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77 Ill. Admin. Code 640, Illinois Perinatal Regionalized Health Care

Office of Health Improvement
Bureau of Family Health
Division of Maternal, Child, & Family Health Services

2026

Overview: Key Areas of Focus

- Background on Current IL Perinatal System
- 2026 Proposed Code Key Changes
  - Levels of Care
- Next Steps

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Illinois Perinatal Regionalized System: Background on Current IL Perinatal System

Background: Illinois Perinatal Risk-Appropriate Care

1974

Developmental Disability Prevention Act [410 ILCS 250] mandated a statewide regionalized network with hospital Level of Care designations

1981

Illinois administrative code, 77 Ill. Admin. Code 640, <u>was approved</u> for implementation, with oversight residing with IDPH Office of Women's Health (OWHFS)

2012 & 2015

AAP updated its **neonatal levels of care**, prompting Illinois to review its own system

ACOG and **SMFM** issued joint recommendations for **maternal levels of care**

2019

PA101-0447- Maternal Levels of Care: mandated levels of maternal care for IL hospitals; levels of care to be complimentary but distinct from the perinatal levels of care system

2019-Current

IDPH Perinatal Levels of Care Workgroups convened to inform revisions to the state's outdated **Regionalized Perinatal Health Care Code and support alignment with AAP and ACOG/SMFM guidelines**, ultimately shaping the ongoing work.

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Current State: Levels of Care

Graduated requirements that increase based on patient complexity, structural resources, and personnel/leadership capacity.

Level 0
- Non birthing patients/ED only

Level 1
- Low-risk pregnant patients]
- General care nurseries (no NICU or Special care nursery, SCN)

Level 2
- Moderate risk patients
- Intermediate care nurseries (no NICU or SCN)

2E
- Moderate risk patients
- SCN (Infants with low birth weight greater than 1250 vs 1500 grams; Premature infants of 30 vs 32 or more weeks gestation; Infants on assisted ventilation vs no more than 6 hours.

Level 3
- Highest risk patients and NICU

Contents of Current Code 640: Administrative Requirements

- **Perinatal Advisory Committee (PAC)**:
  - IDPH advisory group for regionalized perinatal care
  - 22 members appointed by IDPH across multiple disciplines and sectors

- **Administrative Perinatal Centers (APC):**
  - Level III hospitals funded by IDPH/OHI/BFH (Title V + GRF)
  - Support network hospitals through education, quality improvement, transport coordination, site visit support, and consultation
  - 10 APCs statewide; networks assigned by IDPH

- **Designation process:**
  - Every hospital evaluated every 3 years through an APC-facilitated site visit with IDPH perinatal nurse consultants, PAC members, and hospital leadership
  - IDPH may recommend a change in designation based on compliance with visit requirements, CQI participation, service plan adherence, and communication of service changes impacting designation

Administrative Perinatal Centers

Cardinal Glennon Children's Hospital- Southern IL

OSF St. Francis Medical Center- North Central

HSHS St John's Hospital- South Central IL

Javon Bea Hospital – Northwest IL

Loyola University Medical Center

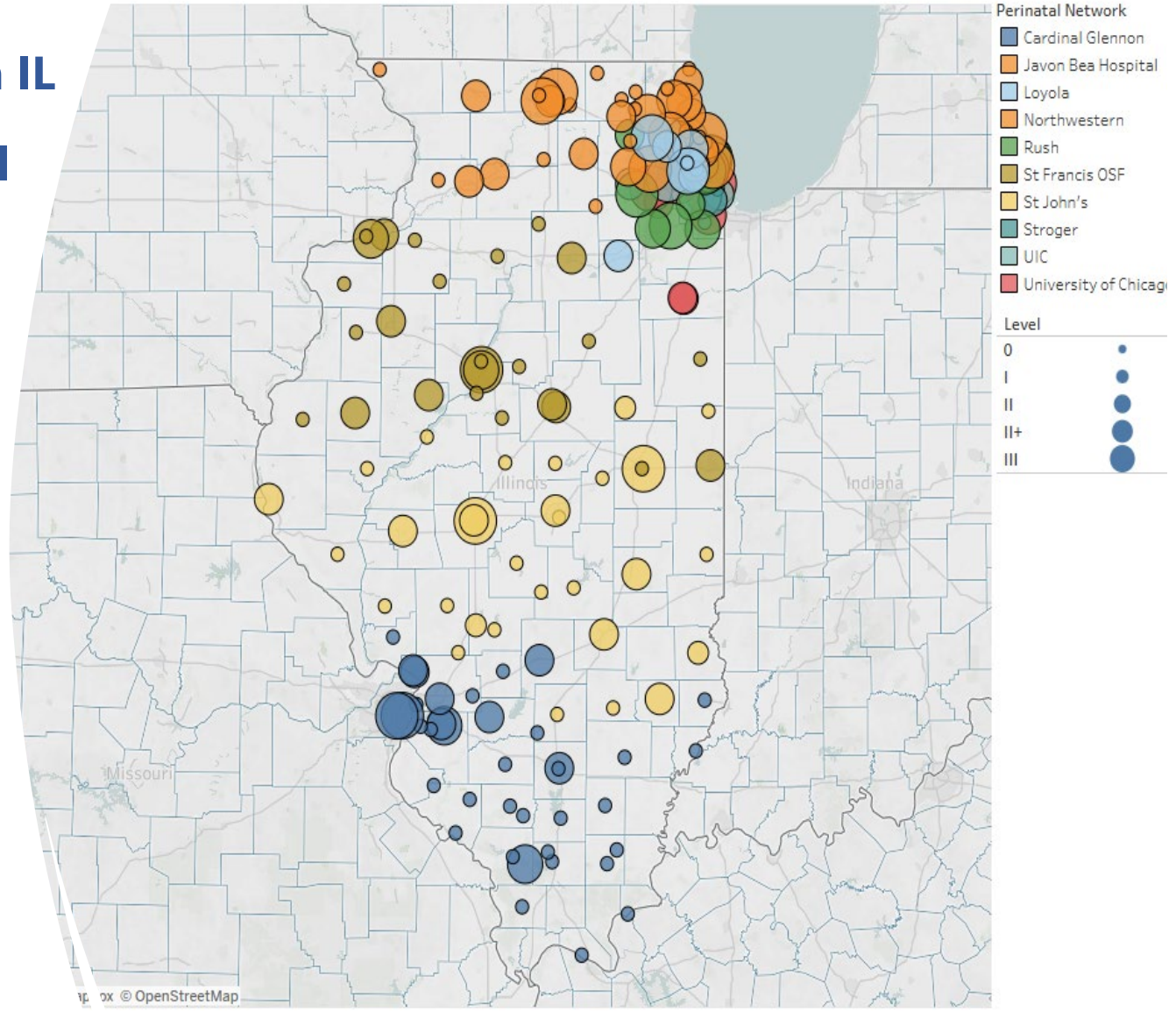
John H. Stroger Jr. Hospital of Cook County

Northwestern Memorial Hospital

University of Illinois Chicago Hospital

Rush University Medical Center

University of Chicago Medical Center



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Illinois Perinatal Regionalized System: 2026 Proposed Code Changes

Key Changes in Overall Organization of Part 640

- Updated to have 5 clearly defined subparts
  - General Provisions
  - Levels of Care
  - Letters of Agreement
  - Administration, Oversight, and Planning
  - Records and Reports

Key Changes: General Provisions

- Expanded and modernized definitions
- New designation and oversight language
- More precise clinical and transport definitions
- Broader inclusion of providers, facilities, and services
- Updated terminology and references

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Notable Terminology Changes

- CQI → **Quality Improvement**
- Morbidity & Mortality (M&M) Reviews → **Perinatal Patient Care Conference (PPCC)**
- Mother/Infant → **Birthing Person/Neonate**
- New highest designation → **Level IV**
- Non-Birthing Center → **Level 0**
- Resource requirements → **Essential and Non-Essential Resources**
- Site Visit → **Perinatal Quality Review (PQR)**
- Standards of Care → **Standards and Requirements**

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Key Changes: Letters of Agreement & Resource Checklists

- *LOAs*: Updated to have separate requirements for:
  - Levels 0, I, II, III, IV, and birth centers
- *Resource Checklists*: Updated to have eight distinct lists
  - Maternal Resource Checklist for Levels I, II, III, and IV
  - Neonatal Resource Checklist for Levels I, II, III, and IV

Key Changes: Administration, Oversight, and Planning

- Consolidates oversight functions into one subpart
- Creates processes for resource loss and service discontinuation
- Replaces Perinatal Site Visits with Perinatal Quality Reviews
- Distinguishes routine reviews from unscheduled reviews
- Establishes tiered designation and reinstatement fee structure
- Centralizes maternal and neonatal transport requirements
- Clarifies APC, network, PAC, and IDPH roles

Key Changes: Records and Reports

- Consolidates reporting into State Perinatal Reporting System
- Adds defined reportable metrics
- Creates separate maternal and neonatal review checklists for Levels I–IV
- Links resource checklists directly to Perinatal Quality Reviews
- Replaces older forms and appendices with standardized review tools

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Illinois Perinatal Regionalized System: Proposed Levels of Care Key Changes

Key Changes: Levels of Care

- Illinois moves to Level 0–IV framework
  - Level 0 → Level I → Level II → Level III → Level IV
- Level II Extended (Level IIE) eliminated
- Level IV becomes a recognized IL designation
- Maternal and neonatal capabilities assessed more distinctly

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Proposed Perinatal LOCs Framework

Level 0

- Non-birthing/ED only; emergency assessment, stabilization, APC consultation, transport readiness

Level I

- Low-risk
- Stable pregnancies/neonates ≥35 weeks and ≥2,000g; general newborn care

Level II

- Moderate risk
- Stable patients ≥32 weeks and ≥1,500g; special care nursery; ventilation up to 24 hours

Level III

- High risk
- Advanced maternal/neonatal care; NICU; subspecialty consultation; complex stabilization and transport

Level IV

- Highest risk
- Most complex maternal/neonatal care; ECMO, advanced surgery, full subspecialty coverage, comprehensive NICU

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Level 0: Proposed Changes

- Creates a formal Level 0 designation
- Clearly limits the scope of care
- Establishes specific emergency response expectations
- Strengthens APC consultation and transport requirements
- Adds required policies, resources, and staff education

Level I-IV: Proposed Changes

- Separate maternal and neonatal designations
- Updated patient eligibility thresholds
- More explicit staffing and leadership requirements
- Updated essential resources and policies
- Clarified quality, policy, and education requirements

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Next Steps & Implementation

Code 640 Journey

- SBOH review
- First notice filing w Secretary of State
- Public Comment and IDPH review
- JCAR filing for second notice

IDPH BFH implementation

- Hired New Perinatal Lead
- Hiring new staff (RNs for site visits, epi for data management)
- Implementation Planning Committee onboarding
- Administrative updates
  - Update related administrative codes, as needed (eg 250)
  - Established new data collection software, MANDI (2025)
  - Update grant program that dictates regionalized networks (APC lead hospitals)

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Thank you.