

Layer Name: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Layer Type: Point

Status: Complete

Geog. Extent: Main Hawaiian Islands

Projection: Universal Transverse Mercator, Zone 4 (Meters)

Datum: NAD 83 HARN

Please note - if you are using data in the [State's web services](#) or downloading from the [State's geoportal](#), the data is served and exported in WGS84 coordinates, although it is stored internally (in the State's geodatabase) in UTM coordinates.

Description: Locations of intermediate care facilities for individuals with intellectual disabilities in the State of Hawaii as of March 2020. As defined in Hawaii Administrative Rules ([HAR 11-99](#)), Intermediate care facilities for individuals with intellectual disabilities are characterized as an identifiable unit providing residence and care for fifteen or fewer mentally retarded individuals. Its primary purpose is the provisions of health, social, and rehabilitative services to the mentally retarded through an individually designed active treatment program for each resident. No person who is predominantly confined to bed shall be admitted as a resident. For more information regarding licensing and definitions of intermediate care facilities for individuals with intellectual disabilities, [click here](#).

Source: Hawaii State Department of Health, Office of Health Care Assurance (OHCA). For more information regarding the source, [click here](#).

History: This dataset was created from a table in Excel format obtained from the Office of Health Care Assurance. The address field was used to initially locate the facilities by geocoding using "Maps for Office" extension within Excel. Further rectification was done using various sources including Google Maps, organization websites, etc.

Note: Attributes and contact information listed on following page.

Attributes:

Points:

Name	Facility Name
Licensed_B	Licensed Bed Count
Island	Island
Mailing_Ad	Mailing Address
Physical_A	Physical Address*
Phone_Numb	Phone Number
Alternate_	Alternative Phone Number
Fax	Fax
POC	Point of Contact
Website	Website
Provider_N	Provider Number

*If different than "Mailing Address"

Contact:

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