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# CHAPTER 17

## INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

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### Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities is a category of group home care designated by the federal-state Medicaid program. Under G.S. 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCO) – have responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual disabilities/developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers. Other alternatives may include small, community-based, non-ICF/IID residential options as well as other sites through the Medicaid Waiver Community Alternatives Program (CAP) -MR/DD Program.

The LME-MCOs shall serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and ensured coordination with services outside the facility.

### Definitions

The service area is the LME-MCO in which the bed is located.

Healthcare Planning obtains the inventory of ICF/IID beds each January. The current reporting time point is January 1, 2018.

### Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan. However, the chapter includes substantial technical edits to the language of the narrative.

### Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services

that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization , and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.

3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

## Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section .

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities (Table 17B).

Data on certificates of need comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

## Development of ICF/IID Beds

Table 17A lists the LME-MCOs and ICF/IID bed inventory.

Entities may only develop ICF/IID beds by transferring existing beds from state development centers. To develop new beds (in an existing or new facility) applicants must obtain a certificate of need pursuant to one of the four Policies Applicable to ICF/IID Facilities in Chapter 4 of the SMFP.

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Note: I haven't included the tables for this chapter because no edits have been made to the tables.