The first chart is a brief summary of the facilities, services and transactions that are covered and not covered by CON. The second chart is a brief summary of the substantive, non-substantive and expedited review categories by facilities and services. The final section is language on review thresholds for cost-only. The Information for these charts was compiled from IHFPB orientation documents provided to Task Force members.

	Covered	Not Covered
Facilities	 Hospitals subject to Hospital Licensing Act Long-Term Care facilities subject to the LTC Licensing Act Skilled and intermediate care only Change of ownership and discontinuation (for county owned and state dept. of Veterans Affairs only) Ambulatory Surgical Treatment Centers subject to the ASTC Licensing Act End Stage Renal Dialysis Centers Freestanding Emergency Centers Any Health Care Facilities Operated by the State 	 Federally owned facilities Facilities used solely for healing by prayer/spiritual means Long-term care facilities for discontinuation and change of ownership Hospice Home Health Residential care facility Adult care facility Air Ambulance HMO- (repealed in 1995)
	Covered	Not Covered
Services	 Medical/surgical Obstetrics Intensive care Comprehensive physical rehabilitation Psychiatric Services Neonatal intensive care Open heart surgery Cardiac catheterization Chronic renal dialysis Non-hospital based ambulatory care General long-term nursing care for elderly and children Chronic mental illness Specialized long-term care for 	Previously Regulated Categories of Service Acute care Mobile HI Tech-1987 Substance abuse-2000 Burn care-2003 Medical equipment MRI Scanners-2000 PET Scanners-2003 Therapeutic Radiology-2003 Gamma Knives- 2003 Extracorporeal shockwave lithotripters-1999 Computer Systems was repealed in April 1987 Radiation Therapy, Intraoperative MRI, High Linear Energy Transfer

	developmentally disabled adults and children • Selected organ transplantation, including kidney • Sub acute care hospital model • Postsurgical recovery care center model • Children's respite care center model • Community-based residential rehabilitation center model • Acute Care (medical, surgical, pediatric) • End-stage renal dialysis (hospital-based)	and Positron Emission Tomography were repealed in February 2003 Proposed Long term acute care beds Freestanding emergency centers
	Covered A Permit or Evernation is Required:	Not Covered
Transactions	 A Permit or Exemption is Required: Establishment of a Health Care Facility or Category of Service Capital Expenditures: \$8.85 million+ Acquisition of Major Medical Equipment over \$8.85 million+ Construction or Modification of a health and fitness center \$4.23 million+ Discontinuation of a Health Care Facility or Category of Service Change of ownership Construction or Modification of a Health Care Facility that: Capital Expenditure in Excess of the Capital Expenditure Minimum Substanitally Changes the Scope or Chaned the Functional Operation of the Facility Significantly Changes the Bed Capacity of a Health Care Facility 	 No Permit or Exemption Required: Construction or Modification of an exclusively Non-Clinical Service Area of a Health Care Facility Addition of the lesser of 10 Beds or 10% of Total Bed Capacity Over a Two Year Period LTC Facility Change of Ownership or Discontinuation

Substantive, non-substantive and expedited review

Types of Review in Illinois:

- CON Permit Application (Substantive): Projects that require full review. Major transactions, construction, conversion, changes in ownership and discontinuation of an entire facility or a category of service are subject to full review.
 - 10-day completeness review, 120 day maximum staff review, this includes public hearing and comment period.
- CON Permit Application (Non-Substantive): Those not subject to full review, and have an expedited process.
 - o 10-day completeness review, 60 day maximum staff review, this includes public hearing and comment period.
- Exempted from permit Application: Review time for the projects subject to exemption is considerably shorter.
 - o 30-day completeness review by staff, subsequent opportunity for public hearing for change of ownership only, acted upon by Chair (approval or referral to Board)
- Emergency

Three major review criteria, particularly for applications subject to full review:

- 1. Need
- 2. Financial Feasibility
- 3. Technical/Engineering Standards Compliance

	Substantive	Non-Substantive	Exempted
Facilities	 An increase in licensed bed capacity, by more than 10 beds or 10% of a facility's total bed count, whichever is less Physical relocation of facilities/beds from a licensed site to another geographic location, by more than 10 beds or more than 10 % of total bed capacity Discontinuation of an entire health care facility 	 Establishment of long-term care facilities licensed by the Department of Children and Family Services Discontinuation of ownership Changes of ownership, unless subject to exemption Medical office buildings, fitness centers, and other non-inpatient space Community-Based Residential Rehabilitation Center 	Changes of ownership for an existing facility
	Substantive	Non-Substantive	Exempted
Services	 A change from one licensed use to a different licensed use, unless subject to expedited or exemption Initiation of expansion of services, unless subject to expedited or exemption Discontinuation of an entire health care service 	 Long-term care for the Developmentally Disabled Categories of Service Acute Care Beds Certified for Extended Care Category of Service Projects for AIDS or related diseases only Chronic Renal Dialysis Discontinuation of category of service 	 Medical equipment for outpatient services Acquisition of major medical equipment Projects by state agencies Addition of dialysis stations

Task Force on Health Planning Reform – CON Review Chart

	for an existing
	site
	New or
	expansion of
	neonatal beds
	 Establishment or
	Expansion of
	NICU

Cost Only

Reviewability Thresholds:

- Capital expenditures: \$8,850,717
- Major Medical Equipment: \$8,850,717
- Capital expenditures solely for the construction or modification of a health and fitness center: \$4,231,660
- If a project is \$6 million in excess of total project cost it is subject to full review

It is important to note:

- A new service is reviewable at any cost.
- Projects consisting entirely of "non-clinical service areas" regardless of cost, are not subject to Board action.