**Section 1100.520 Medical-Surgical Care and Pediatric Care**

a) Planning Areas

There are 40 medical-surgical and pediatric care planning areas that have been delineated by HFSRB contained within six regions established for the State of Illinois.

1) Region A (comprised of HSAs 6, 7, 8 and 9)

A) Planning Area A-1: City of Chicago Community Areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare and Edgewater.

B) Planning Area A-2:  City of Chicago Community Areas of Humboldt Park, West Town, Austin, West Garfield Park, East Garfield Park, Near West Side, North Lawndale, South Lawndale, Lower West Side, Loop, Armour Square, McKinley Park and Bridgeport.

C) Planning Area A-3:  City of Chicago Community Areas of Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Near South Side, Washington Park, Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, Garfield Ridge, Archer Heights, Brighton Park, New City, West Elsdon, Gage Park, Clearing, West Lawn, West Englewood, Englewood, Chicago Lawn and Greater Grand Crossing.

D) Planning Area A-4:  City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom.

E) Planning Area A-5:  DuPage County.

F) Planning Area A-6:  Cook County Townships of River Forest, Oak Park, Cicero, Berwyn, Riverside, Proviso, Leyden and Norwood Park.

G) Planning Area A-7:  Cook County Townships of Maine, Elk Grove, Schaumburg, Palatine and Wheeling.

H) Planning Area A-8:  City of Chicago Community Areas of Rogers Park and West Ridge; Cook County Townships of Northfield, New Trier, Niles and Evanston.

I) Planning Area A-9:  Lake County.

J) Planning Area A-10:  McHenry County.

K) Planning Area A-11:  Cook County Townships of Barrington and Hanover; Kane County Townships of Hampshire, Rutland, Dundee, Burlington, Plato, Elgin, Virgil, Campton and St. Charles.

L) Planning Area A-12:  Kendall County; Kane County Townships of Kaneville, Black Berry, Aurora, Big Rock, Sugar Grove, Batavia and Geneva.

M) Planning Area A-13: Grundy and Will Counties.

N) Planning Area A-14: Kankakee County.

2) Region B (comprised of HSA 1)

A) Planning Area B-1: Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River and Mount Morris.

B) Planning Area B-2: Jo Daviess and Stephenson Counties; Ogle County Townships of Forreston, Maryland, Lincoln, and Brookville; Carroll County Townships of Washington, Savanna, Woodland, Mount Carroll, Freedom, Salem, Cherry Grove-Shannon and Rock Creek-Lima.

C) Planning Area B-3:  Whiteside County; Lee County Townships of Palmyra, Nelson, Harmon, Hamilton, Dixon, South Dixon, Marion, East Grove, Nachusa, China, Amboy, May, Ashton, Bradford, Lee Center, and Sublette; Carroll County Townships of York, Fairhaven, Wysox, and Elkhorn Grove; Ogle County Townships of Eagle Point, Buffalo, Pine Creek, Woosung, Grand Detour, Oregon, Nashua, Taylor, Pine Rock and Lafayette.

D) Planning Area B-4: Lee County Townships of Reynolds, Alto, Viola, Willow Creek, Brooklyn, and Wyoming; DeKalb County

Townships of Paw Paw, Victor, Somonauk, Sandwich, Shabbona, Clinton, Squaw Grove, Milan, Afton, Pierce, Malta, DeKalb, Cortland, Mayfield, South Grove and Sycamore; Ogle County Townships of Flagg and Dement.

3) Region C (comprised of HSAs 2 and 10)

A) Planning Area C-1: Woodford, Peoria, Tazwell, and Marshall Counties; Stark County Townships of Goshen, Toulon, Penn, West Jersey, Valley and Essex.

B) Planning Area C-2: LaSalle, Bureau, and Putnam Counties; Stark County Townships of Elmira and Osceola.

C) Planning Area C-3: Henderson, Warren and Knox Counties.

D) Planning Area C-4: McDonough and Fulton Counties.

E) Planning Area C-5: Rock Island, Henry and Mercer Counties.

4) Region D (comprised of HSA 4)

A) Planning Area D-1: Champaign, Douglas, and Piatt Counties; Ford County Townships of Lyman, Sullivant, Peach Orchard, Wall, Drummer, Dix, Patton, and Button; Iroquois County Townships of Loda, Pigeon Grove and Artesia.

B) Planning Area D-2: Livingston and McLean Counties; Ford County Townships of Rogers, Mona, Pella and Brenton.

C) Planning Area D-3: Vermilion County; Iroquois County Townships of Milks Grove, Chebanse, Papineau, Beaverville, Ashkum, Martinton, Beaver, Danforth, Douglas, Iroquois, Cresent, Middleport, Belmont, Concord, Sheldon, Ash Grove, Milford, Stockland, Fountain Creek, Lovejoy, Prairie Green, Onarga and Ridgeland.

D) Planning Area D-4:  DeWitt, Macon, Moultrie and Shelby Counties.

E) Planning Area D-5:  Coles, Cumberland, Clark and Edgar Counties.

5) Region E (comprised of HSA 3)

A) Planning Area E-1:  Logan, Menard, Mason, Sangamon, Christian and Cass Counties; Brown County Townships of Ripley, Cooperstown, and Versailles; Schuyler County Townships of Littleton, Oakland, Buena Vista, Rushville, Browning, Hickory, Woodstock, Bainbridge and Frederick.

B) Planning Area E-2:  Macoupin and Montgomery Counties.

C) Planning Area E-3:  Greene, Jersey and Calhoun Counties.

D) Planning Area E-4:  Pike, Scott and Morgan Counties.

E) Planning Area E-5:  Adams and Hancock Counties; Schuyler County Townships of Birmingham, Brooklyn, Camden, and Huntsville; Brown County Townships of Pea Ridge, Missouri, Lee, Mount Sterling, Buckhorn and Elkhorn.

6)         Region F (comprised of HSAs 5 and 11)

A)        Planning Area F-1:  Madison and St. Clair Counties; Monroe County Precincts 2, 3, 4, 5, 7, 10, 11, 14, 16, 17, 18, 19, 21, and 22; Clinton County Townships of Sugar Creek, Looking Glass, Germantown, Breese, St. Rose, Wheatfield, Wade, Sante Fe, Lake, Irishtown, Carlyle and Clement.

B)        Planning Area F-2:  Bond, Fayette, and Effingham Counties; Clay County Townships of Blair, Bible Grove, and Larkinsburg; Jasper County Townships of Grove, North Muddy, South Muddy, Smallwood, Wade and Crooked Creek.

 C)        Planning Area F-3:  Crawford, Lawrence, Richland, Wabash, and Edwards Counties; Jasper County Townships of Hunt City, Willow Hill, Ste. Marie, Fox, and Grandville; Clay County Townships of Louisville, Songer, Xenia, Oskaloosa, Hoosier, Harter, Stanford, Pixley, and Clay City; Wayne County Townships of Orchard,

Keith, Garden Hill, Berry, Bedford, Lamard, Indian Prairie, Zif, Elm River, Jasper, Mount Erie, Massilion, Leech, Barnhill and Grover.

D)        Planning Area F-4:  Marion, Jefferson, and Washington Counties; Wayne County Townships of Big Mound, Orel, Hickory Hill, Arrington and Four Mile; Clinton County Townships of East Fork, Meridian and Brookside.

E)         Planning Area F-5:  Hamilton, White, Gallatin, Hardin, and Saline Counties; Pope County Townships of Eddyville #6 and Golconda #2.

F)         Planning Area F-6:  Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.

G)        Planning Area F-7:  Randolph, Perry, Jackson, Union, Alexander, and Pulaski Counties; Monroe County Precincts 1, 6, 8, 9, 12, 13, 15, 20 and 23.

b)         Age Groups

1)         For medical-surgical care, ages 15 and over.

2)         For pediatric care, ages 0-14.

c)         Occupancy Targets:

1)         Occupancy Targets for "Modernization".

|  |  |  |
| --- | --- | --- |
| A)        Medical-Surgical | 1-25 beds | 60% |
|   | 26-99 beds | 75% |
|   | 100-199 beds | 85% |
|   | 200+ beds | 88% |
| B)        Pediatrics | 1-30 beds | 65% |
|   | 31+ beds | 75% |

2)         Occupancy Targets for "Addition of Beds".

|  |  |  |
| --- | --- | --- |
| A)        Medical-Surgical | 1-99 beds | 80% |
|   | 100-199 beds | 85% |
|   | 200+ beds | 90% |
|   |   |   |
| B)        Pediatrics | 1-99 MS beds | 80% |
|   | 100-199 MS beds | 85% |
|   | 200+ MS beds | 90% |

d)         Bed Capacity

1)         Medical-surgical bed capacity is the total number of medical-surgical beds for a facility as determined by HFSRB pursuant to this Part.

2)         Pediatric bed capacity is the total number of pediatric beds for a facility as determined by HFSRB pursuant to this Part.

e)         Need Determination

In assessing the number of beds required to serve the residents of a planning area, HFSRB shall establish a base year and utilize the following methodology to determine the projected number of medical-surgical and pediatric beds needed in a planning area:

1)         Divide the three year average of experienced medical-surgical and pediatric patient days (i.e., the average of the base year's and the two prior years' patient days) for each of five age groups (0-14, 15-44, 45-64, 65-74, and 75+) by the base year population estimate for each age group, resulting in age specific base use rates;

2)         Multiply each age specific base use rate by the population projection, fiveyears from the base year, to obtain each age group's projected patient days;

3)         Add the projected days of the age groups to obtain total projected patient days;

4)         Increase or decrease the projected patient days by a migration patient days factor to obtain total projected patient days.  The migration patient days factor is determined as follows:

A)        Subtract the number of medical-surgical and pediatric in-migration admissions (i.e., non-planning area residents who were admitted to planning area facilities) from the number of out-migration admissions (i.e., planning area residents who were admitted to facilities located outside of the planning area) to obtain either a positive or negative net patient migration number;

B)        Multiply the net patient migration number by the State's base year average length of stay for the combined medical-surgical and pediatric admissions to obtain net migration patient days for the planning area;

C)        Multiply the net migration patient days number by .50 (50% statutory adjustment factor) to obtain the migration patient days factor;

5)         Divide the total projected patient days by the number of days in the projected year to obtain the planning area's projected average daily census (ADC);

6)         Divide the ADC by .80 (80% occupancy factor) if the ADC is below 100; by .85 (85% occupancy factor) if the ADC is 100 through 199; and by .90 (90% occupancy factor) if the ADC is 200 or over, to obtain the projected planning area bed need;

7)         Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective 2822\_\_\_\_\_\_\_)