

sunset provision on this process, if you will, put in place that will have these negotiations actually sunset, have this language sunset this year, hence the importance of having this particular amendment to the bill. By allowing us to put in state statutes the definitions for ICFMR or the language ICFMR, we will allow and indeed ask the Department of Health, the examining boards, to come up with rules and regulations as to the orderly processes, the orderly regulations of these facilities. Secondly, this amendment will allow for us to have an alternative source of administrator for these facilities. Presently, an ICFMR, because it is federally certified and not recognized in state statute, it becomes an ICF, intermediate care facility, and as such to be the administrator of such a facility you must be qualified as a nursing home administrator. What this language will put into law, if attached to LB 1100, would be language that would allow and, as a matter of fact, require the Department of Health, through the examining boards, to have regulations as to what an ICFMR administrator could be; could be still a nursing home administrator but could also be qualified to be an administrator of an ICFMR if you are, another acronym, QMRP, qualified mental retardation person. The reason for this is because, to be a nursing home administrator, you must have certain background experience and educational requirements in gerontology and in geriatrics. Actually, this is of very little use to an administrator of an ICFMR, not that there isn't some use there but, more importantly, to have experience and educational background in treatment and providing of services and administration of a facility for the mentally retarded would be a much better qualification to be an administrator of such a facility. That's what this amendment will do, will allow this to take place. Thirdly, and a major concession as far as the ICFMR facilitators, facility organizations, was a provision in here to allow that the minimum level of capacity to become such a facility be raised from four beds to 15 beds. This was a source of concern from the Department of Social Services that there was going to become a proliferation, if you will, of small ICFMR facilities not very economically efficient. They suggested in order to be efficient you should have a minimum of 15-bed capabilities and this is what this provision of this amendment does allow for, that there will not be any additional ICFMR facilities that will have less than a 15-bed capacity. The fourth thing, of course, as Senator Lynch pointed out, it is not changing so it is not a new thing. It is not changing the present position with regards to certificate of need. Certificate of need does, and has, deal