - e) ~~Need Determination: There shall be no more than:~~
    - 1) ~~Three subacute alternative health care models in the City of Chicago; one in an existing licensed hospital, one in an existing licensed long term care facility and one located on a designated site which shall have been licensed as a hospital under the Illinois Hospital Licensing Act within the ten years immediately before the application for a license (Section 30 of the Alternative Health Care Delivery Act [210 ILCS 3/30]) but which is not now currently operating as such.~~
    - 2) ~~Two subacute alternative health care models in Cook County outside the city of Chicago; one of which must be located in an existing licensed hospital and the other in an existing licensed long term care facility.~~
    - 3) ~~Two subacute alternative health care models in DuPage, Kane, Lake, McHenry and Will Counties; one of which must be located in an existing licensed hospital and the other in an existing licensed long term care facility.~~
    - 4) ~~Two subacute alternative health care models in municipalities with a population greater than 50,000 not located in areas included in subsections (e)(1), (2), or (3) of this Section; one of which must be located in an existing licensed hospital and the other in an existing licensed long term care facility.~~
    - 5) ~~Four subacute alternative health care models in rural areas; two of which must be located in existing licensed hospitals and the other two in existing long term care facilities.~~
  - f) ~~Beds approved for a subacute care hospital model shall be inventoried for the category of service utilized prior to permit issuance during the demonstration period.~~
  - g) ~~If after a period of one year from the effective date of this regulation, the need in a planning area for a subacute care hospital model to be located in either an existing~~

~~licensed hospital or long-term care facility has not been met, the need may be met by either an existing hospital or an existing long-term care facility.~~

(Source: Repealed at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1100.760 Children's Respite Care Center Alternative Health Care Model**  
**(Repealed)**

a) ~~Planning Areas:~~

~~1) The City of Chicago;~~

~~2) Cook County outside the City of Chicago;~~

~~3) DuPage, Kane, Lake, Will and McHenry Counties;~~

~~4) Municipalities with a population greater than 50,000 not located in the areas described in subsections (a)(1), (2), and (3) of this Section. Municipalities means geographic areas designated as Metropolitan Statistical Areas by the Bureau of the Census; and~~

~~5) Rural areas, i.e., all areas exclusive of subsections (a) (1), (2), (3), and (4) of this Section.~~

b) ~~Age Groups:~~  
~~Children up to age 18.~~

c) ~~Development Restrictions:~~  
~~No more than one children's respite care model owned and operated by a licensed skilled pediatric facility shall be located in each of the areas designated in subsection (a) of this Section. (Section 30(a)(10) of the Alternative Health Care Delivery Act [210 ILCS 3/30(a)(10)])~~

d) ~~Bed Capacity:~~  
~~A Children's Respite Care Alternative Health Care Model shall provide care in a home-like environment that serves no more than 10 children at a time. (Section 35(3) of the Alternative Health Care Delivery Act [210 ILCS 3/35(3)]) Bed capacity within a children's respite care alternative health care model shall not exceed 10 beds and shall be inventoried as a separate category of service.~~

e) ~~Occupancy Targets:~~  
~~Beds should have an occupancy of 40% or higher.~~

- 1286            ~~f)    Need Determination:~~  
1287                    ~~There shall be no more than a total of eight Children's Respite Care Alternative~~  
1288                    ~~Health Care Models in the demonstration program, located as follows:~~  
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1290                    ~~1)    One in the City of Chicago.~~  
1291  
1292                    ~~2)    One in Cook County outside the City of Chicago.~~  
1293  
1294                    ~~3)    Two in DuPage, Kane, Lake, McHenry and Will counties.~~  
1295  
1296                    ~~4)    Two in municipalities (as defined in subsection (a)(4)) not located in areas~~  
1297                    ~~specified in subsection (f)(1), (2) or (3) above.~~  
1298  
1299                    ~~5)    Two in rural areas (as defined in subsection (a)(5)) not located in areas~~  
1300                    ~~specified in subsection (f)(1), (2), (3) or (4) above. (Section 30(a)(10) of~~  
1301                    ~~the Alternative Health Care Delivery Act [210 ILCS 3/30(a)(10)])~~  
1302  
1303

(Source: Repealed at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)