**Section 1125.720 Specialized Long-Term Care – Review Criteria**

a) Facility Size – Review Criterion.  The maximum unit size is 100 beds, unless the project is for a State-operated facility or for the long-term medical care for children category of service.

b) Community Related Functions – Review Criterion. The applicant shall document the written endorsement of community groups and shall include the following:

1) a detailed description of the steps taken to inform and receive input from the public, including those community members who live in close proximity to the proposed facility's location;

2) endorsements from social service, social and economic organizations; and

3) support from municipal officials and other elected officials representing the area in which the proposed facility is located.

c) Availability of Ancillary and Support Programs – Review Criterion.  An applicant proposing the establishment of an ICF/DD facility of 16 beds or fewer must document that the community has the necessary support services available to provide care to the proposed facility's residents. The documentation must include:

1) a copy of the letter, sent by certified mail, return receipt requested, to each of the day programs in the area informing them of the proposed project and requesting their comments regarding the impact of the proposed project on their programs.  The applicant shall also provide copies of the responses received to these letters;

2) a description of the transportation services available to the proposed residents;

3) a description of the specialized services, other than day programs, available to the proposed residents;

4) a description of the availability of community activities for the proposed facility's residents, e.g., movie theaters, bowling alleys, etc.; and

5) documentation of the availability of a community workshop to serve the residents.

d) Recommendations from State Departments − Review Criterion.  An applicant proposing a facility for the developmentally disabled must document contact with the Department of Human Services and the Department of Healthcare and Family Services. Documentation must include proof that a request has been submitted to each Department requesting that they determine the project's consistency with the long-range goals and objectives of those Departments and requesting the identification of individuals in need of the service.  The Departments' responses should address, on both a statewide and a planning area basis, whether the proposed project meets the Department's planning objectives regarding the size, type and number of beds proposed, whether the project conforms or does not conform to each Department's plan, and how the project assists or hinders each Department in achieving its planning objectives.  Such a request must be made by certified mail, return receipt requested, and must occur within a 60-day period prior to the submission of the application.

e) Long-Term Medical Care for Children Category of Service (Only) – Review Criterion.  The applicant must document the following:

1) the planning area served by the facility and the size of the specialized population (age 0-18 years) to be served within that geographic area.  Documentation must include, but is not limited to, any reports or studies showing the points of origin of patients/residents admitted to the facility, preferably for the latest 12-month period for which data is available;

2) identification of the special programs and/or services to be provided or currently offered by the applicant and the relationship of the programs to the needs of the specialized population;

3) insufficient service capability currently exists to meet this need; and

4) the number of beds in the proposed project is needed. Provide documentation that the proposed project will achieve, within the first year of operation, an occupancy of at least 90%.

f) Zoning – Review Criterion.  The applicant must document that:

1) the property to be utilized has been zoned for the type of facility to be developed; or

2) zoning approval has been received; or

3) a certificate of need is required by the local zoning authority before zoning can be approved.  This documentation shall include a letter from the appropriate zoning official indicating that such a requirement exists.

g) Establishment of Chronic Mental Illness – Review Criterion. Documentation shall consist of a narrative statement detailing the scope of system changes that have brought about the need for the project and historical utilization of facilities involved. The applicant must document that:

1) all beds will be operated by the State of Illinois;

2) the resident population and type of resident/patient served has changed, necessitating the establishment or expansion of services in order to meet the needs of the facility's residents;

3) the project represents redistribution of existing beds from another facility due to closure of the facility or unit; and

4) admissions from the general public have increased over the last two-year period and the expansion is necessary in order to adequately serve the residents of the facility and the general public.

h) Establishment of Beds, Developmentally Disabled-Adult Category of Service – Review Criterion. Any proposed project to establish a facility of 16 beds or fewer must be located in a planning area where a need for additional beds is calculated as shown in Section 1125.220(e), unless the applicant can document compliance with the requirements for a variance to the computed bed need in subsection (i) of this Section.

i) Variance to Computed Bed Need for Establishment of Beds, Developmentally Disabled-Adult Category of Service, for Placement of Residents from Department of Human Services (DHS) Operated Beds – Review Criterion.  The applicant must document all of the following:

1) That each of the residents proposed to be served:

A) currently resides in a DHS-operated facility and has at least one interested family member residing in the proposed planning area or has an interested family member who resides out-of-state within 15 miles of the proposed planning area boundary; or

B) has resided in a DHS-operated facility physically located in the proposed project's planning area for at least the last 2 years, and the consent of the resident's legal guardian has been obtained for the relocation.

2) All of the existing 16-bed or fewer facilities in the planning area are occupied at or above the 93% target occupancy rate or those facilities have refused to accept residents referred from DHS-operated facilities.  Documentation of each refusal must include the following:

A) a letter from DHS stating the number of times in the last 12 months the facility or facilities have refused to accept referrals of DHS-operated facility residents, including the name of the facility, the date of the refusal, and the reasons cited for the refusals, if any;

B) a copy of the letter, sent by certified mail, return receipt requested, to each of the underutilized facilities in the area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal, and requesting an explanation of the basis for the refusal in each instance;

C) copies of the responses to the letters required by subsections (i)(2)(A) and (B); and

D) a letter from DHS indicating that each of the residents to be referred to the proposed facility has been refused admission at all of the other 16-bed or fewer facilities in the planning area.

3) That the proposed relocation of a resident will result in cost savings to the State.

4) That the facility will only accept future referrals from the DHS-operated facility in the planning area if a bed is available.

5) An explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

j) State Board Consideration of Public Hearing Testimony – Review Criterion.  If public hearing testimony is presented that indicates that one or more facilities in the planning area have available beds, and are willing to accept DHS referrals, HFSRB shall notify DHS and request that DHS contact the facility or facilities and attempt to place residents in the available beds, thereby reducing the need for the proposed additional beds.  DHS shall notify HFSRB of the results of these placement efforts within 45 days after the date of HFSRB advice. If DHS' response is not received by HFSRB within the specified time period, HFSRB shall assume that the patients/residents were placed appropriately and that the need for the additional beds no longer exists.  If the existing facility or facilities refuses to accept the referrals, HFSRB shall be notified by DHS of the refusal and of any rationale for the refusal provided to DHS by the refusing facility.  This material shall then be forwarded to the Board for its consideration.  The review period set forth in 77 Ill. Adm. Code 1130.610(b) may be extended by HFSRB for a period not to exceed 60 days.