2028 Long Term Care Hospital Services
Projected Bed Need Summary by LTCH Planning Area

	Step 1	Step 2		Step 3		Step 4				Step 5	Step 6
						(i)	(ii)	(iii)	(iv)		
2028 Long Term Care Hospital Bed Need Projection Summary — Pursuant to Rule 111-2-2-.36											
LTCH Planning Areas	2022 Acute Care Discharges	2022 Resident Population	2022 Acute Care Discharge Rate/1000	2028 Resident Population	Projected Acute Care Discharges	Projected Discharges Needing LTCH Services	Projected LTCH Discharge Days	Projected Average Daily LTCH Census	Projected LTCH Beds Needed at 85% Occupancy	Authorized LTCH Beds	LTCH Surplus/ (Deficit)
1	511664	7,728,567	66.2	8,252,429	513,565	6,676	275,333	754	887	489	(398)
2	106614	1,192,553	89.4	1,224,754	102,923	1,338	55,179	151	177	140	(37)
3	80946	975,985	82.9	992,400	77,369	1,006	41,479	114	133	74	(59)
4	81728	1,025,715	79.7	1,073,023	80,368	1,045	43,087	118	138	90	(48)
Statewide	**780,952**	**10,922,820**	**71.5**	**11,542,606**	**774,225**	**10,065**	**415,077**	**1,137**	**1,335**	**793**	**(542)**

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 2022 data was unavailable. See DCH Rule 111-2-2-.36(3)(a)1.

Step 2: Resident Population projection for 2022 from Office of Planning and Budget 2020-2035 Resident Population Projections, 4/1/2023 Release. Discharge rate for current acute care discharges. [(Current Acute Care Discharges / (Current Population / 1,000)]. See DCH Rule 111-2-2-.36(3)(a)2.

Step 3: Resident Population projection for 2028 from Office of Planning and Budget 2018-2030 Resident Population Projections, 4/1/2023 Release. Projected acute care discharges with 6% inpatient physical rehabilitation overlap reduction [((Projected Population / 1,000) X Current Discharge Rate) X 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. [(Projected Discharges X 1.3% 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. [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 January 5, 2024. 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.