

# National Directory \* State Certificate of Need Programs \* Health Planning Agencies \* 2006 Illinois

## Key Contact

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## State Health Plan

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## Data

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## Certificate of Need

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## Health Plans & Data

Statewide Health Plan. . . . .	Yes	Local Health Plan. . . . .	Yes	Date of Last Plan. . .	1999
Health/Medical Plan. . . . .	Yes	Specific Service Plan. . . .	No	Year 2005 Plan. . . . .	No

**Other Health Plans:**

Yes, Statewide Health Needs Assessment, Illinois Health Care Facilities Plan

Local health planning entities (e.g.; HSAs; business, labor or other coalitions). . . Yes

**Availability of Public Data:**

Ambulatory Care Data. . .	Yes	Hospital Discharge Data. .	Yes	Mental Health Data. . .	No	Vital Statistics Data. . .	Yes
Cost/Charge Data. . . . .	Yes	Long Term Care Data. . . .	Yes	Quality Data. . . . .	No	Population Data. . . . .	Yes (See Section IV)

Other Health Data. . . . . Yes, IPLAN Data System

**Other Planning, Data, Information, Programs & Initiatives:**

State Health Improvement Plan to be developed and submitted to Governor and Legislature every four years

## Legislative Information

**Legislative changes in health planning, data or regulation in the last year:**

CON statute extended to 6/30/08; Health Facilities Planning Board reduced from 15 to 9 members (consumers appointed by Governor).

**Health Reform Legislation:**

Public Act 93-0975, calls for development of Health Care Access Plan, contact David Carvalho (contact information above)

## CON Duration & Moratoria

Certificate of Need in Place (Dates) . . . 1974-Present

**Comments on Moratoria:**

**New Bed Moratoria:**

Hospital Bed Moratorium. . .	No
LTC Moratorium. . . . .	No
Other Moratorium. . . . .	No

## Selected Service Inventories

**Number of Facilities:**

Hospitals. . . 214  
Nursing Homes. . . 1,171  
Assisted Living/Res Care Facilities. . . 55  
Psych Facilities. . . 9

**Number of Beds:**

Hospital Beds. . . 46,882  
Nursing Home Beds. . . 115,655  
Assisted Living/Res Care Beds. . . 8,288  
Psych Beds. . . 4,177

**High Tech Equipment:**

CTs. . . 315 MRIs. . . 235 PETs. . . 58  
Gamma Knives. . . 2  
Lithotripters. . . 76  
Linear Accelerators. . . 113

Note: Information presented in this section reflects the data reporting norms and practices of the state responding. Collection and reporting practices vary from state to state. See Section IV for selected complementary state facility, services and use data from sources with uniform collection, tabulation, and publication practices.

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**Certificate of Need Basics**

<p><b>Name of Program:</b> Certificate of Need</p> <p><b>CON Website:</b> <a href="http://www.idph.state.il.us/about/hfpb.htm">http://www.idph.state.il.us/about/hfpb.htm</a></p> <p><b>FY 2005 Budget:</b> \$1,800,000 ★      <b>FY 2005 CON Staff:</b> 5</p> <p><b>Review Period (standard # of days to process application) :</b> 120</p> <p><b>Final Decision Making Authority:</b> Illinois Health Facilities Planning Board</p>	<p><b>Guidance:</b></p> <p>Statute..... Yes</p> <p>Rules &amp; Regulations... Yes</p> <p>Criteria &amp; Standards... Yes</p> <p>Other Guidance..... Yes, IPLAN Data System</p> <p><b>CON Activity Reports:</b></p> <p>Monthly..... Yes</p> <p>Quarterly..... No</p> <p>Yearly..... No</p> <p><b>CON Fees:</b> 0.2% of capitalized cost; minimum of \$700; Maximum of \$100,000</p>
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**Certificate of Need Review Volume**

<b>FY 2005: ★</b>	<b>Hospitals</b>	<b>Long Term Care</b>	<b>Freestanding</b>	<b>Mobile Services</b>	<b>TOTAL</b>
<b>No. Applications</b>	50	12	41	0	103
<b>Total Dollars</b>	\$462,200,690	\$68,780,804	\$106,204,675	\$0	\$637,186,169
<b>Approved Dollars</b>	\$452,817,802	\$68,780,804	\$97,767,219	\$0	\$619,365,825

**Certificate of Need Review Process**

**Published assessments/evaluations of the results on the effectiveness of CON regulation:** No

**Process (Summary):**

Ten-day completeness review begins with the receipt of an application. Review period ranges between 60 and 120 days. It begins when the application is deemed complete. There is an opportunity for public hearings, which are held if necessary. Department of Health staff submits recommendation to the Health Facilities Planning Board. The Board makes a decision within 120 days unless the applicant extends the review period or modifies the application. Administrative and judicial reviews of Planning Board decisions are permissible. Applicants may modify projects no more than twice before the final decision of the Planning Board.

**Certificate of Need Review Thresholds and Coverage**

<b>Dollar Thresholds:</b>		<b>Major Medical Equipment Review:</b>	
<b>Capital Threshold:</b>	\$7,167,063	<b>Hospital.....</b>	Yes
<b>Equipment Capital Threshold:</b>	\$6,575,036	<b>Freestanding... </b>	Yes
<b>New Service Threshold:</b>	Any*	<b>Mobile.....</b>	Yes
<b>State reviews changes of owners or operators for nursing homes or hospitals or other health services:</b> Yes		<b>None.....</b>	No

**Health Services Covered:**

<b>Air Ambulance.....</b>	No	<b>Hospice.....</b>	Yes	<b>Nursing Homes/Beds... </b>	Yes	<b>Rehabilitation.....</b>	Yes
<b>Amb Surgery Centers..</b>	Yes	<b>Hospitals/Beds.....</b>	Yes	<b>NICU.....</b>	Yes	<b>Renal Dialysis.....</b>	Yes
<b>Burn Care.....</b>	No	<b>ICF/MR.....</b>	Yes	<b>Obstetrical.....</b>	Yes	<b>Residential Care/</b>	
<b>Cardiac Cath.....</b>	Yes	<b>Lithotripsy.....</b>	No	<b>Open Heart.....</b>	Yes	<b>Assisted Living.....</b>	No
<b>Business Computers... </b>	No	<b>LTAC.....</b>	Yes	<b>Organ Transplant.....</b>	Yes	<b>Subacute Care.....</b>	Yes
<b>CT Scanners.....</b>	No	<b>Med Office Bldgs.....</b>	Yes	<b>PET Scanners.....</b>	No	<b>Substance Abuse....</b>	No
<b>Gamma Knives.....</b>	No	<b>MRI Scanners.....</b>	No	<b>Psychiatric Beds.....</b>	Yes	<b>Swing Beds.....</b>	Yes
<b>Home Health.....</b>	No	<b>Mobile High Tech....</b>	No	<b>Rad Therapy/Linacs....</b>	No	<b>Ultra Sound.....</b>	No

**Other Services Covered :** Yes, Post surgery recovery centers; Children Respite Care Centers

**Notes:**

\*Threshold for construction, modification of health and fitness center = \$3,267,766.

★ Data reported for 2004.