**Section 1110.260 Community-Based Residential Rehabilitation Center Alternative Health Care Model**

a) Introduction

1) This Section contains review criteria that pertain to the community-based residential rehabilitation center 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 community-based residential rehabilitation category of service is a demonstration program authorized by the Alternative Health Care Delivery Act.

2) As the purpose of the demonstration project is to evaluate the community-based residential rehabilitation model for quality factors, access, and the impact on health care costs, the model approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. Data collected shall be provided to IDPH and the Illinois State Board of Health for use in their evaluation of the model.

b) Review Criteria

1) Staffing

The applicant shall furnish a detailed staffing plan that provides: staff qualifications; identification of the number and type of staff positions dedicated to the model; how special staffing circumstances will be handled; staffing patterns for the proposed community-based residential rehabilitation center; and the manner in which non-dedicated staff services will be provided.

2) Mandated Services

The applicant shall document that the community-based residential rehabilitation center has the capability of providing the minimum range of services required under Section 35 of the Alternative Health Care Delivery Act. Documentation shall consist of a narrative of how services will be provided.

3) Unit Size

The applicant shall document the number and location of all beds in the model. The applicant shall also document that the number of community-based residential rehabilitation beds shall not exceed 12 beds in any one residence, as defined in Section 35 of the Alternative Health Care Delivery Act. No community-based residential rehabilitation center alternative health care delivery model shall exceed 100 beds.

4) Utilization

The applicant shall document that the target utilization for this model (as defined at 77 Ill. Adm. Code 1100.770(c)) will be achieved by the second year of the model's operation. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs, and new procedures that increase utilization.

5) Background of Applicant

The applicant shall demonstrate experience in providing the services required by the model. Additionally, the applicant shall document that the programs provided in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least 3 of the last 5 years.

c) In order for an application for the community-based residential rehabilitation center alternative health care model to be approved, the applicant must comply with all criteria established in subsection (b). Competing applications within a planning area that comply with all criteria shall be evaluated by the State Board 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 for the establishment of this category of service is to evaluate the alternative model for effectiveness, these projects are not complete until such time as 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 permit will not be required of a community-based residential rehabilitation alternative health care model that proposes to cease participation in the demonstration program. If the facility proposes to discontinue the model, written notice containing the reasons for the discontinuation must be received by the State Board at least 90 days prior to the anticipated discontinuation. The project shall be considered abandoned as of the date IDPH receives notice of the actual discontinuation or the date the last client is discharged, whichever is later, and the facility should be removed from the inventory.

2) After obtaining its initial certificate of need, a community-based residential rehabilitation center alternative health care delivery model must obtain an additional certificate of need from the State Board before increasing the bed capacity of the center, as mandated by Section 35(b) of the Alternative Health Care Delivery Act.

3) All assurances for service presented in the application shall be in effect until the demonstration program has been completed, unless altered with approval of the State Board.

4) A community-based residential rehabilitation center alternative health care model shall have a period of 12 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.