## ICF/MR 486 BED CAP - IMPLEMENTATION PROCEDURES

The following procedures are for the purpose of implementing the Legislative Intent Language of the 2000 legislative session. These procedures cover ONLY the time period between July 1, 2000 - June 30, 2001.

#### Facilities Impacted:

The Legislative Intent language references only private ICF=s/MR, therefore, the following applies **only** to privately owned and operated ICF=s/MR which accept Medicaid payment.

#### **Relocations:**

- 1. A facility may relocate all the beds/consumers in one facility to a new building as long as the total number of beds is not increased.
- 2. One facility may downsize into two (2) smaller facilities as long as the total number of beds is not increased beyond that of the original facility. For example, an eight-bed facility may be downsized to two (2) facilities of four (4) beds each.

# Temporary Bed Increases:

The 12 available beds (486-474=12) will be used for temporary bed increases for emergency use. IDAPA 16.03.11320.02 states that AEach license must specify the maximum allowable number of beds in each facility, which number cannot be exceeded, except on a time-limited emergency basis, with the authorization of the Department. The Legislative Intent Language references beds funded by Medicaid. Therefore, the temporary bed increases must be included under the cap.

# Initial applications:

<u>Definition:</u> Initial applications are defined as those which would increase the number of licensed private ICF/MR beds by adding another licensed facility.

Initial applications will be accepted, however, the applicant will notified that no applications will be approved until at least July, 1, 2001. Applicants will be notified in writing when/if applications for new construction are approved after that date.

## Waiting List for Beds:

1. Applications will be placed on a waiting list. The waiting list will be maintained by the Bureau of Facility Standards using the date of receipt in the Bureau to determine numerical placement on the list.

2. Requests to permanently increase the licensed bed capacity at existing facilities will also be placed on the waiting list, maintained by the Bureau of Facility Standards. Numerical placement on the waiting list will be determined by the date the request is date stamped as received in the Bureau of Facility Standards.

#### Count:

- 1. The total number of: beds <u>licensed</u> to private providers and those reserved for emergency use, on any given date, will be counted in the bed cap of 486. The count will be tracked by the Bureau of Facility Standards on an ongoing basis.
- 2. Actual occupancy of the licensed beds will NOT impact the count.