

2027 Long Term Care Hospital Services Projected Bed Need Summary by LTCH Planning Area

2027 Long Term Care Hospital Bed Need Projection Summary Pursuant to Rule 111-2-2-.36											
LTCH Planning Areas	Step 1	Step 2		Step 3		Step 4				Step 5	Step 6
	2021 Acute Care Discharges	2021 Resident Population	2021 Acute Care Discharge Rate/1000	2027 Resident Population	Projected Acute Care Discharges	(i) Projected Discharges Needing LTCH Services	(ii) Projected LTCH Discharge Days	(iii) Projected Average Daily LTCH Census	(iv) Projected LTCH Beds Needed at 85% Occupancy	Authorized LTCH Beds	LTCH Surplus/ (Deficit)
1	518,101	7,855,026	66.0	8,707,088	539,843	7,018	289,912	794	934	529	(405)
2	111,004	1,178,126	94.2	1,200,044	106,285	1,382	57,078	156	183	140	(43)
3	81,039	966,804	83.8	961,911	75,791	985	40,702	112	131	50	(81)
4	80,854	1,014,324	79.7	1,055,491	79,087	1,028	42,472	116	136	90	(46)
Statewide	790,998	11,014,280	71.8	11,924,534	801,007	10,413	430,165	1,179	1,384	809	(575)
Notes and Sources: LTCH Planning Areas: Same as Comprehensive Inpatient Physical Rehabilitation Planning Areas. See DCH Rule 111-2-2-.36(2)(h). Step 1: Acute Care Discharges do not include Perinatal/Neonatal, Psychiatric and Substance Abuse, Inpatient Physical Rehabilitation, LTCH, Destination Cancer Hospital, and General Cancer Hospital discharges. Discharges from prior year Annual Hospital Questionnaires were used where 2021 data was unavailable. See DCH Rule 111-2-2-.36(3)(a)1. Step 2: Resident Population projection for 2021 from Office of Planning and Budget 2018-2030 Resident Population Projections, 4/1/2021 Release. Discharge rate for current acute care discharges. $[(\text{Current Acute Care Discharges} / (\text{Current Population} / 1,000))]$. See DCH Rule 111-2-2-.36(3)(a)2. Step 3: Resident Population projection for 2027 from Office of Planning and Budget 2018-2030 Resident Population Projections, 4/1/2021 Release. Projected acute care discharges with 6% inpatient physical rehabilitation overlap reduction $[(\text{Projected Population} / 1,000) \times \text{Current Discharge Rate}] \times 0.94$. See DCH Rule 111-2-2-.36(3)(a)3. Step 4 (i): Projected number of acute care discharges which may benefit from LTCH services is determined by adding a 1.3% utilization factor to the projected number of acute care discharges. $[(\text{Projected Discharges} \times 1.3\% \text{ Utilization Factor})]$. See DCH Rule 111-2-2-.36(3)(a)4(i). Step 4 (ii): Projected LTCH discharge days is determined by multiplying the projected LTCH discharges by 3 Year Average Length of Stay for LTCH of 41.31. See DCH Rule 111-2-2-.36(3)(a)4(ii). Step 4 (iii): Projected average daily census for LTCH services is determined by dividing the projected discharge days in Step 4(ii) by the number of days in the calendar year. See DCH Rule 111-2-2-.36(3)(a)4(iii). Step 4 (iv): Projected number of LTCH beds needed is determined using an 85% occupancy standard applied to the projected LTCH average daily census. $[\text{Projected Average Daily Census} / .85]$. See DCH Rule 111-2-2-.36(3)(a)4(iv). Step 5: Authorized (Existing & Approved) LTCH beds as of May 4, 2022. See DCH Rules 111-2-2-.36(2)(d) and 111-2-2-.36(3)(a)5. Step 6: [Existing and Approved LTCH Beds - LTCH Beds Needed]. See DCH Rule 111-2-2-.36(3)(a)6.											