

**Intermediate Care Facilities for Individuals with
Intellectual Disabilities
(ICF/IID)**

ICF/IID FACILITIES

A. Need

1. The population-based estimate of the total need for ICF/IID facilities is .032 percent of the general population. This estimate is based on the estimate for all individuals with an intellectual disability of 1 percent. Of the 1 percent estimate, 3.2 percent of those are estimated to meet level 1 criteria and be appropriate for ICF/IID services.
2. The estimate for total need should be adjusted by the existent ICF/IID beds operating in the area as counted by the Department of Health, the Department of Mental Health and Substance Abuse Services, and the Department of Intellectual & Developmental Disabilities in the Joint Annual Reports

B. Service Area

1. The geographic service area should be reasonable and based on an optimal balance between population density and service proximity.
2. The relationship of the socio-demographics of the service area and the project population to receive services should be considered. The proposal's sensitivity and responsiveness to the special needs of the service area should be considered including accessibility to consumers, particularly women, racial and ethnic minorities, low-income groups, and those needing services involuntarily.

C. Relationship to Existing Applicable Plans

1. The proposal's relationship to policy as formulated in state, city, county, and/or regional plans and other documents should be a significant consideration.
2. The proposal's relationship to underserved geographic areas and underserved populations groups as identified in state, city, county, and/or regional plans and other documents should be a significant consideration.
3. The impact of the proposal on similar services supported by state and federal appropriations should be assessed and considered.
4. The degree of projected financial participation in the Medicare and TennCare programs should be considered.

D. Relationship to Existing Similar Services in the Area

1. The area's trends in occupancy and utilization of similar services should be considered.
2. Accessibility to specific special need groups should be an important factor.