**Section 1250.320 General Definitions**

"Affected Persons" means at a minimum, the person(s) whose service is being reviewed, the State Agency for each State in which all or any part of the agency's health service area is located, health systems agencies serving contiguous health service areas, health care facilities and Health Maintenance Organizations (HMO's) located in the health service area which provide institutional health services, any agency which establishes rates for health care facilities or HMO's and those members of the public who are to be served by the service subject to review.

"Appropriateness" means a finding that the service meets the needs of a population in accordance with the criteria developed and published as it relates to the factors in State Agency review.

State Agency findings will be based on criteria and standards promulgated by the State Board, in accordance with all administrative requirements for the purpose of Appropriateness Review.

"Areawide Finding" means the review of a specific institutional health service as delivered by all the institutions providing the service in a health service area or State which culminates in findings regarding the appropriateness of that service over the entire health service area or State.

"Existing Institutional Health Services" means institutional health services:

being offered in the State at the time of review for appropriateness, or

offered at any time in the 12 months prior to the review and also planned to be offered at any time in the 12 months following the review, or

which will be offered during the 12 months following the review having received a Certificate of Need to offer such services.

"Health Services" means clinically related i.e. diagnostic, treatment, maintenance, or rehabilitative services and includes alcohol, drug abuse, mental health and home health services.

"Health Systems Agency" *means the areawide health planning organization designated by the Secretary, Department of Health, Education, and Welfare, pursuant to Federal Public Law 93-641, as amended, or any successor agency.*

"Institutional Health Services" means health services provided in or through facilities subject to review under the Act (P.A. 78-1156) and which entail annual operating costs of at least $75,000 annually. For purposes of this Part, such services shall be recognized as "Categories of Service".

"Institutional Master Plan" means a three year projection of proposed capital expenditures and related financial and program development information (required by Section 232 of the Social Security Act) as detailed by the Illinois Health Facilities Planning Board.

"Institution Specific Findings" means the review of a specific institutional health service as provided by each institution in a health service area of the State which culminates in findings and recommendations regarding the appropriateness of that service in each such institution.

"State Health Planning and Development Agency (State Agency)" means the Illinois Department of Public Health which is the agency designated to implement the State Administrative Program as required for State Agency designation under regulations implementing Title XV of the Public Health Service Act.

"State Board" means the Illinois Health Facilities Planning Board established under P.A. 78-1156. In the performance of appropriateness review the State Board shall be considered a component of the State Agency.