ARKANSAS REGISTER



Transmittal Sheet

Sharon Priest Secretary of State State Capitol Rm. 01 Little Rock, Arkansas 72201-1094

For Offic Use Only		(15)97 Code Number 049.00.97.003	
Name c	of Agency	ALTH SERVICES AGENCY	
Departr	nent	N/A	
Contact	: Personorson	Berry or Nancy Richardson Phone 661-2509	
Statutor	y Authority for Promul	gating Rules Arkansas Act 593 of 1987, as amended	
		Date	
Intend	ded Effective Date	Legal Notice Published April 25-27, 19	
Em	ergency	Final Date for Public Comment May 30, 1997	
<u>x</u> 10	Days After Filing	Filed With Legislative Council April 23, 1997	
Oth	ner	Reviewed by Legislative Council June 5, 1997	
	\	Adopted by State Agency	
	CERTIFICAT	TION OF AUTHORIZED OFFICER	
I Hereby Certify That The Attached Rules Were Adopted In Compliance with Act 434 of 1967 As Amended.			
		STORIAN OF THE STORIA	
		Signature (Orson Berry)	
		(501) 661-2509 Phone Number	
•		Director $\frac{\partial \mathcal{L}}{\partial \mathcal{L}}$	
		Title	
		June 5, 1997 Date	

AB PERMITE DIV

97 JUN -5 AM ID: 31

HSC Regulation 200M.A2. Residential Care Facility (RCF) Methodology (As amended.)

(As amended.)

Note: "No applicants will be approved for additional beds if the county in which the facility is located had at least a 10% increase in its licensed beds i.e. if the 10% increase was approved but unlicensed during the previous calendar year. This applies only to Utilization Based Need."

I. Residential Care. Definition.
All references to "Residential Care" and "Residential Care facilities" refer to facilities that meet the definition contained in Act 1238 of 1993, which states:

"(14) 'Residential care facility' means a building or structure which is used or maintained to provide, for pay on a twenty-four hour basis, a place of residence and board for three (3) or more individuals whose functional capabilities may have been impaired but do not require hospital or nursing home care on a daily basis but could require other assistance in activities of daily living."

Residential Care facilities also include:

- A. Group Homes
- B. Retirement Centers or
- C. Any other facility which meets the statutory definition regardless of licensure category or the existence of a licensure category.
- II. Service Area will be the county.
- III. Bed need will be determined by a Population Based methodology and a Utilization Based methodology.
 - A. Population Based

RCF Methodology 200M.A2

1. Numerical Formula. At 90% optimum occupancy the following number of RCF beds are projected by Age group:

Age Group	Beds per 1000
Under 65	.5545
65-74	2.3014
75-84	5.1090
85+	17.4996

Bed need will be projected five years forward each July 1st, e.g.. in 1995 bed need will be projected for the year 2000.

- 2. Review Priorities. Applicants will be approved in the following ranked order:
 - a. Applicants with high occupancy will have a priority for an increase of 10% or 10 beds whichever is greater. (For definition of "high" see "B. Utilization Based" below.)
 - b. Applicants replacing "older" facilities will have a priority for a 20% increase.
 - c. Applicants wanting to expand will have a priority for an increase of 5% or five beds whichever is greater.

The above priorities may not be combined i.e. an older facility with "high" occupancy will be eligible for either a 10% or a ten bed increase or a 20% increase but not both.

No additional beds will be approved for a county

RCF Methodology 200M.A2

showing a need under the Population Based Methodology where:

- (1) there is a valid POA for the first RCF in the county which has yet to be licensed; or
- (2) if the county has had its first and only
 RCF licensed within the last calendar
 year. After the initial RCF has been
 licensed for six months, the Commission
 will review the situation and determine if
 additional beds will be approved for the
 county; or
- is (are) operating at an average occupancy rate of less than 80.0% for the previous calendar year or the existing facility(ies) in the county is (are) operating at an average occupancy rate of less than 80.0% on the last date POA application forms may be submitted to the Agency in a quarterly review cycle.

 Even if existing facilities were not at

Even if existing facilities were not at 80% occupancy, during the previous calendar year, additional beds may be approved where there is a "net", or unmet, need which is equal to, or

greater than, fifty percent (50%) of the county's projected need.

- 3. The Commission may exceed "need", when a need exists and is less than ten (10) beds in order to approve one applicant for up to a ten (10) bed facility.
- B. Utilization Based.

This methodology would apply in those service areas where a Population Based Need is not projected. Beds may be approved if a facility has had a "high" occupancy for the previous calendar year. "High" occupancy shall be at least an average of 85% for facilities of ten beds or less, 90% for facilities of 20 beds or less and 95% for facilities over 20 beds. Proof of occupancy is the applicant's responsibility and may be based upon either resident occupancy or "reimbursed" occupancy.

Eligible applicants may be approved for a ten bed increase.

C. Size

While there is no minimum or maximum size, the suggested minimum size for new construction is 40 beds. Applicants proposing less will be held to a higher level of justification under the "Financial Feasibility" criterion. (See "Criteria" listed in the Commission's Policies and Procedures.)

D. Unfavorable Review

No application for additional beds will be approved for any residential care facility found out of compliance by the Office of Long Term Care in the following areas in its last two annual

RCF Methodology 200M.A2

surveys:

- Residents Rights 1.
- Quality of Care 2.
- Abuse and neglect of residents 3.

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AR PECISTED DIV

DEPAR'	TMENT HEALTH SERVICES AGENCY	97 JUN -5 AM 10: 31
PERSO: TELEP:	KØN N COMPLETING THIS STATEMENT NANCY RICHARDSON HONE NO. 501/661-2509 FAX NO. 501/661-2399	SHARON PRIEST SECRETARY OF STATE STATE OF ARKANSAS
	FINANCIAL IMPACT STATEMENT	ВУ
Finan	mply with Act 884 of 1995, please complete the follo cial Impact Statement and file with the questionnair sed rules.	wing e and
	TITLE OF THIS RULE AMENDMENT TO RESIDENTIAL CARE FACILITY	
1.	Does this proposed, amended, or repealed rule or reghave a financial impact? Yes Nox	
2.	If you believe that the development of a financial is statement is so speculative as to be cost prohibited explain.	mpact 1, please
3.	If the purpose of this rule or regulation is to implemental rule or regulation, please give the incremental for implementing the regulation. N/A	itar coot
	<u>1995-96 Fiscal Year</u> <u>1996-97 Fiscal Y</u>	ear
	General Revenue Federal Funds Cash Funds Special Revenue Other Total General Revenue Federal Funds Cash Funds Special Revenue Other Total	
		any narty
4.	What is the total estimated cost by fiscal year to subject to the proposed, amended, or repealed rule	or
	regulation? None. 1996-97 Fiscal Year 1996-97 Fiscal Year	Joar
•	<u>1995-96 Fiscal Year</u> <u>1996-97 Fiscal Y</u>	<u>. ea</u>
5.	What is the total estimated cost by fiscal year to agency to implement this regulation? NO ADDITIONAL 1995-96 Fiscal Year 1996-97 Fiscal THERE WILL BE NOTICE COSTS, HOWEVER, ADDITIONAL EXPENSES W	runds. <u>Year</u>
	UTTU TYISTING FUNDS	28, 1995