

**Residential Services for Persons with Mental Retardation and
Related Conditions: Status and Trends Through 1993**

Report #42

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TABLE OF CONTENTS

LIST OF TABLES	iii
LIST OF FIGURES	iv
EXECUTIVE SUMMARY	v
INTRODUCTION	xiii
METHODOLOGY	xiv
CHAPTER 1 State-Operated Residential Services	1
PART 1: STATE-OPERATED RESIDENTIAL SERVICES	1
Number of State-Operated Residential Facilities	1
Residents of State-Operated Facilities	3
Populations per 100,000 of the General Population	3
Change in Average Daily Population; 1980-1993	6
Movement of Residents in Large State Residential Facilities	6
Admissions	6
Discharges	6
Deaths	6
Net Change	6
Expenditures for Care in State-Operated Residential Facilities	9
PART 2: LONGITUDINAL TRENDS IN LARGE STATE-OPERATED RESIDENTIAL FACILITIES, 1950-1992	11
Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities	11
Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities per 100,000 of the General Population	13
Movement Patterns in Large State Mental Retardation/Developmental Disabilities (MR/DD) Residential Facilities	14
Annual Per Resident Expenditures in Large State-Operated MR/DD Residential Facilities	16
PART 3: LARGE STATE MR/DD FACILITY CLOSURES, 1960-1996	18
Total Large State MR/DD Facility Closures	18
Closures and Projected Closures by States	19
Large State MR/DD Residential Facilities Operating and Closing, 1960-1996	19
CHAPTER 2 All Residential Services Directly Provided or Licensed by States for Persons with Mental Retardation and Related Conditions	29
PART 1: TOTAL STATE RESIDENTIAL SERVICE SYSTEMS	29
Number of Residential Settings	29
Number of Persons Receiving Residential Services	29
Relative Size of Residential Settings	32
Average residential settings size	32
Percentage living in small residential settings	32
Number of Residential Service Recipients Per 100,000 General Population	36

Persons Presently Not Receiving Residential Services on Waiting Lists for Residential Services	36
PART 2: RESIDENTIAL SETTINGS BY TYPE	40
"Congregate Care" Settings and Residents	40
"Family Foster Care" Settings and Residents	40
"Own Home" Settings and Residents	41
PART 3: CHANGING PATTERNS IN RESIDENTIAL SERVICE SYSTEMS:	
1977-1993	45
Changing Patterns in Residential Settings	45
Changes in Numbers of Residential Service Recipients	45
CHAPTER 3 Medicaid ICF-MR and Related Medicaid Program	49
PART 1: BACKGROUND OF ICF-MR AND RELATED MEDICAID PROGRAMS	49
Federal Involvement Prior to ICFs-MR	49
Establishment of the ICF-MR Program	49
Small Community ICF-MR Group Homes	51
1988 ICF-MR Regulations	51
Medicaid Home and Community Based Services (HCBS)	52
Community Supported Living Arrangements Programs	52
Nursing Home Restrictions	53
PART 2: UTILIZATION OF ICFs-MR AND RELATED MEDICAID PROGRAMS	54
ICF-MR Program Utilization on June 30, 1993	54
Number of facilities	54
Number of residents	56
Changing state utilization patterns	56
Nonstate ICF-MR Utilization	56
Large nonstate ICFs-MR	56
Small nonstate ICFs-MR	60
State ICF-MR Utilization	60
Large state ICFs-MR	60
Small state ICFs-MR	61
Large and Small Certified Facilities	62
Expenditures for ICF-MR Services	65
Interstate Variations in ICF-MR Expenditures	67
Per capita cost variations	67
Variations due to disproportionate placements	67
Variations due to differences in per recipient expenditures	67
Medicaid HCBS Recipients	65
Expenditures for HCBS Recipients	68
Per capita cost variations	68
Variations due to disproportionate placements	68
Variations due to differences in per recipient expenditures	71
HCBS Recipients and Residents of Small ICFs-MR	71
ICF-MR and HCBS Recipients and Expenditures	74
Variations in State Financial Benefit for Combined ICF-MR and HCBS Programs	76
Indexed Utilization Rates	78
Residential Arrangement of HCBS Recipients	83
Persons with Mental Retardation and Related Conditions in Generic Medicaid Nursing Homes	84
REFERENCES AND DATA SOURCES	86
APPENDIX A: KEY STATE CONTACTS	90

LIST OF TABLES

Table 1.1	Number of State-Operated Residential Facilities on June 30, 1993 by State	2
Table 1.2	Persons with Mental Retardation and Related Conditions Living in State-Operated MR/DD and Psychiatric Facilities on June 30, 1993	4
Table 1.3	Persons with Mental Retardation and Related Conditions Living in State-Operated MR/DD and Psychiatric Facilities per 100,000 of the General Population on June 30, 1993 by State	5
Table 1.4	Changes in the Average Daily Population of Persons with Mental Retardation and Related Conditions Living in Large State MR/DD by State, 1980-1993	7
Table 1.5	Movement of Persons with Mental Retardation and Related Conditions In and Out of Large State MR/DD Facilities in Fiscal Year 1993 by State and Net Change in Residents of those facilities on the First and Last Day of 1993 by State	9
Table 1.6	Average Per Resident Daily Expenditures in State-Operated Residential Facilities in Fiscal Year 1993 by State	10
Table 1.7	Summary of Large State-Operated MR/DD Residential Facilities and Units Since 1960, including Closures and Planned Closures Between 1994 and 1996	19
Table 1.8	Large State-Operated MR/DD Residential Facilities or Units Operating Between 1960 and 1993 with Dates and Projections of Closures through 1996	20
Table 2.1	Residential Settings for Persons with Mental Retardation and Related Conditions Served by State and Nonstate Agencies on June 30, 1993	30
Table 2.2	Persons with Mental Retardation and Related Conditions Served by State and Nonstate Agencies on June 30, 1993	31
Table 2.3	Summary Statistics on the Size of Residential Settings on June 30, 1993	33
Table 2.4	Persons with Mental Retardation and Related Conditions Receiving Residential Services per 100,000 of State General Population by Size of Residential Setting, June 30, 1993	37
Table 2.5	Persons with Mental Retardation and Related Conditions Not Presently Receiving Residential Services Who Are on Waiting Lists for Residential Services on June 30, 1993	38
Table 2.6	Number of "Congregate Care" Residential Settings and Persons with Mental Retardation and Related Conditions Living in Them on June 30, 1993 by State	42
Table 2.7	Number of Family Foster Care Settings and Persons with Mental Retardation Related Conditions Living in Them on June 30, 1993 by State	43
Table 2.8	Number of Homes Owned or Leased By Persons with Mental Retardation and Related Conditions and the Number of People Living in Them on June 30, 1993 by state	44
Table 2.9	State and Nonstate Residential Settings for Persons with Mental Retardation and Related Conditions on June 30 of 1977, 1982, 1987, 1989, 1991 and 1993	47
Table 2.10	Persons with Mental Retardation and Related Conditions Receiving State and Nonstate Residential Services on June 30 of 1977, 1982, 1987, 1989, 1991 and 1993	47
Table 3.1	ICF-MR Certified Facilities on June 30, 1993 by State and Size	55
Table 3.2	Persons with Mental Retardation and Related Conditions in ICF-MR Certified Facilities on June 30, 1993 by State and Size	57
Table 3.3	Number and Percentage of Residents in ICF-MR Facilities on June 30, 1993 by State and Size	61
Table 3.4	Summary Statistics on ICF-MR Expenditures by State for Fiscal Year 1993	66
Table 3.5	Persons Receiving Medicaid Home and Community Based Services on June 30, 1982 to June 30, 1993 by State	69
Table 3.6	Summary Statistics on HCBS Expenditures by State for Fiscal Year 1993	70
Table 3.7	ICF-MR Residents and Medicaid Home and Community Based Service (HCBS) Recipients with Mental Retardation and Related Conditions on June 30, 1993 by State	73
Table 3.8	ICF-MR Residents and HCBS Recipients and ICF-MR and HCBS Expenditures on June 30, 1993 by State	75

Table 3.9 Summary of Combined ICF-MR and HCBS Contributions and State Benefit Ratios for Fiscal Year 1993	77
Table 3.10 Utilization Rates per 100,000 of State Population: ICF-MR Residents, HCBS Recipients with MR/RC, and All Residential Service Recipients on June 30, 1993 by State ...	80
Table 3.11 Residential Arrangements of Medical Home and Community Based Services (HCBS) Recipients on June 30, 1993 (based on 22 of 48 states)	84
Table 3.12 Persons with Mental Retardation and Related Conditions in Nursing Facilities on June 30, 1993 by State	85

LIST OF FIGURES

Figure 1.1 Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Residential Facilities, 1950-1993	12
Figure 1.2 Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities per 100,000 of the General Population, 1950-1993	14
Figure 1.3 Movement Patterns in Large State MR/DD Residential Facilities, 1950-1993	15
Figure 1.4 Average Annual Per Resident Expenditures in Large State-Operated MR/DD Residential Facilities, 1950-1993	17
Figure 1.5 Numbers of Large State MR/DD Facilities and Units Closed and Planned for Closure, 1960-1996	18
Figure 2.1 The Average Number of Persons with Mental Retardation and Related Conditions per Residential Setting on June 30, 1977, 1982, 1987, 1989, 1991, and 1993	32
Figure 2.2 Percentage of All Residential Service Recipients in Settings with 15 or Fewer on June 30, 1993	34
Figure 2.3 Percentage of All Residential Service Recipients in Settings with 6 or Fewer on June 30, 1993	35
Figure 2.4 Residential Service Recipients per 100,000 of State General Population in 1993	39
Figure 2.5 Persons with Mental Retardation and Related Conditions in State and Nonstate Residential Settings on June 30 of 1977, 1982, 1987, 1989, 1991, and 1993	48
Figure 3.1 ICF-MR Residents as a Proportion of All Residents of State and Nonstate Settings by Size on June 30, 1993	59
Figure 3.2 Residents of ICF-MR Certified Facilities by Size and State/Nonstate Operation on June 30, 1977, 1982, 1987 and 1993	60
Figure 3.3 Percentage of ICF-MR Residential Service Recipients in Settings with 15 or Fewer Residents on June 30, 1993	62
Figure 3.4 Percentage of All Residential Service Recipients in ICF-MR Certified Facilities on June 30, 1993	63
Figure 3.5 Number of Residents in ICF-MR and Non ICF-MR Residential Settings with 1-15 and 16 or more Total Residents, 1977 to 1993	65
Figure 3.6 Small ICF-MR & HCBS Recipients as a Percentage of all ICF-MR & HCBS Recipients on June 30, 1993	72
Figure 3.7 Residents of Settings with 15 or Fewer and 16 or More Residents Among Medicaid ICF-MR and HCBS Recipients on June 30, 1977, 1982, 1987, and 1993	78
Figure 3.8 Total ICF-MR Recipients per 100,000 of State Population by State on June 30, 1993	81
Figure 3.9 Total Small ICF-MR and HCBS Recipients per 100,000 of State Population by State on June 30, 1993	82
Figure 3.10 ICF-MR and Non ICF-MR Residential Service Recipients per 100,000 of the U.S. Population, 1962 to 1993	83

EXECUTIVE SUMMARY

State-Operated Residential Services

Number and Size of Residential Facilities

The number of state-operated facilities continues to grow. On June 30, 1993 states were directly operating 1,765 residential facilities housing persons with mental retardation and related conditions, 84 more than in the previous year. Of these 1,655 were facilities primarily serving persons with mental retardation and related conditions and 110 were facilities primarily for persons with psychiatric disabilities. Over four-fifths (83.0%) of the state-operated mental retardation/developmental disabilities (MR/DD) facilities had 15 or fewer residents.

On June 30, 1993 every state except New Hampshire was operating at least one large state mental retardation/developmental disabilities facility, but by March 1994, Vermont and Rhode Island had closed their last large state MR/DD facilities as well. New Hampshire closed its only large (16 or more residents) state MR/DD facility in January 1991. Subsequent to June 30, 1993, but prior to the publication of this report (June 1994), Vermont and Rhode Island closed their last large state MR/DD facilities. Four other states closed at least one large state MR/DD facility in Fiscal Year 1993.

The number of small state facilities continues to grow substantially, but New York remains by far the largest operator of small state MR/DD residences. Small state-operated facilities (15 or fewer residents) increased by 11.3% (139 facilities) to a total of 1,373 in Fiscal Year 1993. By the end of Fiscal Year 1993, New York had 900 small state-operated facilities or 65.5% of the national total. Growth in small state facilities in New York during Fiscal Year 1993 accounted for 45% of the growth nationwide.

Residents

The population of large state MR/DD facilities continue to fall. The population of large state MR/DD facilities on June 30, 1993 was 69,760, a decrease of 6.3% from June 30, 1992, continuing a trend first evident in Fiscal Year 1968.

The population of small state facilities continues to increase. Persons residing in small state-operated facilities increased by 6.3% in 1993, to an end of year total of 9,945 persons. New York accounted for almost three-fourths (73.0%) of all residents of small state facilities.

The population of persons with mental retardation and related conditions in all large state residential facilities continues to decline. On June 30, 1993 the combined population of residents with mental retardation and related conditions in large state MR/DD facilities and psychiatric facilities was 71,704, a decrease of 6.1% from 1992. The population of persons with mental retardation and related conditions in state psychiatric facilities dropped from an average daily population of 31,884 in 1970 and 9,405 in 1980 to 1,944 on June 30, 1993.

Nationally, the population of large state MR/DD facilities per 100,000 of the general population continues to fall. In 1993 there were 27.9 persons with mental retardation and related conditions in large state MR/DD facilities per 100,000 of the general U.S. population. Ten states were at 150% or more of the national average while 13 states were less than half the national average.

Since 1980, large state MR/DD facility depopulation has continued at a steady pace. Between 1980 and 1993 large state MR/DD facilities' populations decreased by approximately 60,000 individuals (45.5%). Over one-third of all states reduced their large state MR/DD facility populations by 50% or more during the period.

Interstate Variability

In 11 states a majority of persons with mental retardation and related conditions receiving residential services lived in facilities of 16 or more residents. On June 30, 1993 more than half of the residents of all settings in Alabama, Delaware, Georgia, Illinois, Kentucky, Louisiana, Mississippi, New Jersey, Oklahoma, Texas, and Virginia lived in facilities with 16 or more residents.

In 22 states a majority of persons with mental retardation and related conditions receiving residential services lived in settings with 6 or fewer residents. On June 30, 1993 more than half of the residents of all settings in Alaska, Arizona, California, Colorado, Connecticut, the District of Columbia, Hawaii, Maine, Maryland, Michigan, Minnesota, Montana, Nevada, New Hampshire, North Dakota, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, Wisconsin, and Wyoming lived in settings with 6 or fewer residents.

Waiting Lists

The percentage of people not currently receiving residential services waiting for such services remains the same. A total of 69,441 persons with mental retardation and related conditions in 47 states were on waiting lists for residential services on June 30, 1993. Estimating for non-reporting states yielded an estimated national total of 78,700 persons on waiting lists for residential services. This was 20.3% of the national total of persons receiving and waiting for residential services, a slight increase over the 19.3% reported on June 30, 1991. Four states (Kentucky, New York, North Carolina, and Oregon) reported waiting lists that exceeded one-third of the capacity of their residential service programs

State and Nonstate Residential Settings by Type

Most people receiving residential services in places that provide "congregate care" lived in settings with 15 or fewer residents. A estimated total of 245,697 persons with mental retardation and related conditions lived in congregate care settings on June 30, 1993. A majority of these persons (130,460 or 53.1%) lived in settings with 15 or fewer residents and almost one-third (74,000 or 30.1%) lived in settings with 6 or fewer residents. New York, California, Illinois, and Pennsylvania combined accounted for about a third (32.7%) of the estimated national total of residents of congregate care.

The number of people living in "family foster care" has been increasing. An estimated national total of 29,394 persons with mental retardation and related conditions lived in family foster care settings on June 30, 1993. Virtually all (99.7%) lived in homes with 6 or fewer residents. California and New York combined accounted for 34.2% of the estimated national total of residents of family foster care settings. Between June 30, 1982 and June 30, 1993 the estimated number of people in foster care settings increased from approximately 17,150 to 29,400 (about 71%).

The number of people living in their "own home," that they own or lease, are increasing steadily. An estimated national total of 33,398 persons with mental retardation and related conditions receiving residential services and supports lived in homes that they owned or leased for themselves. All persons lived with five or fewer people. California, Wisconsin, Washington, and Pennsylvania combined accounted for 37.3% of the estimated national total of people living in homes that they owned or leased themselves. Between 1991 and 1993 the estimated number of people living in homes of their own nationally increased by about 5,000.

Patterns of Change in Residential Service Systems: 1977-1993

The number of residential settings in which people received services increased much faster than the total number of service recipients. The total number of residential settings in which people with mental retardation

and related conditions received residential services grew over 400%, from about 11,000 to over 60,000, while total service recipients increased by less than 25%, from about 248,000 to over 308,000 individuals.

The nation moved from large facility-centered to small facility-centered residential services. In 1977, 84% of all persons with mental retardation lived and related conditions receiving residential services lived in residences of 16 or more people. By 1993, 62.7% lived in community settings of 15 or fewer people, and 44.4% lived in residential settings with 6 or fewer people. But only about 10.8% of residential service recipients lived in homes that they themselves own or rent (or 9.5% counting persons with mental retardation and related conditions living in nursing homes).

The role of the state as a residential service provider dramatically declined. In 1977, 62.9% of all residential service recipients lived in state-operated residential settings. By 1993, only 25.8% of all residential service recipients lived in state operated residential settings.

Medicaid Funded Services

Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR)

The total number of ICFs-MR continues to grow, but the average size has decreased dramatically. On June 30, 1993 there were 7,611 ICFs-MR nationwide. This compares with 574 on June 30, 1977, 1,889 on June 30, 1982, and 3,913 on June 30, 1987. Average ICF-MR size in 1993 was 19.4 residents; this compares with 186 residents in 1977, 74.5 residents in 1982; and 37 residents in 1987.

In 1993, the trend of a stable population in ICFs-MR continued. On June 30, 1993 there were 147,729 persons living in all ICFs-MR. This compares with 147,148 persons on June 30, 1989 and 140,684 on June 30, 1982. The total increase of 6,977 ICF-MR residents between June 30, 1982 and June 30, 1993 (an average of 634 per year) contrasts sharply with the increase of over 34,500 ICF-MR residents between June 30, 1977 and June 30, 1982 (6,917 persons per year).

Populations of large ICFs-MR with 16 or more residents have continued to decrease steadily over the past several years. On June 30, 1993 there were 99,060 persons in ICFs-MR of 16 or more residents (67.0% of all ICF-MR residents). This represented a 18.0% decrease from the 120,822 persons in large ICFs-MR in 1987 and a 24.2% decrease from 130,767 large ICF-MR residents in 1982. The 1993 population of large ICFs-MR included 66,947 residents of state ICFs-MR and 32,113 residents in nonstate ICFs-MR. Between June 30, 1987 and June 30, 1993, large state ICF-MR populations decreased 24.3% (from 88,424), and large nonstate ICF-MR populations decreased 1% (from 32,398). In 1993, 86.0% of persons living in all large state and nonstate facilities lived in ICF-MR units, and 96.0% of people living in state facilities of 16 or more residents lived in ICF-MR units.

In 1993, for the first time ever, a minority of ICF-MR residents were living in state operated facilities. On June 30, 1993, 49.7% of all ICF-MR residents were living in state-operated facilities. This compares with 63.2% on June 30, 1987; 77.2% on June 30, 1982 and 87.5% on June 30, 1977. The deconcentration of ICF-MR residents from state-operated facilities is associated with the general depopulation of large state MR/DD facilities and the increase in the number of small ICFs-MR, 86.6% of which in 1993 were nonstate facilities. On June 30, 1993 there were 66,947 persons in ICF-MR units of large state MR/DD facilities (45.3% of all ICF-MR residents). This compares with 88,424 persons on June 30, 1987 (61.2% of all ICF-MR residents), and 107,081 persons in June 30, 1982 (76.3% of all ICF-MR residents).

The number of residents of ICFs-MR of 15 or fewer residents continues to grow. On June 30, 1993 there were 48,669 persons with mental retardation and related conditions living in small ICFs-MR. This represents

an increase of over 100% from 23,528 on June 30, 1987, and an increase of almost 400% from 9,985 on June 30, 1982. In 1993, 33.8% of all small ICF-MR residents lived in New York. On June 30, 1993, 36.6% of residents of small ICFs-MR lived in facilities with 6 or fewer residents. Between June 30, 1982 and June 30, 1993 the total number of persons with mental retardation and related conditions living in ICFs-MR of six or fewer residents increased from 2,572 to 17,817.

A relatively small proportion of persons with mental retardation and related conditions living in the community settings live in ICF-MR certified residences. Nationally, on June 30, 1993 48,669 (25.1%) of the 193,747 persons in settings with 15 or fewer residents lived in ICFs-MR. Persons living in settings with 7 to 15 residents are far more likely to be found in ICF-MR certified facilities than are persons living in settings of 6 or fewer residents. In 1993, 30,852 (54.6%) of the 56,534 persons living in settings with 7 to 15 residents were in ICF-MR certified residences while only 17,817 (13.0%) of the 137,213 persons living in settings with 6 or fewer residents lived in ICFs-MR.

Medicaid ICF-MR expenditures continue to grow rapidly, in both per recipient and total expenditures. In Fiscal Year 1993 total federal and state expenditures for ICF-MR services were 9.2 billion dollars, as compared with 8.8 billion dollars in Fiscal Year 1992. The 1993 per recipient expenditure of \$62,180 was 38.3% more than the 1989 per recipient expenditure of \$44,946. States varied substantially in expenditures per ICF-MR recipient, from over \$100,000 per year in seven states to under \$40,000 per year in three states. Total ICF-MR expenditures per day per person in the general population averaged \$35.89 per year nationally. Four states averaged over twice the national average, while twelve states averaged less than half the national average.

Medicaid Home and Community Based Services (HCBS)

Growth in HCBS recipients continued at an accelerated rate in Fiscal Year 1993. On June 30, 1993 there were 86,604 persons with mental retardation and related conditions receiving HCBS, an increase of 38.7% over the 62,462 recipients on June 30, 1992. In the five years between June 30, 1988 and 1993, the number of HCBS recipients tripled from 28,689 and the number of states providing HCBS increased from 35 to 48. Seventeen states increased their number of HCBS recipients by 1,000 or more between 1988 and 1993.

Utilization of HCBS to fund small residential services (other than room and board) is greater than the small ICF-MR program. Of the 48 states with HCBS recipients, 22 were able to report the residential arrangements of all of their recipients. These states, with 60.6% of the HCBS recipients, reported 76.2% of these recipients receiving residential services outside their family home. Applying this statistic to all 86,604 HCBS recipients on June 30, 1992 would yield an estimated 66,010 persons receiving residential services funded by HCBS, significantly more than the 48,669 persons served in all small ICFs-MR.

Expenditures for Medicaid HCBS recipients continue to grow and show substantial interstate variability. In Fiscal Year 1993 expenditures for Medicaid HCBS recipients exceeded 2.2 billion dollars for 86,604 recipients, a per recipient average of \$25,176 per year. This represents an 18.5% increase over the per recipient average in Fiscal Year 1990 (\$21,246). The states with the highest per recipient expenditures in 1993 were Connecticut (\$67,613), Rhode Island (\$62,444), and West Virginia (\$59,951). The states with the lowest per recipient expenditures in 1993 were Indiana (\$1,082), Florida (\$6,436), and California (\$8,337).

ICF-MR and HCBS recipients

Growth in the total number of ICF-MR and HCBS recipients combined has continued at a generally stable rate. Between 1977 and 1982 there was an average annual increase of about 7,200 combined ICF-MR and HCBS recipients. Between 1982 and 1987 ICF-MR and HCBS recipients increased at an annual average of about 6,200. Between 1987 and 1993 there was a combined average annual increase of approximately 11,000

ICF-MR and HCBS recipients. On June 30, 1993, HCBS recipients made up 37.0% of the combined total of ICF-MR and HCBS recipients, compared with 13.6% on June 30, 1987.

ICF-MR and HCBS recipients living in community settings make up more than one-half of the combined total of ICF-MR and HCBS recipients. On June 30, 1993 residents of small ICFs-MR and HCBS recipients made up 57.7% of all ICF-MR and HCBS recipients. That compares with 49.7% on June 30, 1992 and 27.7% on June 30, 1987.

There remains remarkable variation among states in ICF-MR and HCBS utilization rates. On June 30, 1993 there was a national ICF-MR utilization rate of 57.7 ICF-MR residents per 100,000 persons in the United States. The highest individual state ICF-MR utilization rates were 135.4 in District of Columbia and 122.2 in New York. The highest utilization of large ICFs-MR were in Illinois (96.6), Wisconsin (77.8), and Oklahoma (76.5). State utilization rates of smaller ICFs-MR were more than 50 residents per 100,000 in five states and fewer than three residents in fifteen states. On June 30, 1993 nationally there was an average of 91.5 ICF-MR and HCBS recipients per 100,000 of the population. Individual state utilization rates for the combined programs varied from the highest rates in North Dakota (307.9), South Dakota (198.5) and Minnesota (190.1) to the lowest rates in Alaska (15.6), Nevada (32.1) and Georgia (32.7).

Expenditures are disproportionately greater in ICFs-MR than for persons receiving HCBS. The average annual expenditures for ICF-MR services were \$62,180 per person as compared to \$25,176 per each HCBS recipient. Nationally, for Fiscal Year 1993, HCBS recipients were 37.0% of the total HCBS and ICF-MR recipient population but were beneficiaries of only 19.2% of the total HCBS and ICF-MR expenditures. Only in West Virginia did HCBS recipients as a percentage of all HCBS and ICF-MR recipients exceed HCBS expenditures as a percentage of all HCBS and ICF-MR expenditures.

Nursing Home Residents

The number of persons with mental retardation and related conditions in nursing homes appears to be remaining generally stable. States reported that on June 30, 1993 there were 38,177 persons with mental retardation and related conditions in nursing homes. This compares with 37,817 on June 30, 1991 and 38,564 on June 30, 1992. Nationwide, in 1993 14.0% of all persons with mental retardation and related conditions receiving services through Medicaid ICF-MR, HCBS or Nursing Facility programs were in nursing homes. Five states reported nursing home residents to make up one-fourth or more of their citizens with mental retardation and related conditions receiving Medicaid long-term care services.

INTRODUCTION

The National Residential Information Systems Project began in 1977. It has operated on a nearly continuous basis since then. One component of this project is to report annual statistics on persons with mental retardation and related conditions in state-operated, nonstate and Medicaid-funded residential programs in the United States, including residential services operated specifically for persons with mental retardation and related conditions, nursing homes, and state psychiatric facilities. This particular report provides such statistics for the year ending June 30, 1993.

Chapter 1 of this report presents population statistics on state-operated residential settings for Fiscal Year 1993. Part 1 of Chapter 1 presents statistics that were compiled for this project by staff within the various state agencies. The data collection in Part 1 represents a continuation of a statistical program originated by the Office of Mental Retardation Coordination (now the Administration on Developmental Disabilities) in 1968 which gathered statistics on state mental retardation/developmental disabilities (MR/DD) institutions. Data collection on state-operated residential services has been expanded over the years to include statistics on small state MR/DD residential facilities (those with 1-6 and 7-15 residents) and on state psychiatric facilities which house persons with mental retardation and related conditions. The addition of state-operated psychiatric facilities was begun for Fiscal Year 1978, and the small state-operated residential facilities were added in Fiscal Year 1986. As is indicated at various points throughout this report the data gathered as part of the National Residential Information System Project since Fiscal Year 1977 have also been linked to a longitudinal data base developed by the project that begins with the first census of state MR/DD institutions carried out as part of the U.S. Census of 1880.

Chapter 1, Part 2 presents Fiscal Year 1993 statistics on large state MR/DD residential facilities as a part of the longitudinal trends in large state MR/DD facility populations, resident movement, and facility costs of care since 1950. A brief historical review of these and other preceding surveys since 1950 can be found in Lakin, Hill, Street, and Bruininks (1986). For a more detailed review, including surveys and statistics since 1880,

see Lakin (1979). Chapter 1, Part 3 presents information on large state MR/DD facility closures, as well as a listing of all large state MR/DD facilities that have operated since 1960, including those which have closed or are scheduled to close by 1996.

Chapter 2 of this report presents combined statistics on the total numbers of persons with mental retardation and related conditions in both state and nonstate residential settings. Statistics in Chapter 2 have been compiled and reported by individual state MR/DD agencies. This data set has been structured so as to permit the maximum possible congruence with administrative data sets maintained in each of the states. However, it should be noted that in many states a significant amount of state effort is required to compile the requested statistics, including frequently separate surveys of substate/regions. In a few states the demands of such activities are greater than can be managed on an annual basis. In these states 1992 or 1991 data have been substituted for Fiscal Year 1993 data in one or more tables and are so indicated in the data tables.

Chapter 2, Part 1 provides data on total state residential services systems (i.e., both state and nonstate services) by state/nonstate operation and by size of residential settings on June 30, 1993. State-operated residential settings are those described in Chapter 1 with the exception of the psychiatric facilities, which are excluded because of the focus in Chapter 2 on individual state and national MR/DD residential services systems. Nonstate facilities are almost entirely privately operated. However, in a few states (e.g., Iowa, Ohio, Texas) local government agencies operate significant residential programs. These local government programs are included with private programs in the "nonstate" category because typically their relationship with the state with respect to licensing, monitoring and funding is much more similar to that of a private agency than to that of a state-operated program. In addition to state/nonstate operation, three residential size distinctions are provided. These include 1 to 6 residents, 7 to 15 residents and 16 or more residents. In addition to the June 30, 1993 statistics, for comparative purposes, comparable statistics are provided showing five year intervals in

residential services for each state between 1977 and 1987 and two year intervals between 1989 and 1993. Again these size categories shown are the ones for which congruent data could be reported by each of the individual states.

Chapter 2, Part 2 presents statistics reported by the various states on residents living in different types of residential settings of state and nonstate operation. Five separate categories of residential settings are used. These were developed after substantial consultation with state respondents during a 1991 feasibility study of states' abilities to report residents by setting type. This area presents the greatest challenge in developing congruent definitions and data elements for use by all states. States have literally hundreds of different names for residential programs and many of these programs have aspects which make them subtly different from similarly named programs in other states. Statistics are reported on three separate categories of residential settings: "Congregate Care," "Family Foster Care," and "Own Home."

Chapter 2, Part 3 presents statistics on changing patterns in residential service systems

from 1977 to 1993. Statistics are presented on numbers of settings and persons with mental retardation and related conditions in these settings. Distinctions are across type of operation (state and nonstate residential settings) and size of setting (1 to 15 residents and 16 or more residents). Statistics are presented for June 30, 1977, June 30, 1982, June 30, 1987, June 30, 1989, June 30, 1991, and June 30, 1993.

Chapter 3 focuses on the utilization of the three primary Medicaid programs to finance long-term care services for persons with mental retardation and related conditions: Intermediate Care Facilities for (persons with) Mental Retardation (ICF-MR), Home and Community-Based Services (HCBS), and Skilled Nursing Facility (SNF). Chapter 3, Part 1 describes the evolution of Medicaid involvement in services for persons with mental retardation and related conditions and the specific programs currently funding residential services for persons with mental retardation and related conditions. Chapter 3, Part 2 provides statistics on June 30, 1993 utilization of these Medicaid programs.

METHODOLOGY

The statistics reported in this report primarily derive from surveys of state agencies that maintain the reported statistics. In October 1993 the state survey for Fiscal Year 1993 was mailed with a cover letter to each state's developmental disabilities program director and to individuals designated as state "data supplier" for this project. A questionnaire on state-operated residential facilities was Part 1 of the survey. Part 2 gathered statistics on nonstate residential settings. Questions about ICF-MR facilities and Medicaid Home and Community Based Services for persons with mental retardation and related conditions were integrated into these questionnaires. Separate questions were asked about persons presently residing in Medicaid nursing homes and state psychiatric facilities and about persons waiting for residential services. Telephone follow-up began two weeks after the questionnaires were mailed. Direct contacts were made with each data supplier (often more than one in each state) to clarify definitions and answer questions about the data requested.

Follow-up telephone calls to promote response and to clarify and edit the statistics reported continued until March 1994. Compiling statistics from states requires an average of five telephone conversations generally involving one to four different people in each state. In several states contacts were made with two or more of the mental retardation/developmental disabilities, mental health and Medicaid agencies to gather the required statistics. Many of these contacts are required to deal with variations in the types of statistics maintained by the various states and the specific operational definitions governing certain data elements. It should also be noted that severe budgetary problems resulting in staff reductions in many states have increased the difficulty of providing the requested statistics and have caused delays in data collection. Specific problems faced by individual states in reporting the requested statistics are noted in the individual tables. General problems in the collection of the data are presented in the discussion accompanying each table.

CHAPTER 1

State-Operated Residential Services

PART 1: STATE-OPERATED RESIDENTIAL FACILITIES

The following information about the populations, resident movement, and costs in state-operated residential facilities in Fiscal Year 1993 is based on a survey of all states regarding state-operated residential services. Statistics are provided for persons residing in state-operated mental retardation/developmental disabilities (MR/DD) facilities of 6 or fewer residents, 7-15 residents and 16 or more residents, and for persons with mental retardation and related conditions residing in state-operated psychiatric facilities.

Number of State-Operated Residential Facilities

Table 1.1 presents statistics by state on the number of state-operated residential facilities serving persons with mental retardation and related conditions in the United States on June 30, 1993. The statistics are broken down for state-operated mental retardation/developmental disabilities (MR/DD) facilities with 6 or fewer residents, 7-15 residents, and 16 or more residents; and for state-operated psychiatric facilities and total state-operated facilities.

On June 30, 1993, states reported a total of 1,765 state-operated residential facilities serving persons with mental retardation and related conditions, an increase of 84 over the previous year. Of these, 1,655 (93.8%) were facilities primarily for persons with mental retardation and other developmental disabilities. Of the 1,655 state MR/DD facilities, 1,373 (83.0%) had 15 or fewer

residents; 282 (17.0%) had 16 or more residents. All states except New Hampshire operated at least one large state MR/DD facility on June 30, 1993. Vermont closed its last large (16 or more residents) state MR/DD facility in November 1993 and Rhode Island closed its last large state MR/DD facility in March 1994. Nineteen states reported at least one psychiatric facility housing persons with mental retardation and related conditions in units other than special MR/DD units. States reported a significant decrease in the total number of state psychiatric facilities with residents with mental retardation and related conditions: 110 on June 30, 1993 as compared with 124 on June 30, 1992.

On June 30, 1993, 16 states were operating one or more small (1 to 15 residents) MR/DD facilities. The total of 1,373 small state-operated facilities on June 30, 1993 represented an increase of 11.3% (139 facilities) between June 30, 1992 and June 30, 1993. By far the greatest portion of that growth came among facilities with 6 or fewer residents, which grew by 29.3% (112 facilities). Five states increased their number of small state-operated facilities during this period. The greatest number of small state-operated facilities was in New York (900 facilities). New York operated 65.5% of all such facilities in the United States on June 30, 1993. Growth in the number of small state-operated facilities in New York (62 facilities) and Connecticut (40 facilities) in 1993 accounted for 73.4% of all growth nationwide.

Table 1.1 Number of State-Operated Residential Facilities on June 30, 1993 by State

State	State MR/DD facilities					Psychiatric Facilities	Total Large (16+)	Total State-Operated Facilities
	1-6	7-15	1-15	16+	Total			
AL	0	0	0	5	5	0	5	5
AK	0	0	0	1	1	0	1	1
AZ	21	10	31	7	38	0	7	38
AR	0	0	0	6	6	0	6	6
CA	0	0	0	7	7	0	7	7
CO	0	36	36	2	38	0	2	38
CT	114	37	151	12	163	3	15	166
DE	0	0	0	1	1	0	1	1
DC	3*	0	3*	1*	4*	0	1*	4*
FL	0	0	0	24	24	DNF	24	24
GA	0	0	0	12	12	8	20	20
HI	0	0	0	3	3	0	3	3
ID	0	0	0	1	1	0	1	1
IL	0	0	0	12	12	8	20	20
IN	0	0	0	11	11	0	11	11
IA	0	0	0	2	2	0	2	2
KS	0	0	0	3	3	3e	6e	6e
KY	0	0	0	2	2	3	5	5
LA	11	0	11	9	20	0	9	20
ME	0*	2*	2*	2*	4*	2*	4*	6*
MD	0	0	0	5	5	9	14	14
MA	0**	57**	57**	8*	65**	8**	16**	73**
MI	0	0	0	3	3	0	3	3
MN	22	0	22	7	29	0	7	29
MS	82	16	98	5	103	0*	5	103
MO	0	0	0	6	6	6	12	12
MT	0	0	0	2	2	0	2	2
NE	0	0	0	1	1	0	1	1
NV	4	0	4	2	6	0	2	6
NH	7	0	7	0	7	0	0	7
NJ	0	0	0	8	8	7	15	15
NM	0	0	0	2	2	0	2	2
NY	196	704	900	25	925	20**	45	945
NC	0	0	0	6	6	3	9	9
ND	0	1	1	2	3	1	3	4
OH	0	0	0	12	12	0	12	12
OK	0	0	0	4	4	0	4	4
OR	7	0	7	2	9	0	2	9
PA	0	0	0	12	12	14	26	26
RI	27	12	39	1	40	0	1	40
SC	0	0	0	5	5	0	5	5
SD	0	0	0	2	2	1	3	3
TN	0	0	0	5	5	0	5	5
TX	0	4	4	15	19	DNF	15	19
UT	0	0	0	1	1	0	1	1
VT	0	0	0	1	1	1	2	2
VA	0	0	0	5	5	9**	14**	14**
WA	0	0	0	6	6	2	8	8
WV	0	0	0	1	1	2	3	3
WI	0	0	0	3	3	0	3	3
WY	0	0	0	2	2	0	2	2
U.S. Total	494	879	1373	282	1,655	110	392	1,765

e indicates estimate
 * indicates 1992 data
 ** indicates 1991 data

Residents of State-Operated Facilities

Table 1.2 presents the number of persons with mental retardation and related conditions living in state-operated MR/DD facilities and psychiatric facilities on June 30, 1993. On June 30, 1993 the national total of persons with mental retardation and related conditions in all state-operated facilities was 81,649 (as compared with 85,642 on June 30, 1992). Of this population, 79,785 persons (97.7%) were residents of MR/DD facilities and 1,944 persons (2.3%) were in psychiatric facilities.

Of the 79,705 persons in state-operated MR/DD facilities, 1,886 (2.4%) were in facilities of six or fewer residents, 8,059 (10.1%) were in facilities of seven to 15 residents, and 69,760 (87.5%) were in large facilities (as compared with 74,538 on June 30, 1992). All residents with mental retardation and related conditions in state-operated psychiatric facilities lived in settings of 16 or more residents.

The 1,886 persons with mental retardation and related conditions in state-operated MR/DD facilities of six or fewer residents were in eleven states, with 1,350 (71.6%) concentrated in three states (Connecticut, Mississippi, and New York). Of the 8,059 persons in MR/DD facilities of seven to 15 residents, all were in 10 states and 6,554 (81.3%) were in one state (New York). Of the 69,760 persons in large state MR/DD facilities, 29,089 (41.7%) were concentrated in six states (California, Illinois, New Jersey, New York, Pennsylvania, and Texas) with 38.2% of the national population. Of the 1,944 persons with mental retardation and related conditions reported as residents of psychiatric facilities in 19 states, 1,491 (76.7%) were in five states (Illinois, New Jersey, New York, Pennsylvania, and Virginia).

The decrease in the number of residents of large state MR/DD facilities continued a trend first evident in Fiscal Year 1968. The 6.4% rate of

decrease between Fiscal Years 1992 and 1993 compares with a 7.5% decrease between Fiscal Years 1991 and 1992 and a 5.3% decrease between Fiscal Years 1990 and 1991. Decreases were again evident in almost all states, although 2 states (Nevada and Texas) reported small increases in the average daily population of their large state-operated MR/DD facilities between June 30, 1992 and June 30, 1993.

Populations per 100,000 of the General Population

Table 1.3 indexes the population of persons with mental retardation and related conditions in state-operated facilities by 100,000 of each state's general population on June 30, 1993. This statistic is referred to here as the "placement rate." On June 30, 1993 the national placement rate for all state-operated facilities was 31.9 residents (as compared with 33.7 on June 30, 1992). This decrease in national placement rate for all state-operated facilities was due to the decrease in national placement rate for large state MR/DD facilities (27.3 on June 30, 1993, as compared with 29.3 on June 30, 1992). During the same period the placement rate for small-operated state MR/DD facilities increased from 3.6 to 3.9 per 100,000 of the total population.

States with over twice the average placement rate in large state MR/DD facilities on June 30, 1993 were Mississippi, New Jersey, and South Carolina. States with less than one-third the average placement rate in large state MR/DD facilities on June 30, 1993 were Alaska, Arizona, Colorado, Hawaii, Michigan, New Hampshire, Rhode Island, Vermont, and West Virginia. States with the highest placement rates in small state-operated facilities were Connecticut, New York, and Rhode Island (each over five times the national average).

Table 1.2 Persons with Mental Retardation and Related Conditions Living in State-Operated MR/DD and Psychiatric Facilities on June 30, 1993 by State

State	State MR/DD Facilities					Psychiatric Facilities	Total Large (16+)	All State-Operated Facilities
	1-6	7-15	1-15	16+	Total			
AL	0	0	0	1,234	1,234	0	1,234	1,234
AK	0	0	0	45	45	0	45	45
AZ	103	128	231	125	356	0	125	356
AR	0	0	0	1,244	1,244	0	1,244	1,244
CA	0	0	0	6,336	6,336	0	6,336	6,336
CO	0	269	269	264	533	0	264	533
CT	404	295	699	1,414	2,113	58	1,472	2,171
DE	0	0	0	324	324	0	324	324
DC	12*	0	12*	76*	88*	0	76*	88*
FL	0	0	0	1,744	1,744	DNF	1,744	1,744
GA	0	0	0	2,036	2,036	37	2,073	2,073
HI	0	0	0	86	86	0	86	86
ID	0	0	0	148	148	0	148	148
IL	0	0	0	4,006	4,006	201	4,207	4,207
IN	0	0	0	1,491	1,491	0	1,491	1,491
IA	0	0	0	824	824	0	824	824
KS	0	0	0	876	876	DNF	876	876
KY	0	0	0	620	620	92**	712	712
LA	64	0	64	2,286	2,350	0	2,286	2,350
ME	0**	24**	24**	241*	265*	34**	275*	299*
MD	0	0	0	894	894	10	904	904
MA	0*	456**	456**	2,614e*	3,070e	66**	2,680e*	3,136e*
MI	0	0	0	514	514	0	514	514
MN	118	0	118	875	993	0	875	993
MS	245	146	391	1,470	1,861	0*	1,470	1,861
MO	0	0	0	1,492	1,492	63	1,555	1,555
MT	0	0	0	157	157	0	157	157
NE	0	0	0	460	460	0	460	460
NV	24	0	24	146	170	0	146	170
NH	24	0	24	0	24	0	0	24
NJ	0	0	0	4,407	4,407	691	5,098	5,098
NM	0	0	0	445	445	0	445	445
NY	701	6,554	7,255	3,933	11,188	219*	4,152	11,407
NC	0	0	0	2,469	2,469	21	2,490	2,490
ND	0	12	12	203	215	10	213	225
OH	0	0	0	2,243	2,243	0	2,243	2,243
OK	0	0	0	719	719	0	719	719
OR	35	0	35	527	562	0	527	562
PA	0	0	0	3,671	3,671	205	3,876	3,876
RI	156	132	288	88	376	0	88	376
SC	0	0	0	2,062	2,062	0	2,062	2,062
SD	0	0	0	352	352	24	376	376
TN	0	0	0	1,810	1,810	0	1,810	1,810
TX	0	43	43	6,736	6,779	DNF	6,736	6,779
UT	0	0	0	380	380	0	380	380
VT	0	0	0	31	31	1	32	32
VA	0	0	0	2,413	2,413	175*	2,588	2,588
WA	0	0	0	1,464	1,464	35	1,499	1,499
WV	0	0	0	109	109	2	111	111
WI	0	0	0	1,468	1,468	0	1,468	1,468
WY	0	0	0	188	188	0	188	188
U.S. Total	1,886	8,059	9,945	69,760	79,705	1,944	71,704	81,649

* indicates 1992 data

** indicates 1991 data

DNF indicates Data Not Furnished

Table 1.3 Persons with Mental Retardation and Related Conditions Living in State-Operated MR/DD and Psychiatric Facilities Per 100,000 of the General Population on June 30, 1993 by State

State	Population (100,000)	State MR/DD Facilities					Psychiatric Facilities	Total Large (16+)	All State- Operated Facilities
		1-6	7-15	1-15	16+	Total			
AL	42.42	0.0	0.0	0.0	29.1	29.1	0.0	29.1	29.1
AK	5.44	0.0	0.0	0.0	8.3	8.3	0.0	8.3	8.3
AZ	39.55	2.6	3.2	5.8	3.2	9.0	0.0	3.2	9.0
AR	24.54	0.0	0.0	0.0	50.7	50.7	0.0	50.7	50.7
CA	307.97	0.0	0.0	0.0	20.6	20.6	0.0	20.6	20.6
CO	33.82	0.0	8.0	8.0	7.8	15.8	0.0	7.8	15.8
CT	33.20	12.2	8.9	21.1	42.6	63.6	1.7	44.3	65.4
DE	7.16	0.0	0.0	0.0	45.3	45.3	0.0	45.3	45.3
DC	5.94	2.0*	0.0	2.0*	12.8*	14.8*	0.0	12.8*	14.8*
FL	139.15	0.0	0.0	0.0	12.5	12.5	DNF	12.5	12.5
GA	70.08	0.0	0.0	0.0	29.1	29.1	0.5	29.6	29.6
HI	12.06	0.0	0.0	0.0	7.1	7.1	0.0	7.1	7.1
ID	10.19	0.0	0.0	0.0	14.5	14.5	0.0	14.5	14.5
IL	117.45	0.0	0.0	0.0	34.1	34.1	1.7	35.8	35.8
IN	56.70	0.0	0.0	0.0	26.3	26.3	0.0	26.3	26.3
IA	27.55	0.0	0.0	0.0	29.9	29.9	0.0	29.9	29.9
KS	25.43	0.0	0.0	0.0	34.4	34.4	DNF	34.4	34.4
KY	37.49	0.0	0.0	0.0	16.5	16.5	2.5**	19.0	19.0
LA	43.16	1.5	0.0	1.5	53.0	54.4	0.0	53.0	54.4
ME	12.73	0.0**	1.9**	1.9**	18.9*	20.8*	2.7**	21.6*	23.5*
MD	50.16	0.0	0.0	0.0	17.8	17.8	0.2	18.0	18.0
MA	59.85	0.0*	7.6**	7.6**	43.7e*	51.3e*	1.1**	44.8e*	52.4e*
MI	93.46	0.0	0.0	0.0	5.5	5.5	0.0	5.5	5.5
MN	44.60	2.6	0.0	2.6	19.6	22.3	0.0	19.6	22.3
MS	26.92	9.1	5.4	14.5	54.6	69.1	0.0*	54.6	69.1
MO	52.98	0.0	0.0	0.0	28.2	28.2	1.2	29.4	29.4
MT	7.84	0.0	0.0	0.0	20.0	20.0	0.0	20.0	20.0
NE	15.94	0.0	0.0	0.0	28.9	28.9	0.0	28.9	28.9
NV	12.26	2.0	0.0	2.0	11.9	13.9	0.0	11.9	13.9
NH	12.22	2.0	0.0	2.0	0.0	2.0	0.0	0.0	2.0
NJ	79.81	0.0	0.0	0.0	55.2	55.2	8.7	63.9	63.9
NM	15.99	0.0	0.0	0.0	27.8	27.8	0.0	27.8	27.8
NY	178.86	3.9	36.6	40.6	22.0	62.6	1.2*	23.2	63.8
NC	69.94	0.0	0.0	0.0	35.3	35.3	0.3	35.6	35.6
ND	6.43	0.0	1.9	1.9	31.6	33.4	1.6	33.1	35.0
OH	109.50	0.0	0.0	0.0	20.5	20.5	0.0	20.5	20.5
OK	31.22	0.0	0.0	0.0	23.0	23.0	0.0	23.0	23.0
OR	28.70	1.2	0.0	1.2	18.4	19.6	0.0	18.4	19.6
PA	120.75	0.0	0.0	0.0	30.4	30.4	1.7	32.1	32.1
RI	10.12	15.4	13.0	28.5	8.7	37.2	0.0	8.7	37.2
SC	36.91	0.0	0.0	0.0	55.9	55.9	0.0	55.9	55.9
SD	7.19	0.0	0.0	0.0	49.0	49.0	3.3	52.3	52.3
TN	51.55	0.0	0.0	0.0	35.1	35.1	0.0	35.1	35.1
TX	173.91	0.0	0.2	0.2	38.7	39.0	DNF	38.7	39.0
UT	17.81	0.0	0.0	0.0	21.3	21.3	0.0	21.3	21.3
VT	5.87	0.0	0.0	0.0	5.3	5.3	0.2	5.5	5.5
VA	65.49	0.0	0.0	0.0	36.8	36.8	2.7*	39.5	39.5
WA	49.68	0.0	0.0	0.0	29.5	29.5	0.7	30.2	30.2
WV	17.87	0.0	0.0	0.0	6.1	6.1	0.1	6.2	6.2
WI	49.13	0.0	0.0	0.0	29.9	29.9	0.0	29.9	29.9
WY	4.51	0.0	0.0	0.0	41.7	41.7	0.0	41.7	41.7
U.S. Total	2,559.50	0.7	3.1	3.9	27.3	31.1	0.8	28.0	31.9

* indicates 1992 data ** indicates 1991 data
DNF indicates Data Not Furnished

Change in Average Daily Population; 1980-1993

Table 1.4 presents summaries of the average daily population of large state MR/DD facilities by state for 1980, 1985, 1989, and 1993 and the percentage of change in average daily population between 1993 and 1980, 1985 and 1989, respectively. The total decrease in large state MR/DD facility populations between 1980 and 1993 was 59,475 average daily residents (45.4%). Twenty-one states reduced their populations by more than 50% during the period. In seven states the decline was by 80% or more: Arizona, Colorado, District of Columbia, Michigan, New Hampshire, Rhode Island, and Vermont.

In the first five years of this period (1980-1985) large state MR/DD facility average daily populations decreased by 21,474 or an annual average of about 4,300 residents. In the next eight years of this period (1985-1993) large state MR/DD facility average daily populations decreased by 38,186 (34.8%) or an annual average of about 4,800 residents. In the four years between 1989 to 1993 the average daily population of large state MR/DD facilities declined again to the rate of about 4,300 residents per year and every state reduced its large state MR/DD facility average daily population.

Movement of Residents in Large State Residential Facilities

Table 1.5 presents statistics on the admissions, discharges, deaths, and net change in population among residents of large state MR/DD residential facilities during Fiscal Year 1993. Admissions, discharges, and deaths are also indexed as a percentage of the average daily residents of those settings.

Admissions. During Fiscal Year 1993, an estimated total of 4,700 persons with mental retardation and related conditions were admitted to large state MR/DD residential facilities, a number equal to 6.6% of the year's average daily population of those same settings. Five states reported no admissions to their large state MR/DD

residential facilities (Alaska, Arizona, District of Columbia, Vermont, and Wyoming). Four states reported admissions exceeding 10% of the year's average daily population (Georgia, Minnesota, New York, and North Dakota).

Discharges. During Fiscal Year 1993 an estimated total of 7,258 persons with mental retardation and related conditions from were discharged from large state MR/DD residential facilities. Discharges equaled 10.2% of the average daily population of large state MR/DD residential facilities during the year. Five states reported discharges equal to 20% or more of their large state MR/DD residential facility average daily residents (Hawaii, Minnesota, New York, North Dakota, and Vermont).

Deaths. During Fiscal Year 1993 an estimated total of 1,167 people with mental retardation and related conditions died while residing in large state MR/DD residential facilities. Deaths equalled 1.6% of the average daily population of the large state MR/DD residential facilities. Four states reported no deaths during the year (Alaska, District of Columbia, Nevada, Oregon).

Net Change. The total number of persons with mental retardation and related conditions living in large state-operated MR/DD residential facilities decreased by 5.5% between July 1, 1992 and June 30, 1993. Ten states reported a net reduction of more than 10% in the number of persons living in their large state MR/DD residential facilities between July 1, 1992 and June 30, 1993. The largest percentage decreases were in Vermont (68.4%), Rhode Island (42.9%), and Michigan (32.1%). Only two states (Georgia and Mississippi) reported increases in large state MR/DD residential facility population during Fiscal Year 1993. Their total increase of 9 residents compared with a decrease of 4,105 people in all other states.

Table 1.4 Changes in the Average Daily Population of Persons with Mental Retardation and Related Conditions Living in Large State MR/DD Facilities by State, 1980-1993

State	1980	1985	1989	1993	% Change	% Change	% Change
					1980-1993	1985-1993	1989-1993
AL	1,651	1,422	1,301	1,237	-25.1%	-13.0%	-4.9%
AK	86e	76	57	45	-47.7%	-40.8%	-21.1%
AZ	672	538	350e	126	-81.3%	-76.6%	-64.0%
AR	1,550	1,254	1,307	1,248	-19.5%	-0.5%	-4.5%
CA	8,812	7,524	6,811	6,442	-26.9%	-14.4%	-5.4%
CO	1,353	1,125	510e	268	-80.2%	-76.2%	-47.5%
CT	2,944	2,905	1,927	1,491	-49.4%	-48.7%	-22.6%
DE	518	433	365e	322	-37.8%	-25.6%	-11.8%
DC	775	351	245e	76*	-90.2%	-78.3%	-69.0%
FL	3,750	2,268	1,989e	1,716	-54.2%	-24.3%	-13.7%
GA	2,535	2,097	2,071	2,033	-19.8%	-3.1%	-1.8%
HI	432	354	191	102	-76.4%	-71.2%	-46.6%
ID	379	317	228	153	-59.6%	-51.7%	-32.9%
IL	6,067	4,763	4,511	4,195	-30.9%	-11.9%	-7.0%
IN	2,592	2,248	2,020e	1,502	-42.1%	-33.2%	-25.6%
IA	1,225	1,227	1,043	843	-31.2%	-31.3%	-19.2%
KS	1,327	1,309	1,092	897	-32.4%	-31.5%	-17.9%
KY	907	671	709	627	-30.9%	-6.6%	-11.6%
LA	2,914	3,375	2,765	2,305	-20.9%	-31.7%	-16.6%
ME	460	340	283	236*	-48.7%	-30.6%	-16.6%
MD	2,527	1,925	1,385	916	-63.8%	-52.4%	-33.9%
MA	4,531	3,580	3,100	2,614*	-42.3%	-27.0%	-15.7%
MI	4,888e	2,191	1,338	636	-87.0%	-71.0%	-52.5%
MN	2,692	2,065	1,443	954	-64.6%	-53.8%	-33.9%
MS	1,660	1,828	1,486	1,464	-11.8%	-19.9%	-1.5%
MO	2,257	1,856	1,870e	1,529	-32.3%	-17.6%	-18.2%
MT	316	258	240	159	-49.7%	-38.4%	-33.8%
NE	707	488	467	455	-35.6%	-6.8%	-2.6%
NV	148	172	173	149	0.7%	-13.4%	-13.9%
NH	578	267	131	0	-100.0%	-100.0%	-100.0%
NJ	7,262	5,705	5,178	4,525	-37.7%	-20.7%	-12.6%
NM	500	471	498	470	-6.0%	-0.2%	-5.6%
NY	15,140	13,932	8,843	4,307	-71.6%	-69.1%	-51.3%
NC	3,102	2,947	2,722	2,429	-21.7%	-17.6%	-10.8%
ND	1,056	763	253	223	-78.9%	-70.8%	-11.9%
OH	5,045	3,198	2,839	2,281	-54.8%	-28.7%	-19.7%
OK	1,818	1,505	1,019	765	-57.9%	-49.2%	-24.9%
OR	1,724	1,488	1,021	526	-69.5%	-64.7%	-48.5%
PA	7,290	5,980	4,176	3,739	-48.7%	-37.5%	-10.5%
RI	681	415	243	119	-82.5%	-71.3%	-51.0%
SC	3,043	2,893e	2,376	2,144	-29.5%	-25.9%	-9.8%
SD	678	557	420	370	-45.4%	-33.6%	-11.9%
TN	2,074	2,107	1,965	1,871	-9.8%	-11.2%	-4.8%
TX	10,320	9,638	7,933e	6,736	-34.7%	-30.1%	-15.1%
UT	778	706	501	385	-50.5%	-45.5%	-23.2%
VT	331	200	183	62	-81.3%	-69.0%	-66.1%
VA	3,575	3,069	2,760	2,481	-30.6%	-19.2%	-10.1%
WA	2,231	1,844	1,795	1,476	-33.8%	-20.0%	-17.8%
WV	563	498	390e	113	-79.9%	-77.3%	-71.0%
WI	2,151	2,058e	1,757e	1,506	-30.0%	-26.8%	-14.3%
WY	473	413	411	209	-55.8%	-49.4%	-49.1%
U.S. Total	131,088	109,614	88,691	71,477	-45.5%	-34.8%	-19.4%

e indicates estimate

* indicates 1992 data

Table 1.5 Movement of Persons with Mental Retardation and Related Conditions In and Out of Large State MR/DD Facilities in Fiscal Year 1993 by State and Net Change in Residents of those Facilities on the First and Last Day of 1993 by State

State	Average	Admissions		Discharges		Deaths		Residents		
	Daily Population	16+ Total	% Average Daily Pop.	16+ Total	% Average Daily Pop.	16+ Total	% Average Daily Pop.	7/1/92	6/30/93	% change
AL	1,237	73	5.9	77	6.2	8	0.6	1,246	1,234	-1.0%
AK	45	0	0.0	0	0.0	0	0.0	45	45	0.0%
AZ	126	0	0.0	3	2.4	1	0.8	128	125	-2.3%
AR	1,248	55	4.4	46	3.7	14	1.1	1,249	1,244	-0.4%
CA	6,442	377	5.9	501	7.8	130	2.0	6,590	6,336	-3.9%
CO	268	18e	6.7	27e	10.1	4e	1.5	276	264	-4.3%
CT	1,491	20	1.3	152	10.2	60	4.0	1,567	1,414	-9.8%
DE	322	4	1.2	3	0.9	2	0.6	325	324	-0.3%
DC	76*	0	0.0	0	0.0	0	0.0	76	76*	0.0%
FL	1,716	24	1.4	124	7.2	19	1.1	1,868	1,744	-6.6%
GA	2,033	223	11.0	227	11.2	31	1.5	2,030	2,036	0.3%
HI	102	6	5.9	34	33.3	1	1.0	116	86	-25.9%
ID	153	9	5.9	16	10.5	5	3.3	160	148	-7.5%
IL	4,195	172	4.1	428	10.2	66	1.6	4,384	4,006	-8.6%
IN	1,502	47	3.1	197	13.1	19	1.3	1,546	1,491	-3.6%
IA	843	72	8.5	117	13.9	11	1.3	869	824	-5.2%
KS	897	16	1.8	56	6.2	11	1.2	927	876	-5.5%
KY	627	62	9.9	79	12.6	1	0.2	638	620	-2.8%
LA	2,305	57	2.5	53	2.3	43	1.9	2,333	2,286	-2.0%
ME	236*	15e	6.4	24e	10.2	4e	1.7	279*	241*	-13.6%
MD	916	70	7.6	20	2.2	24	2.6	953	894	-6.2%
MA	2,614*	180e	6.9	279e	10.7	44e	1.7	2,694*	2,614e*	-3.0%
MI	636	42e	6.6	6e	10.1	56e	8.8	757	514	-32.1%
MN	954	97	10.2	258	27.0	17	1.8	1,033	875	-15.3%
MS	1,464	130	8.9	91	6.2	19	1.3	1,467	1,470	0.2%
MO	1,529	114	7.5	156	10.2	20	1.3	1,554	1,492	-4.0%
MT	159	15	9.4	13	8.2	6	3.8	161	157	-2.5%
NE	455	5	1.1	7	1.5	7	1.5	460	460	0.0%
NV	149	12	8.1	15	10.1	0	0.0	149	146	-2.0%
NH	0	0	0.0	0	0.0	0	0.0	0	0	0.0%
NJ	4,525	59e	1.3	193e	4.3	84e	1.9	4,643	4,407	-5.1%
NM	470	1	0.2	30	6.4	11	2.3	478	445	-6.9%
NY	4,307	1,963	45.6	2,378	55.2	68	1.6	4,681	3,933	-16.0%
NC	2,429	141	5.8	174	7.2	17	0.7	2,526	2,469	-2.3%
ND	223	68	30.5	86	38.6	9	4.0	227	203	-10.6%
OH	2,281	44	1.9	130	5.7	30	1.3	2,354	2,243	-4.7%
OK	765	34	4.4	134	17.5	2	0.3	821	719	-12.4%
OR	526	41	7.8	50	9.5	0	0.0	536	527	-1.7%
PA	3,739	20	0.5	83	2.2	73	2.0	3,807	3,671	-3.6%
RI	119	2	1.7	1	0.8	2	1.7	154	88	-42.9%
SC	2,144	59	2.8	99	4.6	47	2.2	2,135	2,062	-3.4%
SD	370	9	2.4	32	8.6	10	2.7	385	352	-8.6%
TN	1,871	80	4.3	155	8.3	37	2.0	1,901	1,810	-4.8%
TX	6,736	172	2.6	266	3.9	71	1.1	6,951	6,736	-3.1%
UT	385	8	2.1	14	3.6	7	1.8	393	380	-3.3%
VT	62	0	0.0	64	103.2	3	4.8	98	31	-68.4%
VA	2,481	55	2.2e	154	6.2	33	1.3	2,487	2,413	-3.0%
WA	1,476	14	0.9	33	2.2	15	1.0	1,498	1,464	-2.3%
WV	113	11	9.7	19	16.8	1	0.9	117	109	-6.8%
WI	1,506	4	0.3	67	4.4e	21	1.4	1,544	1,468	-4.9%
WY	209	0	0.0	29	13.9	3	1.4	240	188	-21.7%
U.S. total	71,477	4,700	6.6	7,258	10.2	1,167	1.6	73,856	69,760	-5.5%

DNF indicates Data Not Furnished

e indicates estimate

* indicates 1992 data

Expenditures for Care in State-Operated Residential Facilities

Table 1.6 summarizes the expenditures for state-operated MR/DD residential facilities. These expenditures are reported for individual states as an average daily expenditure per resident. The national averages presented are the average daily expenditure per resident reported by each state weighted by that state's average daily resident population. For Fiscal Year 1993, data on the average daily expenditures for large state MR/DD residential facilities was available for all but seven states. Nine of the 19 states reporting residents with mental retardation and related conditions in state psychiatric facilities reported daily expenditures for those facilities. Twelve of 16 states with small state MR/DD facilities reported an average daily expenditure per resident for those facilities.

Average expenditures for care in large state MR/DD residential facilities varied considerably across the United States with a national average of \$225.35. Eight states reported costs in large state MR/DD residential facilities that exceeded \$350.00 per day in Fiscal Year 1993 (Alaska, Connecticut, Hawaii, Idaho, Massachusetts, Oregon, Vermont, and West Virginia). Vermont experienced uncharacteristically high average daily per resident expenditure in 1993 as it neared closure of its large state MR/DD residential facility, finally accomplished in late 1993. In all, 22 of the 50 states with large state MR/DD residential facilities reported annual expenditures per resident above the national average of \$82,252.75 per person per year. Mississippi reported the lowest average daily

expenditure per resident for large state MR/DD residential facilities (\$118.24). From Fiscal Year 1992 to 1993 the average daily expenditure per resident of large state MR/DD residential facilities increased 6.9% from \$210.88, following a 2.6% increase between 1991 and 1992. The average annual increase since 1977 has been 11.0%.

The 14 states providing for persons with mental retardation and related conditions in state psychiatric facilities and reporting the expenditures for them reported average daily expenditures per resident of \$178.21. It should be noted that the reported psychiatric facility expenditures are usually the average daily expenditure per resident for the entire facility, not specifically the expenditures for residents with mental retardation and related conditions. Since total state psychiatric facility populations have stabilized nationwide, per resident expenditures have not been driven up in recent years by the spreading of fixed institutional costs over fewer and fewer residents as has been occurring in the large state MR/DD residential facilities.

National average expenditures for small state-operated MR/DD residential facilities (reported by 14 states with 99.9% of the population of all small state facilities) were \$255.80 per resident per day. This average rate of expenditure is above that of large state MR/DD residential facilities nationwide, but the difference is related to the states providing small facility services. Of the 13 states reporting both small and large state MR/DD facility expenditures, the per person expenditures in large state-operated MR/DD facilities were less than those of small state-operated MR/DD facilities in only two states.

Table 1.6 Average per Resident Daily Expenditures in State-Operated Residential Facilities in Fiscal Year 1993 by State

	State MR/DD Facilities		Psychiatric Facilities
	1-15 Residents	16+ Residents	
AL	NA	\$187.00	NA
AK	NA	\$355.39	NA
AZ	\$206.01	\$272.05e	NA
AR	NA	\$155.90	NA
CA	NA	\$219.00	NA
CO	\$223.00	\$223.00	NA
CT	\$297.00*	\$353.00*	DNF
DE	NA	\$201.25	NA
DC	DNF	\$260.00*	NA
FL	NA	\$175.00	\$180.00*
GA	NA	\$196.86*	\$216.00*
HI	NA	\$365.22	NA
ID	NA	\$358.16	NA
IL	NA	\$185.64	\$236.30
IN	NA	\$217.00	NA
IA	NA	\$202.89	NA
KS	NA	\$218.66	DNF
KY	NA	\$155.00e	\$170.00*
LA	\$152.80	\$169.91	NA
ME	\$256.00	\$270.00*	DNF
MD	NA	\$237.00	\$332.75
MA	\$259.40	\$435.00*	DNF
MI	NA	\$296.66	NA
MN	\$218.20	\$287.70	NA
MS	\$56.95	\$118.24	DNF
MO	NA	\$173.44	\$174.00
MT	NA	\$202.94	NA
NE	NA	\$181.00	NA
NV	\$200.00	\$250.00	NA
NH	\$305.56	NA	NA
NJ	NA	\$233.00	\$229.00*
NM	NA	\$208.00	NA
NY	\$264.75*	\$350.00*	DNF
NC	NA	\$199.23	\$184.38
ND	DNF	\$321.00	DNF
OH	NA	\$242.34	NA
OK	NA	\$279.27	NA
OR	\$427.00	\$389.18	NA
PA	NA	\$225.83	\$241.92
RI	\$326.46	\$299.00	NA
SC	NA	\$144.74	NA
SD	NA	\$172.60	\$165.73
TN	NA	\$140.13	NA
TX	\$109.06	\$176.94	DNF
UT	NA	\$174.00	NA
VT	NA	\$607.12	\$328.75
VA	NA	\$170.74	\$210.00e*
WA	NA	\$325.80	\$215.00
WV	NA	\$363.80	\$365.19
WI	NA	\$221.00	NA
WY	NA	\$228.66	NA
U.S. weighted average	\$255.80	\$225.35	\$178.21

DNF indicates Data Not Furnished

e indicates estimates

* indicates 1992 data

PART 2: LONGITUDINAL TRENDS IN LARGE STATE-OPERATED RESIDENTIAL FACILITIES, 1950-1993

This part of the report presents a longitudinal view of changing patterns in the placement of persons with mental retardation and related conditions in large state-operated residential facilities from 1950 to 1993. Although in recent years states have begun to develop small state-operated residential facilities, the vast majority of residents of state-operated facilities remain in large facilities (i.e., those with 16 or more residents). As the once overwhelmingly predominant model of residential care (large state MR/DD facilities housed 90.4% of all persons with mental retardation and related conditions in residential settings in 1967), few statistics have served as better broad indicators of the changing patterns of residential services for persons with mental retardation and related conditions than the changes taking place in the populations of large state residential facilities.

The longitudinal data presented here are derived from several sources. Data for both state mental retardation/developmental disabilities and psychiatric facilities for the years 1950 to 1968 are from the National Institute of Mental Health's surveys of "Patients in Institutions". Data on the state mental retardation/developmental disabilities (MR/DD) facilities for Fiscal Year 1969 and 1970 come from surveys conducted by the Office on Mental Retardation Coordination, now the Administration on Developmental Disabilities. Data on large state MR/DD facilities for 1971 through 1977 come from the surveys of the National Association of Superintendents of Public Residential Facilities for Persons with Mental Retardation. Data on psychiatric facilities for 1969 to 1977 come from the National Institute of Mental Health's surveys of "Patients in State and County Mental Hospitals". Data on both large state MR/DD and psychiatric facilities for the years 1978 through 1993 come from the ongoing data collection of this project. Data for 1993, the latest survey in this series, are presented in detail in Part 1 of this report. The list of "References and Data Sources" includes specific citations for the surveys and statistical summaries used to complete the longitudinal data set. A detailed description of the methodologies used in these surveys can be found in Lakin (1979).

Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities

The gradual depopulation of large state residential facilities for persons with mental retardation and related conditions has been occurring on a national basis since 1967. Nationally, there has been a decreasing total residential population of large state residential facilities for all types of mental disability (i.e., psychiatric and mental retardation/developmental disability) since 1956. Although the total population in state psychiatric facilities peaked in 1955, the number of persons with a primary diagnosis of mental retardation in state psychiatric facilities continued to increase until 1961. In 1961, there were nearly 42,000 persons with a primary diagnosis of mental retardation in such facilities. The combined total of persons with mental retardation and related conditions in both large state MR/DD and psychiatric facilities in 1961 was 209,114. By 1967 the number of persons with mental retardation and related conditions in state psychiatric facilities had decreased to 33,850, but the total number of persons with mental retardation and related conditions in all large state-operated facilities had increased to 228,500, 194,650 of whom were in large state MR/DD facilities. This was the highest total ever.

Since 1967 the number of persons with mental retardation and related conditions in all large state residential facilities has decreased to less than one-third of the 1967 total (32.0%). During this period the numbers of persons with mental retardation and related conditions in state psychiatric facilities decreased much more rapidly than did the number of persons in large state MR/DD facilities. The different rates of depopulation reflect a number of factors. For one, the overall rate of depopulation of state psychiatric facilities has been much more rapid than the rate of depopulation of state MR/DD facilities. Since 1965 the total populations of state psychiatric facilities decreased by more than 75% (Zappolo, Lakin and Hill, 1990). This rapid depopulation and frequent closing of facilities has contributed to major reductions in residents with all types of mental disability,

including mental retardation and related conditions. Relatedly over the years, many large state facilities became primarily dedicated to populations with mental retardation and related conditions or developed independent MR/DD units on the grounds of what were historically public psychiatric facilities.

A driving force in the reduction of residents with mental retardation and related conditions in state psychiatric facilities has been the general movement toward deinstitutionalization and specific concerns about the appropriateness of placement in psychiatric facilities. It was also important that Medicaid legislation in the late 1960s and early 1970s allowed states to obtain federal cost-sharing of residential services to persons with mental retardation and related conditions in Intermediate Care Facilities-Mental Retardation (ICFs-MR) and in nursing homes, but

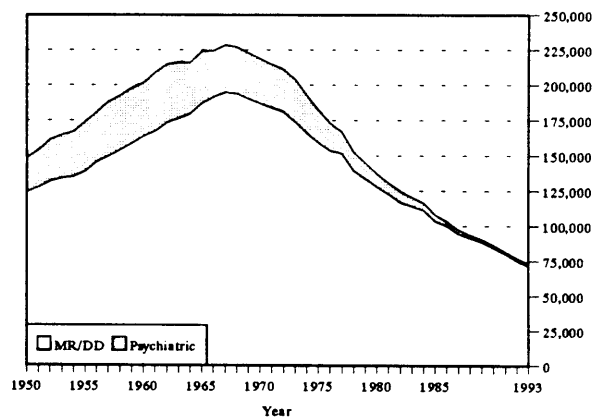
excluded residents of facilities for "mental diseases" from participation in Medicaid, except for children and elderly residents. Distinct units for persons with mental retardation and related conditions within those facilities could become ICF-MR certified. Many did and those units within the definitions employed in this study are now classified among the large state MR/DD facilities.

Figure 1.1 shows the relative contribution of large state MR/DD and state psychiatric facilities to the total average daily population of persons with mental retardation and related conditions in large state-operated residential facilities. The average daily number of persons with mental retardation and related conditions in large state MR/DD facilities in Fiscal Year 1993 (71,477) was only 36.7% of the average number in large state MR/DD facilities in 1967.

Selected Data Points for Figure 1.1: Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Residential Facilities, 1950-1993

Year	MR/DD	Psychiatric	Total
1950	124,304	23,905	148,209
1955	138,831	34,999	173,830
1960	163,730	37,641	201,371
1965	187,305	36,825	224,130
1967	194,650	33,850	228,500
1970	186,743	31,884	218,627
1973	173,775	30,237	204,012
1977	151,532	15,524	167,056
1980	128,058	9,405	137,463
1982	117,160	7,865	125,026
1984	111,333	5,096	116,429
1986	100,190	3,106	103,296
1988	91,582	1,933	93,515
1989	88,691	1,605	90,296
1990	84,732	1,487	86,219
1991	80,269	1,594	81,863
1992	75,151	1,561	76,712
1993	71,477	1,741	73,218

Figure 1.1
Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Residential Facilities, 1950-1993



*Average Daily Population of Persons with
Mental Retardation and Related Conditions
in Large State MR/DD and Psychiatric Facilities
per 100,000 of the General Population*

Since 1967 there has been a substantial decrease in the number of people with mental retardation and related conditions in large state-operated residential facilities. But as notable as the reduction in total residents, it appears even more substantial when indexed for the growing total population of the United States. Comparing the population of large state-operated residential facilities to the general population of the U.S. permits a better picture of the relative use of these settings as residential placements for persons with mental retardation and related conditions. The average annual placement rates per 100,000 of the total U.S. population for large state MR/DD and psychiatric facilities are shown in Figure 1.2.

The trends in the placement rates of persons with mental retardation and related conditions in all large state-operated residential facilities are generally similar to trends for the total populations. However, the rate of change in the placement rate is substantially greater because the U.S. population has grown as the population of the large state-operated residential facilities has decreased. The placement rate of persons with mental retardation and related conditions in all large state facilities (MR/DD and psychiatric) peaked in 1965 at 115.8 per 100,000 of the general population. This compares with 28.6 in Fiscal Year 1993. The highest placement rate in large state MR/DD facilities was in 1967. That year's placement rate of 98.6 was more than three and one-half times the 1993 rate of 27.9.

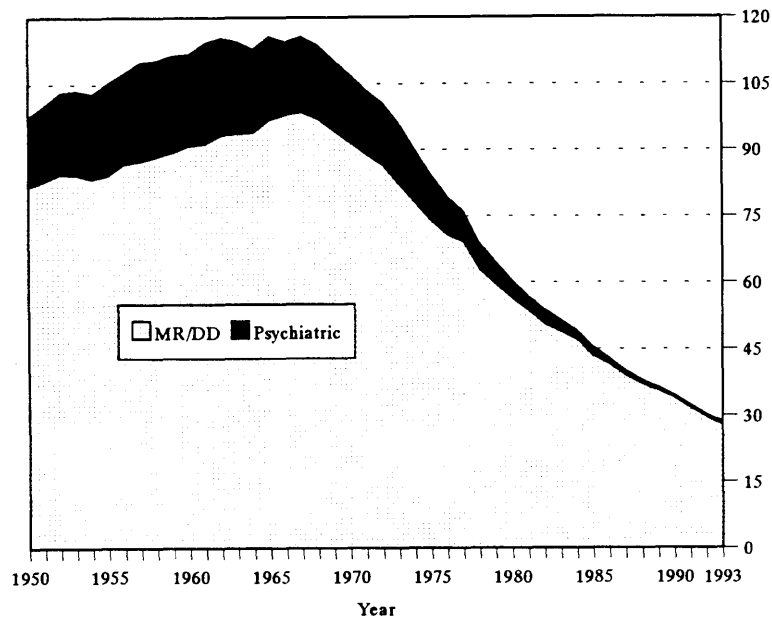
As noted earlier, some of the decrease in the placement rate in state psychiatric facilities between 1973 and 1993 reflects changing definitions. During that period some settings historically serving psychiatric populations either through official or operational designation became facilities primarily serving persons with MR/DD. Others developed specific administratively distinct

MR/DD units within traditional psychiatric facilities. But by far the most important factors in the decreasing numbers of persons with mental retardation and related conditions in psychiatric facilities have been the major changes in philosophy and federal sharing of the costs of care for persons living in MR/DD facilities certified to participate in the Intermediate Care Facility for Persons with Mental Retardation (ICF-MR) program (265 of 282 large state MR/DD facilities nationwide). The statistics in Figure 1.2 show clearly a substantial decrease in the rate of placement of persons with mental retardation and related conditions in state-operated residential facilities. The placement rate in 1993 for all large state facilities (28.6) was less than one quarter of the 1965 placement rate (115.8).

Selected Data Points for Figure 1.2: Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities per 100,000 of the General Population, 1950-1993

Year	U.S. Population in 100,000s			
	on 7/1	MR/DD	Psychiatric	Total
1950	1,518.68	81.85	15.75	97.59
1955	1,650.69	84.10	21.20	105.30
1960	1,799.79	90.97	20.91	111.88
1965	1,935.26	96.79	19.03	115.82
1967	1,974.57	98.58	17.14	115.72
1970	2,039.84	91.55	15.63	107.18
1973	2,113.57	82.22	14.31	96.53
1980	2,272.36	56.35	4.14	60.49
1982	2,318.22	50.54	3.39	53.93
1984	2,361.58	47.14	2.16	49.30
1986	2,387.70	41.96	1.30	43.26
1988	2,458.07	37.26	0.79	38.04
1989	2,482.43	35.73	0.65	36.38
1990	2,487.09	34.07	0.58	34.65
1991	2,521.77	31.83	0.63	32.46
1992	2,540.02	29.58	0.61	30.20
1993	2,559.50	27.93	0.68	28.61

Figure 1.2
Average Daily Population of Persons with Mental Retardation and Related Conditions in Large State MR/DD and Psychiatric Facilities per 100,000 of the General Population, 1950-1993



Movement Patterns in Large State Mental Retardation/Developmental Disabilities (MR/DD) Residential Facilities

From the beginning of this century until the mid-1960's, resident movement statistics of large state MR/DD facilities were relatively stable. During that period first admissions and discharges both steadily increased, but large state MR/DD facility populations grew as first admissions substantially outnumbered discharges. During this same period readmissions remained relatively low because once placed in a large state facility, people tended to remain institutionalized. From 1903 to 1965 the annual number of deaths in large state MR/DD facilities increased substantially, but death rates (deaths per 100 average daily population) decreased steadily from 4.1% to 1.9%.

By the mid-1960s these historical patterns began to change. In 1965 the number of first admissions to large state MR/DD facilities began to decrease, dropping below the increasing number of discharges by 1968. The number of readmissions increased substantially throughout the 1970s as return to the institution was a frequently used solution to problems in community

placements. From 1980 to 1991, readmissions were reduced fairly steadily, but remained a substantial proportion of total admissions (35.7% in 1991). Over this same period total admissions (first admissions and readmissions) generally remained fairly consistently between 2,000 and 3,000 fewer than the number of discharges. Distinctions are no longer being made in this survey for new admissions and readmissions because the increasing rates of large state MR/DD facility closures, consolidations, and resident transfers have made such distinctions less easily obtained from state reporting systems. Figure 1.3 shows that between Fiscal Year 1992 and Fiscal Year 1993 overall admissions to large state MR/DD facilities decreased from 5,691 to 4,700 persons. This actually reflects a return to a more typical admission rate for large state MR/DD facilities nationally after a substantial increase in 1992. New York admitted 1,963 persons to large state MR/DD facilities in Fiscal Year 1993 (41.9% of the total) as large numbers of residents were transferred as part of the major effort to close and consolidate New York's large state MR/DD facilities.

In recent years, the number of discharges has fallen far below the numbers apparent in the first 12 years of large state MR/DD facility depopulation (i.e., until 1980). The period of the greatest number of discharges was the decade of the 1970s when discharges were consistently between 14,000 and 17,000 per year. In 1993 there were 7,258 total discharges, about one-third of which were due to New York, which had 2,378 discharges (32.8% of the total).

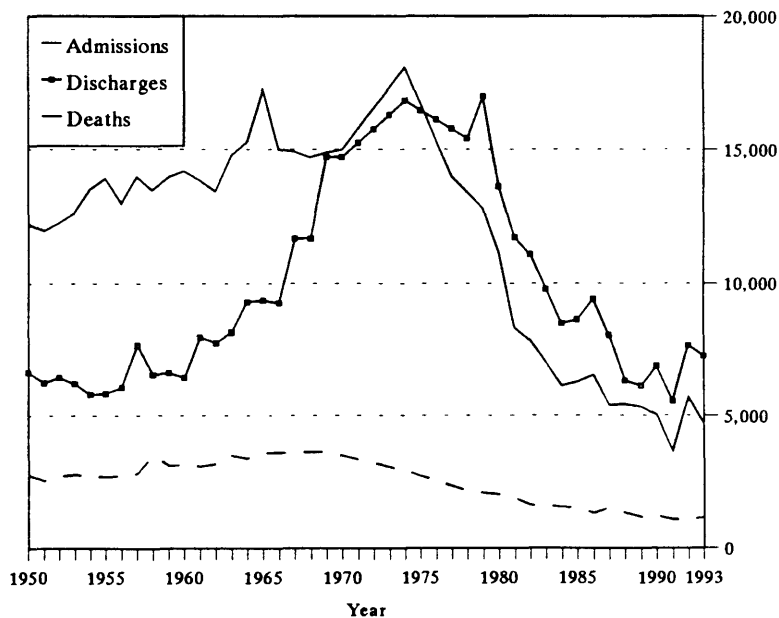
Deinstitutionalization literally connotes a process of discharging people from institutions, but Figure 1.3 shows clearly that it has also encompassed important efforts to avoid institution placements. The resident movement patterns shown in Figure 1.3 indicate that this latter "preventative" policy (i.e., reducing admissions to large state MR/DD facilities) has actually accounted for relatively more of the reduction in large state MR/DD facility populations over the past decade than has the number of discharges, although both clearly have played important roles. As shown in Figure 1.3 there had been a generally steady decrease in both admissions and discharges over the past two decades. Total deaths reported for 1993 increased slightly from 1991 and 1992. In 1993 the number of deaths as a percentage of

average daily residents was 1.63% as compared with 1.42% in 1992 and 1.34% in 1991.

Selected Data Points for Figure 1.3: Movement Patterns in Large State MR/DD Residential Facilities, 1950-1993

Year	Admissions	Discharges	Deaths
1950	12,197	6,672	2,761
1955	13,906	5,845	2,698
1960	14,182	6,451	3,133
1965	17,225	9,358	3,585
1967	14,904	11,665	3,635
1970	14,979	14,702	3,496
1974	18,075	16,807	2,913
1978	10,508	15,412	2,154
1980	11,141	13,622	2,019
1982	7,844	11,076	1,634
1984	6,123	8,484	1,555
1986	6,535	9,399	1,322
1988	5,432	6,323	1,333
1989	5,337	6,122	1,180
1990	5,034	6,877	1,207
1991	3,654	5,541	1,077
1992	5,691	7,666	1,075
1993	4,700	7,258	1,167

Figure 1.3
Movement Patterns in Large State
MR/DD Residential Facilities, 1950-1993



*Annual Per Resident Expenditures in
Large State-Operated MR/DD Residential Facilities*

The per person expenditures for people with mental retardation and related conditions in large state-operated MR/DD facilities have increased dramatically since 1950, when the average per person annual expenditures for care was \$745.60 per person per year. Even in dollars adjusted for changes in the Consumer Price Index over this period, expenditures for care in 1993 (\$82,252.75) were almost 19 times as great as in 1950. Figure 1.4 shows the trends in large state MR/DD facility expenditures in both actual and adjusted dollars (\$1=1967) between 1950 and 1993. In terms of 1967 "real dollar" equivalents, the average annual per person expenditures for care in large state MR/DD facilities increased from just over \$1,000 to over \$18,800 during the 43 year period. That rate of increase represents an annual, after inflation, compounded growth of 10% per person per year. However, in the last four years, the rate increases have slowed somewhat. Between Fiscal Year 1989 and 1993 states reported a 8.1% real dollar increase in large state MR/DD facility expenditures. This compares to an average real dollar increase of 8.1% per year during the 1980's.

A major factor in controlling large state MR/DD facility expenditures has been the large number of recent facility closures described in the next section (Part 3). Prior to this period, a number of factors had been contributing to the steady increases in the large state MR/DD facility expenditures. One contributing factor has been the continuing increase in the proportion of persons with severe impairments in their resident populations. As one indicator of this, in 1940 about 65% of all residents of large state MR/DD facilities had borderline, mild, or moderate retardation. In 1964, 40% of residents were so classified. By 1991, that proportion had decreased to 16%. Associated with these changes have been increased staff to resident ratios and increased

numbers of professional staff employed to serve remaining residents.

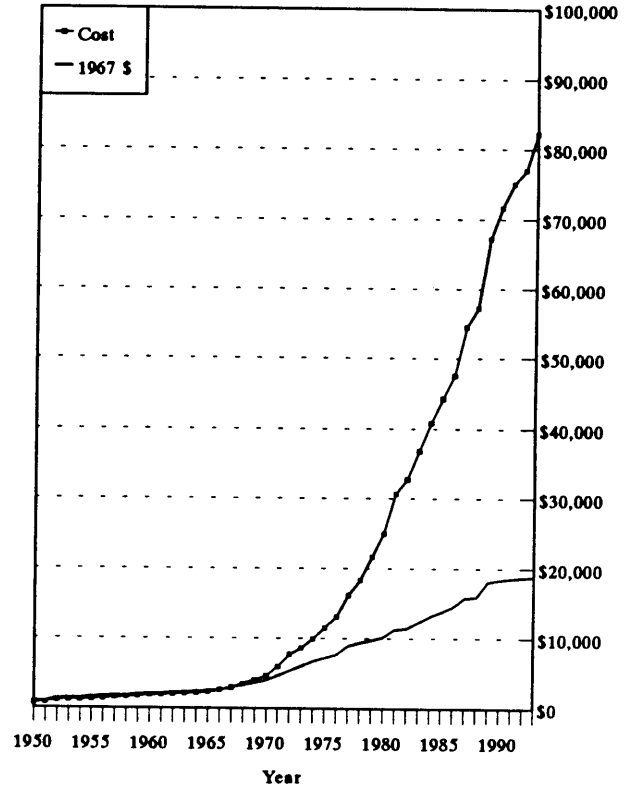
Two major factors began to exercise considerable upward pressure on expenditures in the early 1970's. The first of these was the Intermediate Care Facility for Persons with Mental Retardation (ICF-MR) program enacted in 1971 (described in Chapter 3). This program offers Federal cost-sharing through Medicaid of 50-80% of the expenditures for residential and habilitation services, depending on the per capita income in states, under the condition that facilities meet specific program, staffing, and physical plant standards. In 1993, 19 of every 20 large state MR/DD facility residents lived in units with ICF-MR certification. The ICF-MR program has significantly cushioned the impact of rapidly increasing large MR/DD facility costs for the states. For example, in 1970, one year before enactment of the ICF-MR program, the average annual per resident expenditure in large state MR/DD facilities was about \$4,000. In 1993, with the average annual per resident real dollar cost at \$18,800 (\$14,800 more), states' share of the increase was on average only about \$4,700 per resident per year. Court decisions and settlement agreements have also had significant impact on expenditures with their frequent requirements for upgrading staffing levels, adding programs, improving physical environments, and frequently, reducing resident populations.

From the late 1960's until the late 1980's, the steady decrease in large state MR/DD facility populations with neither reductions in facility budgets nor substantially reduced number of facilities led to steady increases in per resident expenditures. As states moved more and more of their former large state MR/DD facility residents to community residential arrangements, the fixed costs of underutilized physical plants and specialized professional staff played a major role in pushing up the per resident expenditures.

Selected Data Points for Figure 1.4: Average Annual Per Resident Expenditures for Care in Large State-Operated MR/DD Residential Facilities, 1950-1993

Year	Cost	Cost (\$1=1967)
1950	\$ 745.60	\$ 1,034.15
1955	1,285.50	1,603.02
1960	1,867.70	2,104.90
1965	2,361.08	2,498.02
1967	2,965.33	2,965.33
1970	4,634.85	3,985.25
1974	9,937.50	6,728.17
1977	16,143.95	8,894.74
1980	24,944.10	10,127.30
1982	32,758.75	11,400.04
1984	40,821.60	13,103.73
1986	47,555.85	14,456.98
1988	57,221.05	15,881.50
1989	67,200.15	18,096.12
1990	71,660.45	18,340.15
1991	75,051.30	18,541.50
1992	76,971.20	18,663.96
1993	82,252.75	18,827.31

Figure 1.4
Average Annual Per Resident Expenditures
in Large State-Operated MR/DD Residential
Facilities, 1950-1993



PART 3: LARGE STATE MR/DD FACILITY CLOSURES, 1960-1996

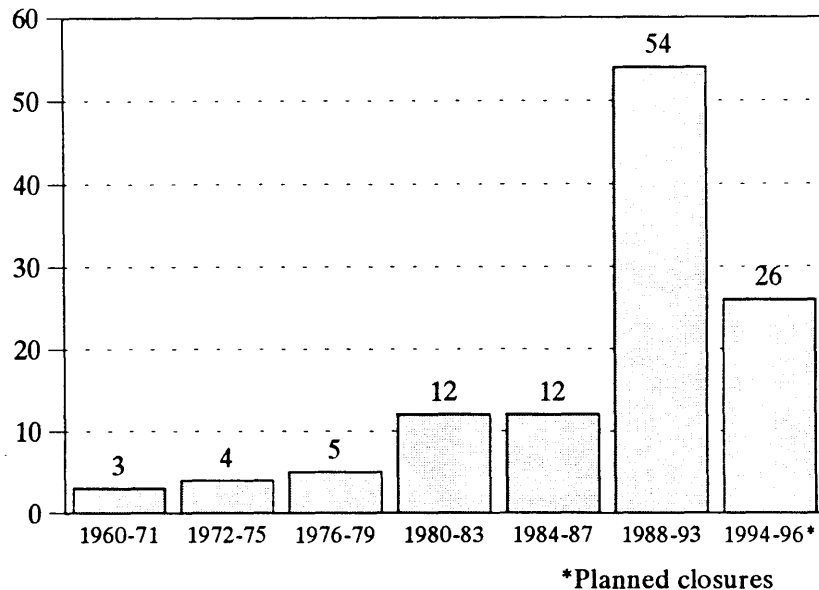
This section summarizes information gathered from each of the states on large state MR/DD facilities and special MR/DD units in psychiatric facilities that have operated since 1960 and their present and projected operational status. Responses were obtained from all states.

Total Large State MR/DD Facility Closures

Figure 1.5 shows the number of large state MR/DD facilities and MR/DD units in large state facilities primarily serving other populations that have closed since 1960, including planned closures for the period 1994 to 1996. As shown between 1960 and 1971 only three large state MR/DD facilities were closed in the United States, an average of 0.25 per year. In Fiscal Years 1972-1975 there were a total of four closures, an average of 1 per year. In every subsequent 4-year period facility closures occurred at an increasing annual rate. There were 5 in the period Fiscal Years 1976-1979 (an average of 1.25 per year). There

were 12 in the period Fiscal Years 1980-1983 and 12 in the period Fiscal Years 1984-1987 (annual averages of 3.0). In the period Fiscal Years 1988-1993, closures increased rapidly to 54 (an average of 9 per year). In the Fiscal Years 1994, 1995, and 1996 states plan to close a total of 26 large state MR/DD facilities and MR/DD units in other large state facilities (an average of 8.67 per year). According to current plans, by the end of 1996, five states (District of Columbia, New Hampshire, Michigan, Rhode Island, and Vermont) will have no large state-operated MR/DD residential facilities. A number of states are currently developing plans for total or essential elimination of large state-operated MR/DD residential facilities by the end of the century, including New York which was still operating 13 large state MR/DD residential facilities at the end of Fiscal Year 1993 and Minnesota which was still operating seven large state MR/DD residential facilities at the end of Fiscal Year 1993.

Figure 1.5
Numbers of Large State MR/DD Facilities and
Units Closed and Planned for Closure, 1960-1996



Closures and Projected Closures by States

Table 1.7 presents a state-by-state breakdown of the total number of large state MR/DD facilities and MR/DD units operated since 1960, the number closed between 1960 and 1993, and the number planned for closure by 1996. As shown, the majority of states (31) have either closed a large state MR/DD facility or are planning to do so by the end of 1996. In the 34 year period from 1960 through 1993, 27 states closed one or more facilities. Fifteen states plan to close at least one large state MR/DD facility between 1994 and 1996. Only four of the states planning large facility closures between 1994 and 1996 are states that have not previously closed a large state MR/DD facility or unit. Overall, 26 of 255 (10.2%) large state-operated MR/DD residential facilities are planned for closure in Fiscal Year 1994, 1995, or 1996.

Large State MR/DD Residential Facilities Operating and Closing, 1960-1996

Table 1.8 presents a list of all the large state-operated MR/DD residential facilities and units that have operated in each state since 1960. It provides the year of opening of each facility and the last year of operation of facilities and units that have closed. For large state MR/DD residential facilities that are still in operation it is indicated whether there are currently plans for the facility to be closed by the end of 1996. Of course, the stability of such plans, either for closure and increasingly about remaining in operation, are by no means guaranteed.

Table 1.7 Summary of Large State-Operated MR/DD Residential Facilities and Units Since 1960, including Closures and Planned Closures Between 1994 and 1996

State	Large State-Operated MR/DD Residential Facilities Operating Between 1960 and 1993	Total Closed 1960-1993	Actual/ Planned Closures 1994-1996
Alabama	5	0	0
Alaska	1	0	0
Arizona	4	1	0
Arkansas	6	0	0
California	11	4	0
Colorado	3	1	1
Connecticut	14	3	3
Delaware	1	0	0
District of Columbia	3	1	2
Florida	12	2	0
Georgia	8	0	0
Hawaii	2	0	0
Idaho	1	0	0
Illinois	17	4	0
Indiana	11	1	1
Iowa	2	0	0
Kansas	4	1	0
Kentucky	5	1	0
Louisiana	9	0	0
Maine	3	0	1
Maryland	9	4	0
Massachusetts	9	1	4
Michigan	13	10	3
Minnesota	9	2	3
Mississippi	5	0	0
Missouri	16	10	0
Montana	2	0	0
Nebraska	1	0	0
Nevada	2	0	0
New Hampshire	2	2	0
New Jersey	11	3	0
New Mexico	3	1	1
New York	23*	12	1
North Carolina	6	0	0
North Dakota	2	1	0
Ohio	24	6	2
Oklahoma	3	0	1
Oregon	3	1	0
Pennsylvania	23	11	0
Rhode Island	3	2	1
South Carolina	4	0	0
South Dakota	2	0	0
Tennessee	5	0	0
Texas	16	0	1
Utah	1	0	0
Vermont	1	1	0
Virginia	8	3	0
Washington	6	0	1
West Virginia	4	3	0
Wisconsin	4	0	0
Wyoming	1	0	0
Total U.S.	342	92	26

*Includes only the Developmental Centers operated by the NY State Office of Mental Retardation & DD.

Table 1.8 Large State-Operated MR/DD Residential Facilities or Units Operating Between 1960 and 1993 with Dates and Projections of Closures through 1996

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
AL	Albert P. Brewer Developmental Center	Mobile	1973	NO
	Glen Ireland II Developmental Center	Tarrant City	1986	NO
	Parlow Developmental Center	Tuscaloosa	1923	NO
	J.S. Tarwater Developmental Center	Wetumpka	1976	NO
	Lurlene B. Wallace Developmental Center	Decatur	1971	NO
AK	Harborview Developmental Center	Valdez	1967	NO
AZ	Arizona Training Program	Phoenix	1973	1988
	Arizona Training Program	Tucson	1970	NO
	Arizona Training Program	Coolidge	1952	NO
	Arizona State Hospital	Phoenix	1978e	NO
AR	Arkansas Human Development Center	Alexander	1968	NO
	Arkansas Human Development Center	Conway	1959	NO
	Arkansas Human Development Center	Arkadelphia	1968	NO
	Arkansas Human Development Center	Booneville	1973	NO
	Arkansas Human Development Center	Jonesboro	1970	NO
	Southeast Arkansas Human Dev. Center	Warren	1978	NO
CA	Agnews Developmental Center	San Jose	1966	NO
	Camarillo Developmental Center	Camarillo	1968	NO
	DeWitt State Hospital	Auburn	1946	1972
	Fairview Developmental Center	Costa Mesa	1959	NO
	Lanterman Developmental Center	Pomona	1927	NO
	Modesto State Hospital	Modesto	1947	1962
	Napa State Hospital	Imola	1969	1987
	Patton State Hospital	Patton	1963	1982
	Porterville Developmental Center	Porterville	1953	NO
	Sonoma Developmental Center	Eldrige	1891	NO
	Stockton Developmental Center	Stockton	1972	NO
CO	Grand Junction Regional Center	Grand Junction	1919	NO
	Pueblo State Regional Center	Pueblo	1971	1988
	Wheatridge Regional Center	Wheatridge	1912	YES
CT	Bridgeport Regional Center	Bridgeport	1965	1981
	Central Connecticut Regional Center	Meriden	1979	NO
	Clifford Street Group Home	Hartford	1982	YES
	John Dempsey Regional Center	Putnam	1964	NO
	Ella Grasso Center	Stratford	1981	NO
	Hartford Regional Center	Newington	1965	NO
	Lower Fairfield County Regional Center	Norwalk	1976	NO
	Mansfield Training School	Mansfield	1917	1993

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
CT cont	Martin House Group Home	Norwalk	1971	NO
	New Haven Regional Center	New Haven	1962	YES
	Northwest Center	Torrington	1984	NO
	Seaside Regional Center	Waterford	1961	YES
	Southbury Training School	Southbury	1940	NO
	Waterbury Regional Center	Cheshire	1971	1989
DE	Stockley Center	Georgetown	1921	NO
DC	Bureau of Forest Haven	Laurel, MD	1925	1991
	St. Elizabeth's Hospital	Washington, DC	1987	YES
	D.C. Village	Washington, DC	1975	YES
FL	FL State Hosp: 1) MR Defendant Program; 2) Unit 27 (Dually Diagnosed)	Chattahoochee	1) 1977 2) 1976	1) NO 2) NO
	Gulf Coast Center	Fort Meyers	1960	NO
	Landmark Learning Center	Opa-Locka	1966	NO
	N.E. Florida State Hospital	MacClenny	1981	NO
	Seguin Center	Gainesville	1989	NO
	South Florida State Hospital	Hollywood	1988	NO
	Sunland at Marianna	Marianna	1961	NO
	Sunland Training Center	Orlando	1960	1984
	Sunland Training Center	Tallahassee	1968	1983
	Tacachale (Formerly Sunland at Gainesville)	Gainesville	1921	NO
Wood Memorial Hospital	Arcadia	1988	NO	
GA	Brook Run (Formerly GA Retardation Ctr)	Atlanta	1969	NO
	Central State Hospital	Milledgeville	1965	NO
	Georgia Regional Hospital of Atlanta	Decatur	1968	NO
	Gracewood State School and Hospital	Gracewood	1921	NO
	NW Georgia Regional Hospital	Rome	1971	NO
	River's Crossing (Frmly GA Retardatn Ctr)	Athens	DNF	NO
	Southwestern Developmental Center	Bainbridge	1967	NO
	Southwestern State Hospital	Thomasville	1966	NO
HI	Waimano Training School and Hospital	Pearl City	1921	NO
	Kula Hospital	Kula	DNF	NO
ID	Idaho State School and Hospital	Nampa	1918	NO
IL	Alton Mental Health & Dev Center	Alton	1914	NO
	Bowen Developmental Center	Harrisburg	1966	1982
	Choate (Formerly Anna) Mental Health and Developmental Center	Anna	1873	NO
	Dixon Developmental Center	Dixon	1918	1987
	Elgin Mental Health & Dev Center	Elgin	1872	NO
	Fox Developmental Center	Dwight	1965	NO
	Galesburg Developmental Center	Galesburg	1959	1985

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
IL cont	Howe Developmental Center	Tinley Park	1973	NO
	Jacksonville Developmental Center	Jacksonville	1851	NO
	Lincoln Developmental Center	Lincoln	1866	NO
	Ludeman Developmental Center	Park Forest	1972	NO
	Mabley Developmental Center	Dixon	1987	NO
	Meyer Mental Health & Dev Center ¹	Decatur	1967	1993
	Murray Developmental Center	Centralia	1964	NO
	Shapiro Developmental Center	Kankakee	1879	NO
	Singer Mental Health & Dev Center	Rockford	1966	NO
	Kiley Developmental Center	Waukegan	1975	NO
IN	Central State Hospital	Indianapolis	1848	YES
	Evansville State Hospital	Evansville	1890	NO
	Fort Wayne State Hospital & Training Ctr	Fort Wayne	1890	NO
	Logansport State Hospital	Logansport	1888	NO
	Madison State Hospital	Madison	1910	NO
	Muscatatuck State Hospital & Training Ctr	Butler	1920	NO
	New Castle State Hospital	New Castle	1907	NO
	Norman Beatty Memorial Hospital	Westville	1951	1979
	Northern Indiana State Hosp & D.D. Center	South Bend	1961	NO
	Richmond State Hospital	Richmond	1890	NO
	Silvercrest State Hospital	New Albany	1974	NO
	IA	Glenwood State Hospital and School	Glenwood	1917
Woodward State Hospital and School		Woodward	1876	NO
KS	Kansas Neurological Institute	Topeka	1960	NO
	Norton State Hospital	Norton	1963	1988
	Parsons State Hospital and Training Center	Parsons	1952	NO
	Winfield State Hospital	Winfield	1884	NO
KY	Central State Hospital ICF/MR	Louisville	1873	NO
	Frankfort State Hospital and School	Frankfort	1960	1973
	Hazelwood ICF/MR	Louisville	1971	NO
	Oakwood ICF/MR	Somerset	1972	NO
	Outwood ICF/MR ²	Dawson Springs	1962	NO
LA	Columbia Developmental Center	Columbia	1970	NO
	Hammond Developmental Center	Hammond	1964	NO
	Leesville Developmental Center	Leesville	1964	NO
	Metropolitan Developmental Center	Belle Chase	1967	NO
	Northwest Louisiana Developmental Center	Bossier City	1973	NO
	Peltier-Lawless Developmental Center (Formerly Thibodaux State School)	Thibodaux	1982	NO
	Pinecrest Developmental Center	Pineville	1918	NO

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
LA cont	Ruston Developmental Center	Ruston	1959	NO
	Southwest Louisiana Developmental Center	Iota	1972	NO
ME	Aroostook Residential Center	Presque Isle	1972	NO
	Elizabeth Levinson Center	Bangor	1971	NO
	Pineland Center	Pownal	1908	YES
MD	Joseph Brandenburg Center	Cumberland	1978	NO
	Victor Cullen Center	Sabillasville	1974	1992
	Great Oaks Center	Silver Spring	1970	NO
	Henryton Center	Henryton	1962	1985
	Highland Health Facility	Baltimore	1972	1989
	Holly Center	Salisbury	1975	NO
	Potomac Center	Hagerstown	1978	NO
	Rosewood Center	Owings Mills	1887	NO
	Walter P. Carter Center	Baltimore	1978	1990
MA	Belchertown State School	Belchertown	1922	1992
	Paul A. Dever State School	Taunton	1946	YES
	Walter E. Fernald State School	Waltham	1848	NO
	Glavin Regional Center	Shrewsbury	1974	NO
	Hogan/Berry Regional Center	Hathorne	1967	YES
	Medfield State Hospital	Medfield	DNF	YES
	Monson Developmental Center	Palmer	1898	NO
	Worcester State Hospital	Worcester	DNF	YES
	Wrenham State School	Wrenham	1907	NO
MI	Alpine Regional Center for DD	Gaylord	1960	1981
	Caro Regional Mental Health Center	Caro	1914	YES
	Coldwater Regional Center for DD	Coldwater	1935	1987
	Fort Custer State Home	Augusta	1956	1972
	Hillcrest Regional Center for DD	Howell	1959	1982
	Macomb-Oakland Regional Center for DD	Mt. Clemens	1967	1989
	Mount Pleasant Regional Center for DD	Mount Pleasant	1937	YES
	Muskegon Regional Center for DD	Muskegon	1969	1992
	Newberry Regional Mental Health Center	Newberry	1895	1992
	Northville Residential Training Center	Northville	1972	1983
	Oakdale Regional Center for DD	Lapeer	1895	1992
	Plymouth Center for Human Development	Northville	1960	1984
	Southgate Regional Center for DD	Southgate	1977	YES
MN ³	Human Services Center	Brainerd	1958	NO
	Cambridge Regional Human Services Ctr	Cambridge	1925	NO
	Fairbault Regional Center	Fairbault	1879	YES

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
MN ³ cont	Fergus Falls Regional Treatment Center	Fergus Falls	1969	YES
	Moose Lake Regional Treatment Center	Moose Lake	1970	YES
	Owatonna State School	Owatonna	1945	1972
	Rochester State Hospital	Rochester	1968	1982
	St. Peter Regional Treatment Center	St. Peter	1968	NO
	Willmar Regional Treatment Center	Willmar	1973	NO
MS	Boswell Regional Center	Sanatorium	1976	NO
	Ellisville State School	Ellisville	1920	NO
	Hudspeth Regional Center	Whitfield	1974	NO
	North Mississippi Regional Center	Oxford	1973	NO
	South Mississippi Regional Center	Long Beach	1978	NO
MO	Albany Regional Center	Albany	1967	1991
	Bellefontaine Habilitation Center	St. Louis	1924	NO
	Hannibal Regional Center	Hannibal	1967	1989
	Higginsville Habilitation Center	Higginsville	1956	NO
	Joplin Regional Center	Joplin	1967	1992
	Kansas City Regional Center	Kansas City	1970	1993
	Kirksville Regional Center	Kirksville	1968	1988
	Marshall Hab Center (Formerly State Sch)	Marshall	1901	NO
	Marshall Regional Center	Marshall	1975	1982
	Nevada Habilitation Center	Nevada	1973	NO
	Poplar Bluff Regional Center	Poplar Bluff	1968	1992
	Rolla Regional Center	Rolla	1968	1984
	Sikeston Regional Center	Sikeston	1969	1992
	Southeast Missouri Residential Services ⁴	Poplar Bluff Sikeston	1992	NO
	Springfield Regional Center	Springfield	1967	1990
St. Louis DD Treatment Center	St. Louis	1974	NO	
MT	Montana Developmental Center	Boulder	1905	NO
	Eastmont Human Services Center	Glendive	1969	NO
NE	Beatrice State Developmental Center	Beatrice	1875	NO
NV	Desert Developmental Center	Las Vegas	1975	NO
	Sierra Developmental Center	Reno	1977	NO
NH	Laconia State School and Training Center	Laconia	1903	1991
	New Hampshire Hospital, Brown Building	Concord	1842	1990
NJ	Developmental Center at Ancora	Hammonton	DNF	1992
	Edison Habilitation Center	Princeton	1975	1988
	E.R. Johnstone Training & Research Ctr	Bordentown	1955	1992
	Green Brook Regional Center	Green Brock	1981	NO
	Hunterdon Developmental Center	Clinton	1969	NO
	New Lisbon Developmental Center	New Lisbon	1914	NO

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
NJ cont	North Jersey Developmental Center	Totowa	1928	NO
	North Princeton Developmental Center	Princeton	1975	NO
	Vineland Developmental Center	Vineland	1888	NO
	Woodbine Developmental Center	Woodbine	1921	NO
	Woodbridge Developmental Center	Woodbridge	1965	NO
NM	Fort Stanton Hospital and Training Center	Fort Stanton	1964	YES
	Los Lunas Hospital and Training Center	Los Lunas	1929	NO
	Villa Solano-Hagerman Residential School	Roswell	1964	1982
NY	J.N. Adams Developmental Center	Perrysburg	1960	1993
	Bronx Developmental Center	Bronx	1971	1992
	Brooklyn Developmental Center	Brooklyn	1972	NO
	Broome Developmental Center	Binghamton	1970	NO
	Bernard M. Fineson Developmental Center	Corona	1970	NO
	Craig Developmental Center	Sonyea	DNF	1988
	Gouverneur	New York	1962	1978
	Oswald D. Heck Developmental Center	Schenectady	1973	NO
	Letchworth Village Developmental Center	Thiells	1911	NO
	Long Island Developmental Center	Melville	1965	1992
	Manhattan Developmental Center	New York	1972	1992
	Monroe Developmental Center	Rochester	1969	NO
	Newark Developmental Center	Newark	1878	1991
	Rome Developmental Center	Rome	1894	1989
	Sampson State School	Willard	1961	1971
	Staten Island (Willowbrook) Dev Center	Staten Island	1947	1988
	Sunmount Developmental Center	Tupper Lake	1965	NO
	Syracuse Developmental Center	Syracuse	1851	NO
	Valatie	Valatie	1971	1974
	Wassaic Developmental Center	Wassaic	1930	NO
Westchester Developmental Center	Tarrytown	1979	1988	
West Seneca Developmental Center	West Seneca	1962	NO	
Wilton Developmental Center	Wilton	1960	YES	
NC	Black Mountain Center	Black Mountain	1982	NO
	Broughton Hospital	Morganton	1883	NO
	Caswell Center	Kinston	1914	NO
	Murdoch Center	Butner	1957	NO
	O'Berry Center	Goldsboro	1957	NO
	Western Carolina Center	Morganton	1963	NO
ND	Grafton Developmental Center	Grafton	1904	NO
	San Haven State Hospital	Dunseith	1973	1987

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
OH	Apple Creek Developmental Center	Apple Creek	1931	NO
	Athens Mental Health & Dev Center	Athens	1975	NO
	Broadview Developmental Center	Broadview Heights	1967	1992
	Cambridge Developmental Center	Cambridge	1965	NO
	Cambridge Mental Health Center	Cambridge	1978	1990
	Central Ohio Psychiatric Hospital	Columbus	1978e	NO
	Cleveland Developmental Center	Cleveland	1976	1988
	Columbus Developmental Center	Columbus	1857	NO
	Dayton Developmental Center	Dayton	1979	1983
	Dayton Mental Health Center	Dayton	1978e	YES
	Gallipolis Developmental Center	Gallipolis	1893	NO
	Massillon State Hospital	Massillon	1978e	YES
	Montgomery Developmental Center	Huber Heights	1977	NO
	Mount Vernon Developmental Center	Mount Vernon	1948	NO
	Northwest Ohio Developmental Center	Toledo	1977	NO
	Orient Developmental Center	Orient	1898	1984
	Pauline Warfield Lewis Center	Cincinnati	1978e	NO
	Southwest Ohio Developmental Center	Batavia	1981	NO
	Springview Developmental Center	Springfield	1972	NO
	Tiffin Developmental Center	Tiffin	1975	NO
Toledo Mental Health Center	Toledo	1978e	NO	
Warrensville Developmental Center	Warrensville Heights	1975	NO	
Western Reserve Psychiatric Hab Center	Northfield	1978	1990	
Youngstown Developmental Center	Youngstown	1980	NO	
OK	Enid State School	Enid	1909	NO
	Robert M. Greer Memorial Center ⁵	Enid	1992	NO
	Hisson Memorial Center	Sand Springs	1964	YES
	Pauls Valley State School	Pauls Valley	1952	NO
OR	Columbia Park Hospital & Training Center	The Dalles	1959	1972
	Eastern Oregon Hospital & Training Center	Pendleton	1964	NO
	Fairview Hospital and Training Center	Salem	1908	NO
PA	Allentown Mental Retardation Unit	Allentown	1974	1988
	Altoona Center ⁶	Altoona	1982	NO
	Clarks Summit Mental Retardation Unit	Clarks Summit	1974	1992
	Cresson Center	Cresson	1964	1982
	Embreeville Center	Coatesville	1972	NO
	Ebensburg Center	Ebensburg	1957	NO
	Hamburg Center	Hamburg	1960	NO
	Harrisburg Mental Retardation Unit	Harrisburg	1972	1982

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
PA cont	Hollidaysburg Mental Retardation Center	Hollidaysburg	1974	1976
	Laurelton Center	Laurelton	1920	NO
	Marcy Center	Pittsburgh	1975	1982
	Mayview Mental Retardation Unit	Mayview	1974	NO
	Pennhurst Center	Pennhurst	1908	1988
	Philadelphia Mental Retardation Unit	Philadelphia	1983	1989
	Polk Center	Polk	1897	NO
	Selinsgrove Center	Selinsgrove	1929	NO
	Somerset Mental Retardation Unit	Somerset	1974	NO
	Torrance Mental Retardation Unit	Torrance	1974	NO
	Warren Mental Retardation Unit	Warren	1975	1976
	Wernersville Mental Retardation Unit	Wernersville	1974	1987
	Western Center	Canonsburg	1962	NO
	White Haven Center	White Haven	1956	NO
	Woodhaven Center ⁷	Philadelphia	1974	1985
RI	Dorothea Dix Unit	Cranston	1982	1989
	Dr. Joseph H. Ladd Center	North Kingstown	1908	1994
	Zamborano Memorial Hospital	Wallum Lake	1967	1989
SC	Midlands Center	Columbia	1956	NO
	Pee Dee Center	Florence	1971	NO
	Coastal Center	Ladson	1968	NO
	Whitten Center	Clinton	1920	NO
SD	Custer State Developmental Center	Custer	1964	NO
	Redfield State Developmental Center	Redfield	1903	NO
TN	Arlington Developmental Center	Arlington	1969	NO
	Clover Bottom Developmental Center	Donelson	1923	NO
	Greene Valley Developmental Center	Greeneville	1960	NO
	Harold Jordan Habilitation Center (Formerly Middle Tennessee Institute)	Nashville	1979	NO
	Winston Developmental Center	Bolivar	1979	NO
TX	Abilene State School	Abilene	1957	NO
	Austin State School	Austin	1917	NO
	Brenham State School	Brenham	1974	NO
	Corpus Christi State School	Corpus Christi	1970	NO
	Denton State School	Denton	1960	NO
	El Paso State School	El Paso	1973	NO
	Ft. Worth State School	Ft. Worth	1976	YES
	Laredo State School	Laredo	1979	NO
	Lubbock State School	Lubbock	1969	NO
	Lufkin State School	Lufkin	1962	NO

State	Large State MR/DD Facilities or Units Operating 1960-1993	City	Year MR/DD Facility Opened	Year Closed or Projected Closure between 1994-1996
TX cont	Mexia State School	Mexia	1946	NO
	Richmond State School	Richmond	1968	NO
	Rio Grande State School	Harlingen	1973	NO
	San Angelo State School	Carlsbad	1969	NO
	San Antonio State School	San Antonio	1978	NO
	Travis State School	Austin	1961	NO
UT	Utah State Training School	American Fork	1931	NO
VT	Brandon Training School	Brandon	1915	1993
VA	Eastern State Hospital	Williamsburg		1990
	Lynchburg Training School and Hospital	Lynchburg	1911	NO
	Northern Virginia Training Center	Fairfax	1973	NO
	Southeastern Training Center	Chesapeake	1975	NO
	Southside Training Center	Petersburg	1939	NO
	Southwestern State Hospital	Marion	1887	1988
	Southwestern Virginia Training Center	Hillsville	1976	NO
	Western State Hospital ⁸	Stanton	1828	1990
WA	Fircrest School	Seattle	1959	NO
	Interlake School	Medical Lake	1967	YES
	Lakeland Village School	Medical Lake	1915	NO
	Frances Haddon Morgan Center	Bremerton	1972	NO
	Rainer School	Buckley	1939	NO
	Yakima Valley School	Selah	1958	NO
WV	Colin Anderson Center	St. Mary's	1932	NO
	Greenbrier Center ⁹	Lewisburg	1974	1990
	Spencer State Hospital	Spencer	1893	1989
	Weston State Hospital	Weston	1985	1988
WI	Central Wisconsin Center	Madison	1959	NO
	Northern Wisconsin Center	Chippewa Falls	1987	NO
	Southern Wisconsin Center	Union Grove	1919	NO
	Winnebago MH Institute	Winnebago		NO
WY	Wyoming State Training School	Lander	1912	NO

Notes.

¹ Closing for persons with developmental disabilities, will be called the Meyer Mental Health Center.

² Outwood is state-owned but contracted to Res-Care, Inc. for management and operation.

³ A negotiated agreement exists to close all Minnesota state institutions by 1999. The Governor's 1993 budget proposal projects the closure of 2 state institutions by 1995, but this proposal has not been acted upon by the legislature.

⁴ Merger of Poplar Bluff and Sikeston Regional Centers.

⁵ Administrative change. The center is still located on the grounds of the Enid State School.

⁶ Altoona Center began as a unit of Cresson Center. It became independent upon the closing of Cresson Center in 1982.

⁷ The state owns the building, but since 1985 it has been run by Temple University, paid for with non-state ICF-MR funding.

⁸ Western State Hospital no longer has an identifiable MR Unit.

⁹ Became private in 1990. Closed March 15, 1994.

CHAPTER 2
All Residential Services Directly Provided or Licensed by States
for Persons with Mental Retardation and Related Conditions

PART 1: TOTAL STATE RESIDENTIAL SERVICE SYSTEMS

This section of the report provides statistics on all residential services that are directly provided or licensed by states for persons with mental retardation and related conditions. These statistics are reported by state, operator (state or nonstate agency) and residential setting size as of June 30, 1993. Residential services data for 1993 are compared with similar statistics from 1977, 1982, 1987, 1989, and 1991. The statistics in this chapter do not include psychiatric facilities or nursing homes but do include Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR). (Statistics on psychiatric facility residents are reported in Chapter 1 and statistics on nursing home residents are reported in Chapter 3.)

Number of Residential Settings

Table 2.1 presents statistics by state, operator, and size on the number of individual residential settings in which people receiving licensed or state provided residential services for persons with mental retardation and related conditions lived on June 30, 1993. It excludes services provided to people living with their natural or adoptive families.

There were 60,455 distinct residential settings for persons with mental retardation and related conditions who were receiving residential services on June 30, 1993. Of the total 60,455 residential settings, 58,790 (97.2%) were operated by nonstate agencies or individuals and 1,655 (2.8%) were state-operated. In all, 52,584 (87.0%) settings had 6 or fewer residents, 6,373 (10.5%) had 7 to 15 residents and 1,498 (2.5%) had 16 or more residents. Virtually all residential settings with 6

or fewer residents were operated by nonstate agencies (99.1%) as were most of those with 7 to 15 persons (86.2%) and with 16 or more residents (81.2%).

Number of Persons Receiving Residential Services

Table 2.2 presents statistics by state, operator, and setting size on the number of people with mental retardation and related conditions receiving residential services on June 30, 1993. Of the 308,984 persons receiving residential services on June 30, 1993, 229,279 (74.2%) were served by nonstate agencies. Virtually all persons in settings with 6 or fewer residents (98.6%) and an overwhelming majority of those in settings with 7 to 15 residents (85.7%) received services from nonstate agencies. In contrast, over three-fifths (60.5%) of all persons in residences with 16 or more residents were in state operated facilities, despite 81.2% of the facilities themselves being operated by nonstate agencies. California and New York had by far the largest numbers of persons receiving residential services (37,790 and 30,938, respectively). Illinois and California had the largest number of persons living in facilities of 16 or more residents (12,419 and 11,283, respectively). Illinois had the largest number of persons living in large nonstate facilities (8,413 or 18.5% the national total). California and New York had the largest number of persons living in residential settings of 15 or fewer persons (26,507 and 25,481 respectively). California, Michigan, and Pennsylvania had the largest number of persons living in residential settings of 6 or fewer persons (23,373, 8,444, and 8,285, respectively).

Table 2.1 Residential Settings for Persons with Mental Retardation and Related Conditions Served by State and Nonstate Agencies on June 30, 1993

State	Nonstate Residential Settings by Size					State Residential Settings by Size					State and Nonstate Residential Settings				
	1-6	7-15	1-15	16+	Total	1-6	7-15	1-15	16+	Total	1-6	7-15	1-15	16+	Total
AL	122*	83*	205*	2*	207*	0	0	0	5	5	122*	83*	205*	7	212*
AK	139	3	142	0	142	0	0	0	1	1	139	3	142	1	143
AZ	1,357	0	1,357	1	1,358	21	10	31	7	38	1,378	10	1,388	8	1,396
AR	377e	93	470e	10	480e	0	0	0	6	6	377e	93	470e	16	486e
CA	6,726	348	7,074	151	7,225	0	0	0	7	7	6,726	348	7,074	158	7,232
CO	1,365	64	1,429	4	1,433	0	36	36	2	38	1,365	100	1,465	6	1,471
CT	1,423	30	1,453	0	1,453	114	37	151	12	163	1,537	67	1,604	12	1,616
DE	195	0	195	1	196	0	0	0	1	1	195	0	195	2	197
DC	181	44	225	0	225	3*	0	3*	1*	4*	184	44	228	1	229
FL	910e	219	1,129e	78	1,207e	0	0	0	24	24	910e	219	1,129e	102	1,231e
GA	712*	2*	714*	1*	715*	0	0	0	12	12	712*	2*	714*	13	727*
HI	778	1	779	13	792	0	0	0	3	3	778	1	779	16	795
ID	301	89	390	23	413	0	0	0	1	1	301	89	390	24	414
IL	1,674e	216	1,890e	247	2,137e	0	0	0	12	12	1,674e	216	1,890e	259	2,149e
IN	1,311	344	1,655	13	1,668	0	0	0	11	11	1,311	344	1,655	24	1,679
IA	1,362	141	1,503	29	1,532	0	0	0	2	2	1,362	141	1,503	31	1,534
KS	444	103	547	11	548	0	0	0	3	3	444	103	547	14	561
KY	428e*	19*	447e*	11	458e*	0	0	0	2	2	428e*	19*	447e*	13	460e*
LA	633	55*	688	9	697	11	0	11	9	20	644	55*	699	18	717
ME	456**	17**	473**	19**	492**	0*	2*	2*	2*	4*	456**	19**	475**	21**	496**
MD	1,378	0	1,378	4	1,382	0	0	0	5	5	1,378	0	1,378	9	1,387
MA	1,065	232	1,297	30	1,327	0**	57**	57**	8*	65**	1,065	289	1,354	38	1,392
MI	1,918	0	1,918	0	1,918	0	0	0	3	3	1,918	0	1,918	3	1,921
MN	2,901	160	3,061	42	3,103	22	0	22	7	29	2,923	160	3,083	49	3,132
MS	74	6	80	5	85	82	16	98	5	103	156	22	178	10	188
MO	744	200	944	94	1,038	0	0	0	6	6	744	200	944	100	1,044
MT	357	76	433	0	433	0	0	0	2	2	357	76	433	2	435
NE	290	27	317	2	319	0	0	0	1	1	290	27	317	3	320
NV	241	1	242	2	244	4	0	4	2	6	245	1	246	4	250
NH	859	14	873	1	874	7	0	7	0	7	866	14	880	1	881
NJ	1,144	0	1,144	41	1,185	0	0	0	8	8	1,144	0	1,144	49	1,193
NM	171	36	207	1	208	0	0	0	2	2	171	36	207	3	210
NY	3,987	1,137	5,124	51	5,175	196	704	900	25	925	4,183	1,841	6,024	76	6,100
NC	654	60	714	12	726	0	0	0	6	6	654	60	714	18	732
ND	498	65	563	3	566	0	1	1	2	3	498	66	564	5	569
OH	771	320	1,091	99	1,190	0	0	0	12	12	771	320	1,091	111	1,202
OK	585	26	611	28	639	0	0	0	4	4	585	26	611	32	643
OR	806	65	871	9	880	7	0	7	2	9	813	65	878	11	889
PA	4,256	122	4,378	43	4,421	0	0	0	12	12	4,256	122	4,378	55	4,433
RI	257	28	285	2	287	27	12	39	1	40	284	40	324	3	327
SC	504	308	812	5	817	0	0	0	5	5	504	308	812	10	822
SD	621	66	687	0	687	0	0	0	2	2	621	66	687	2	689
TN	294	181	475	5	480	0	0	0	5	5	294	181	475	10	485
TX	1,079	80	1,159	29	1,188	0	4	4	15	19	1,079	84	1,163	44	1,207
UT	527	35	562	10	572	0	0	0	1	1	527	35	562	11	573
VT	426	0	426	0	426	0	0	0	1	1	426	0	426	1	427
VA	66	70	136	13	149	0	0	0	5	5	66	70	136	18	154
WA	1,532	89	1,621	13	1,634	0	0	0	6	6	1,532	89	1,621	19	1,640
WV	347	53	400	4	404	0	0	0	1	1	347	53	400	5	405
WI	2,549	153	2,702	45	2,747	0	0	0	3	3	2,549	153	2,702	48	2,750
WY	295	13	308	0	308	0	0	0	2	2	295	13	308	2	310
U.S. Total	52,090	5,494	57,584	1,216	58,790	494	879	1,373	282	1,655	52,584	6,373	58,957	1,498	60,455

* indicates 1992 data ** indicates 1991 data e indicates estimates

Relative Size of Residential Settings

Table 2.3 presents statistics summarizing the relative size of the residential settings for persons with mental retardation and related conditions across the states. It shows the extreme variability among states on three measures of relative size of residential settings.

Average residential settings size. On June 30, 1993 an average of 5.1 persons with mental retardation and related conditions lived in each setting in which residential services were provided in the United States. The average number of persons with mental retardation and related conditions per residential setting ranged from more than 10 in six states to less than 3 in seven states. Twenty-three states were at or over the national average. Figure 2.1 shows changes in average number of residents with mental retardation and related conditions per residential setting between 1977 to 1993. It indicates that the average number of residents per setting continues to decrease

steadily, although not at the rather dramatic rates that were evident from 1977 through 1987.

Percentage living in small residential settings.

Table 2.3 shows the percentage of all persons receiving residential services in each state on June 30, 1993 who were living in residential settings with 15 or fewer residents and with 6 or fewer residents. Nationally, 62.7% of residents lived in settings with 15 or fewer residents. In over half of the states (31), 60% or more of all residential service recipients lived in places with 15 or fewer residents, while in five states less than 35% of residential service recipients lived in places with 15 or fewer residents. (Figure 2.2 shows these variations on a state-by-state basis). Nationally, on June 30, 1993 44.4% of residents lived in settings with 6 or fewer residents. In 18 states more than 60% of all persons receiving residential services lived in settings with 6 or fewer residents, while in 17 states less than one-third of all residential service recipients lived in settings of 6 or fewer residents. (Figure 2.3 shows these variations on a state-by-state basis).

Figure 2.1
The Average Number of Persons with Mental Retardation and Related Conditions per Residential Setting on June 30, 1977, 1982, 1987, 1989, 1991, and 1993

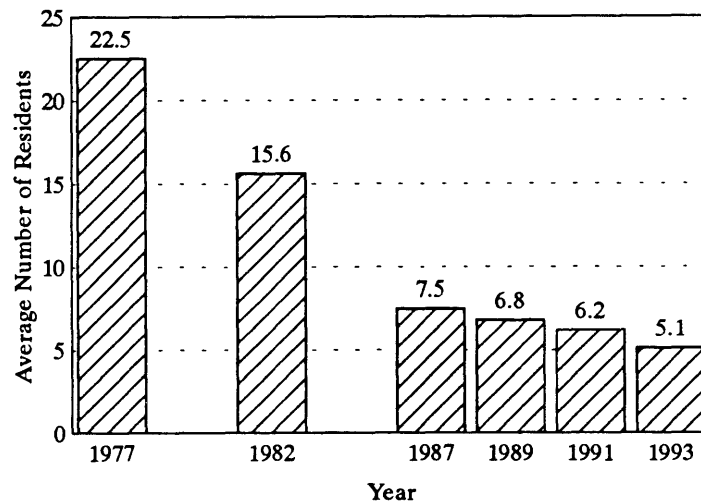


Table 2.3 Summary Statistics on the Size of Residential Settings on June 30, 1993

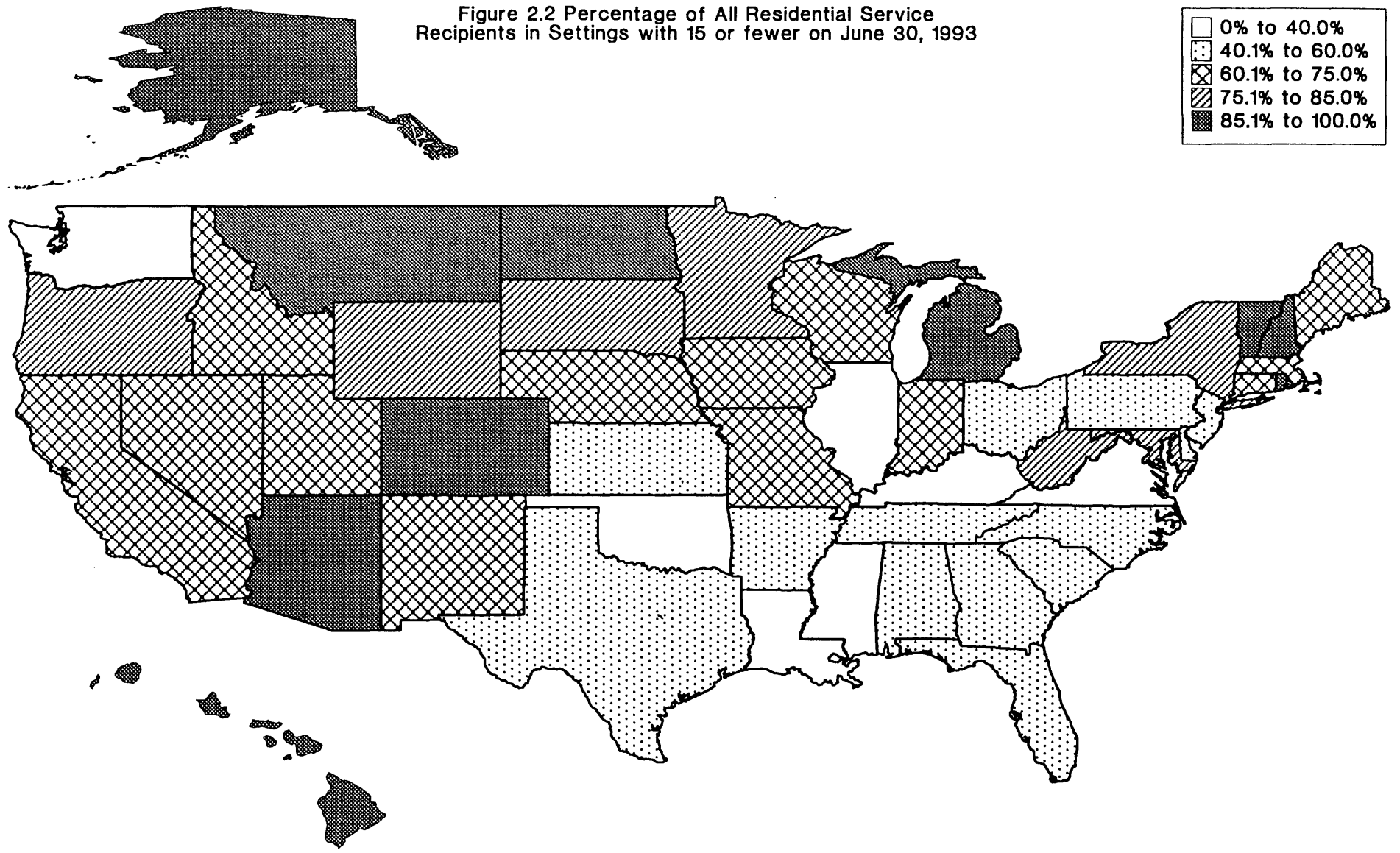
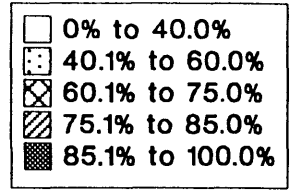
	Total Settings	Total Residents	Average Residents/Setting	Percent in Settings with 1-15 Res.	Percent in Settings with 1-6 Res.
AL	212*	2,303	10.9	45.2%	15.7%
AK	143	368	2.6	87.8%	79.6%
AZ	1,396	4,671	3.3	96.4%	93.6%
AR	486e	3,564	7.3	55.4%	21.9%
CA	7,232	37,790	5.2	70.1%	61.8%
CO	1,471	3,701	2.5	87.4%	67.0%
CT	1,616	5,531	3.4	74.4%	64.5%
DE	197	701	3.6	47.2%	47.2%
DC	229	1,166	5.1	93.5%	62.9%
FL	1,231 e	10,362	8.4	57.4%	36.5%
GA	727*	3,642	5.0	41.1%	40.7%
HI	795	1,026	1.3	89.7%	89.0%
ID	414	1,234	3.0	74.1%	30.8%
IL	2,149e	16,201	7.5	23.3%	12.1%
IN	1,679	7,611	4.5	67.7%	30.9%
IA	1,534	5,877	3.8	64.5%	32.1%
KS	561	3,607	6.4	57.1%	32.2%
KY	460e*	2,393	5.2	34.6%	28.2%
LA	717	7,953**	11.1	34.3%	29.4%
ME	496**	2,152 **	4.3	74.5%	67.4%
MD	1,387	4,875	3.5	78.1%	78.1%
MA	1,392	8,952**	6.4	62.0%	34.8%
MI	1,921	8,958	4.7	94.3%	94.3%
MN	3,132	11,000	3.5	76.9%	60.9%
MS	188	2,764	14.7	22.0%	14.3%
MO	1,044	6,318	6.1	62.0%	32.5%
MT	435	1,500	3.4	89.5%	55.1%
NE	320	1,831	5.7	61.1%	49.2%
NV	250	600	2.4	75.0%	72.5%
NH	881	2,858	3.2	99.2%	95.2%
NJ	1,193	9,590	8.0	42.2%	42.2%
NM	210	1,226	5.8	62.4%	40.2%
NY	6,100	30,938	5.1	82.4%	25.1%
NC	732	6,820	9.3	54.8%	45.9%
ND	569	1,876	3.3	85.9%	55.9%
OH	1,202	13,761	11.4	53.0%	30.9%
OK	643	3,822	5.9	37.5%	29.8%
OR	889	3,739	4.2	81.8%	66.9%
PA	4,433	15,094	3.4	59.1%	54.9%
RI	327	1,395	4.3	90.6%	65.2%
SC	822	4,625	5.6	53.0%	22.5%
SD	689	1,737	2.5	79.7%	43.1%
TN	485	4,189	8.6	51.5%	15.7%
TX	1,207	13,111	10.9	41.7%	34.6%
UT	573	2,316	4.0	60.9%	44.0%
VT	427	732	1.7	95.8%	95.8%
VA	154	3,322**	21.6	18.3%	6.7%
WA	1,640	6,550	4.0	72.3%	60.5%
WV	405	1,214	3.0	78.7%	43.7%
WI	2,750	10,603	3.9	63.9%	53.2%
WY	310	815	2.6	76.9%	63.3%
U.S. total	60,455	308,984	5.1	62.7%	44.4%

e indicates estimate

* indicates 1992 data

** indicates 1991 data

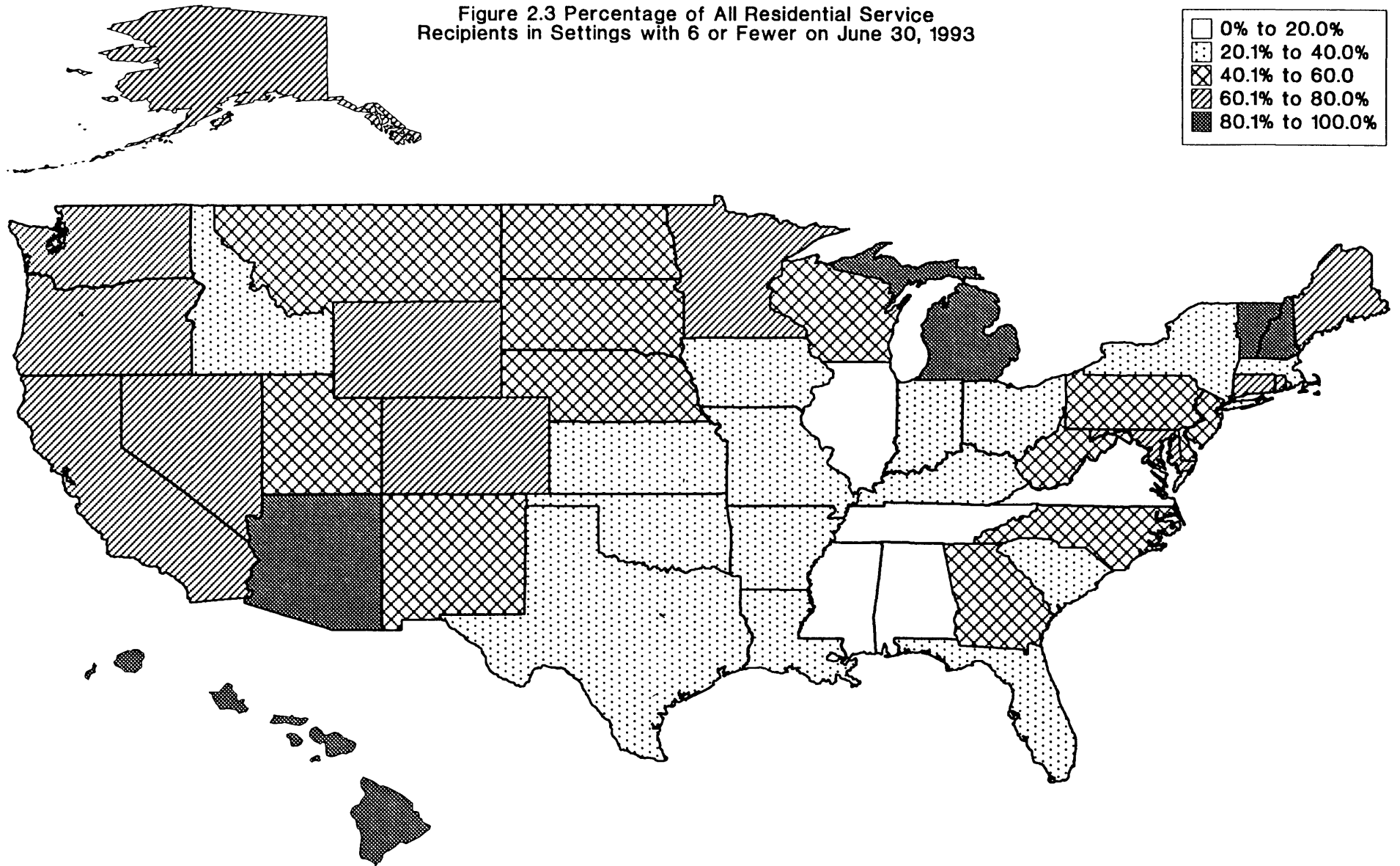
Figure 2.2 Percentage of All Residential Service Recipients in Settings with 15 or fewer on June 30, 1993



National Average = 62.7%



Figure 2.3 Percentage of All Residential Service Recipients in Settings with 6 or Fewer on June 30, 1993



National Average = 44.4%

***Number of Residential Service Recipients
Per 100,000 General Population***

Table 2.4 presents statistics on the number of persons with mental retardation and related conditions receiving residential services per 100,000 of each state's general population on June 30, 1993. On June 30, 1993 there were 120.7 persons with mental retardation and related conditions receiving residential services per 100,000 of the U.S. population. Virginia had the lowest overall residential placement rate per 100,000 state citizens (50.7). North Dakota had the highest overall residential placement rate with 291.8 persons receiving residential services per 100,000 of the state population. In all, 22 states reported residential placement rates below the national average, with four states (Alabama, Georgia, Nevada, and Virginia) reporting rates less than 50% of the national average. Of the 29 states above the national average, nine (District of Columbia, Iowa, Louisiana, Minnesota, Montana, New Hampshire, North Dakota, South Dakota, and Wisconsin) were more than 150% of the national average. While states varied substantially in the number of persons with mental retardation and related conditions receiving residential services per 100,000 of the state's population, most states fell within the range of the national average plus or minus one-third.

On June 30, 1993 there were 75.7 persons receiving residential services in settings with 15 or fewer residents per 100,000 of the U.S. population. A total of 15 states had placement rates that were more than 150% of this national average. Six states reported rates more than twice the national average (District of Columbia, Minnesota, Montana, New Hampshire, North Dakota, and South Dakota). The national average placement rate for settings with 6 or fewer residents was 53.6 residents per 100,000 of the general population. Ten states reported rates more than twice the national average (Arizona, Connecticut, District of Columbia, Maine, Minnesota, New Hampshire, North Dakota, Vermont, Wisconsin, and Wyoming). The national placement rate for facilities of 16 or more residents was 45.0 residents

per 100,000 of the national population. Two states (Louisiana and Illinois) reported rates more than twice the national average. Figure 2.4 shows the geographic variation among states in their number of persons receiving residential services per 100,000 of the general population.

***Persons Presently Not Receiving Residential Services
on Waiting Lists for Residential Services***

Table 2.5 summarizes statistics reported by states on the actual or estimated number of people with mental retardation and related conditions not receiving residential services who are on waiting lists for such services. These statistics are presented as raw numbers and as percentages of the total number of all persons receiving and waiting for services. As shown, 33 states provided statistics on the number of persons waiting for residential services on June 30, 1993. Statistics from the June 30, 1991 state survey were available for an additional 14 states, for a total of 47 states. Among these states a total of 69,441 persons were reported to be waiting for residential services. An estimation was made for the national total of persons waiting for services by assuming the same ratio of persons waiting for residential services to persons receiving residential services in non-reporting states as in reporting states. (Two of the six states with the largest residential service programs were not able to report waiting list data.) On June 30, 1993, an estimated national total of 78,700 persons with mental retardation and related conditions were waiting for residential services. This was 20.3% of the total number of persons receiving and waiting for services, a slight increase over the 19.3% reported for June 30, 1991. While five states (California, Idaho, Maryland, North Dakota, and Rhode Island) reported not having any persons with mental retardation and related conditions waiting for residential services, four states (Kentucky, New York, North Carolina, Oregon) reported waiting lists of such length that their residential services programs would need to be expanded by more than one-third to accommodate presently identified needs.

**Table 2.4 Persons with Mental Retardation and Related Conditions Receiving Residential Services
per 100,000 of State General Population by Size of Residential Setting, June 30, 1993**

	State Population (100,000)	Size of residential setting				Total
		1-6	7-15	1-15	16+	
AL	42.42	8.5*	16.0*	24.5*	29.8	54.3
AK	5.44	53.9	5.5	59.4	8.3	67.6
AZ	39.55	110.6	3.2	113.8	4.3	118.1
AR	24.54	31.9	48.5	80.4	64.8	145.2
CA	307.97	75.9	10.2	86.1	36.6	122.7
CO	33.82	73.3	22.3	95.6	13.8	109.4
CT	33.20	107.5	16.5	124.0	42.6	166.6
DE	7.16	46.2	0.0	46.2	51.7	97.9
DC	5.94	123.4	60.1	183.5	12.8	196.3
FL	139.15	27.2	15.5	42.7	31.7	74.5
GA	70.08	21.1*	0.2*	21.3*	30.6	52.0
HI	12.06	75.7	0.6	76.3	8.8	85.1
ID	10.19	37.3	52.4	89.7	31.4	121.1
IL	117.45	16.6	15.6	32.2	105.7	137.9
IN	56.70	41.4	49.4	90.8	43.4	134.2
IA	27.55	68.4	69.2	137.6	75.7	213.3
KS	25.43	45.6	35.4	81.0	60.8	141.8
KY	37.49	18.0*	4.1*	22.1*	41.8	63.8
LA	43.16	54.2	9.0*	63.2	121.1**	184.3**
ME	12.73	114.0*	12.0**	126.0**	43.0**	169.0**
MD	50.16	75.9	0.0	75.9	21.3	97.2
MA	59.85	52.0*	40.7**	92.7**	56.9e*	149.6**
MI	93.46	90.3	0.0	90.3	5.5	95.8
MN	44.60	150.2	39.4	189.6	57.0	246.6
MS	26.92	14.7	7.9	22.6	80.1	102.7
MO	52.98	38.8	35.1	74.0	45.3	119.3
MT	7.84	105.5	65.8	171.3	20.0	191.3
NE	15.94	56.5	13.7	70.1	44.7	114.9
NV	12.26	35.5	1.2	36.7	12.2	48.9
NH	12.22	222.6	9.4	232.0	1.9	233.9
NJ	79.81	50.7	0.0	50.7	69.5	120.2
NM	15.99	30.8	17.0	47.8	28.8	76.7
NY	178.86	43.5	99.0	142.5	30.5	173.0
NC	69.94	44.8	8.6	53.4	44.1	97.5
ND	6.43	163.1	87.4	250.5	41.2	291.8
OH	109.50	38.8	27.8	66.6	59.1	125.7
OK	31.22	36.5	9.4	45.9	76.5	122.4
OR	28.70	87.2	19.3	106.5	23.8	130.3
PA	120.75	68.6	5.3	73.9	51.1	125.0
RI	10.12	89.9	35.0	124.9	12.9	137.8
SC	36.91	28.2	38.2	66.4	58.9	125.3
SD	7.19	104.0	88.6	192.6	49.0	241.6
TN	51.55	12.7	29.1	41.8	39.4	81.3
TX	173.91	26.1	5.4	31.5	43.9	75.4
UT	17.81	57.3	22.0	79.2	50.8	130.0
VT	5.87	119.4	0.0	119.4	5.3	124.7
VA	65.49	3.4*	5.9**	9.3**	41.4	50.7
WA	49.68	79.7	15.6	95.3	36.5	131.8
WV	17.87	29.7	23.7	53.4	14.5	67.9
WI	49.13	114.8	23.2	138.0	77.8	215.8
WY	4.51	114.4	24.6	139.0	41.7	180.7
U.S. total	2559.50	53.6	22.1	75.7	45.0	120.7

e indicates estimate

* indicates 1992 data

** indicates 1991 data

Table 2.5 Persons with Mental Retardation and Related Conditions Not Presently Receiving Residential Services Who Are on Waiting Lists for Residential Services on June 30, 1993

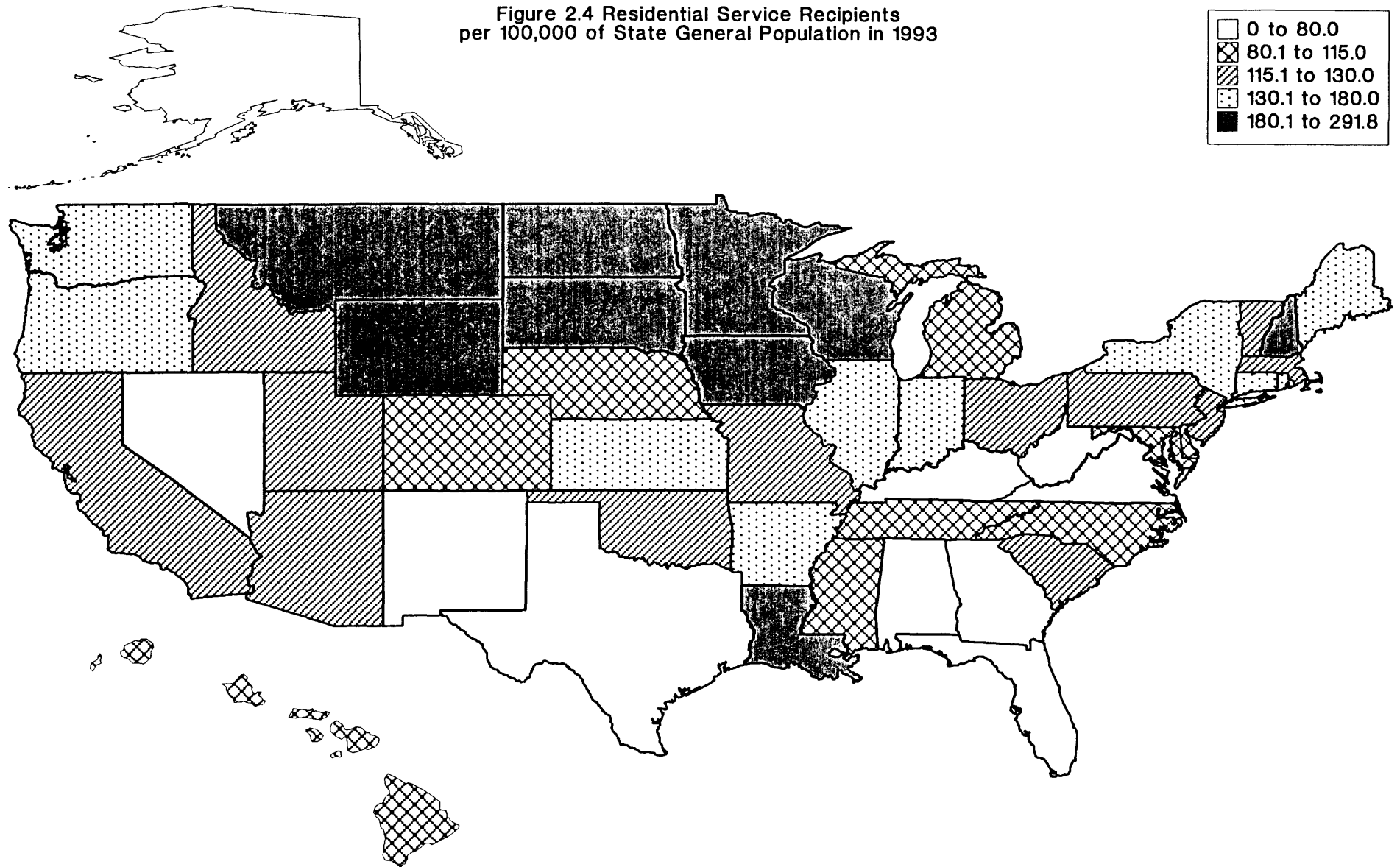
State	Total Number of Persons on Waiting List	Total Number of Residential Service Recipients	% Growth Needed Match to Needs
AL	1,061*	2,303	31.5%
AK	127*	368	25.7%
AZ	557 ^e	4,671	10.7%
AR	190	3,564	5.1%
CA	0	37,790	0.0%
CO	1,338	3,701	26.6%
CT	1,307	5,531	19.1%
DE	305	701	30.3%
DC	150*	1,166	11.4%
FL	1,784*	10,362	14.7%
GA	735*	3,642	16.8%
HI	5	1,026	0.5%
ID	0	1,234	0.0%
IL	DNF	16,201	NA
IN	1,583	7,611	17.2%
IA	DNF	5,877	NA
KS	1,187*	3,607	24.8%
KY	1,073	2,393	31.0%
LA	305*	7,953**	3.7%
ME	DNF	2,152**	NA
MD	0	4,875	0.0%
MA	1,468*	8,952**	14.1%
MI	2,066*	8,958	18.7%
MN	374*	11,000	3.3%
MS	319*	2,764	10.3%
MO	673	6,318	9.6%
MT	467	1,500	23.7%
NE	738	1,831	28.7%
NV	245	600	29.0%
NH	139	2,858	4.6%
NJ	3,350	9,590	25.9%
NM	385	1,226	23.9%
NY	24,707	30,938	44.4%
NC	3,500*	6,820	33.9%
ND	0	1,876	0.0%
OH	4,647	13,761	25.2%
OK	525 ^e	3,822	12.1%
OR	2,446	3,739	39.5%
PA	3,995*	15,094	20.9%
RI	0	1,395	0.0%
SC	1,142	4,625	19.8%
SD	31 ^e	1,737	1.8%
TN	738	4,189	15.0%
TX	DNF	13,111	NA
UT	769	2,316	24.9%
VT	99 ^e	732	11.9%
VA	1,332*	3,322**	28.6%
WA	879	6,550	11.8%
WV	500 ^e	1,214	29.2%
WI	2,150	10,603	16.9%
WY	50	815	5.8%
U.S. est. total	78,700	308,984	20.3%

DNF indicates Data Not Furnished

e indicates estimate

** indicates 1991 data

Figure 2.4 Residential Service Recipients
per 100,000 of State General Population in 1993



National Average = 120.7

PART 2: RESIDENTIAL SETTINGS BY TYPE

This section describes residential settings for persons with mental retardation and related conditions by setting type. Three separate types of residential settings are used:

Type 1 ("Congregate Care"): A residence owned, rented, or managed by the residential services provider, or the provider's agent, to provide housing for persons with mental retardation and related conditions in which staff provide care, instruction, supervision, and other support for residents with mental retardation and related conditions (includes ICF-MR certified facilities).

Type 2 ("Family Foster Care"): A home owned or rented by an individual or family in which they live and provide care for one or more unrelated persons with mental retardation and related conditions.

Type 3 ("Own Home"): A home owned or rented by one or more persons with mental retardation and related conditions as the person(s)' own home in which personal assistance, instruction, supervision, and other support is provided as needed.

"Congregate Care" Settings and Residents

Table 2.6 presents statistics on congregate care residential settings and persons with mental retardation and related conditions living in these settings on June 30, 1993, by size and state, for the 43 states that were able to supply complete breakdowns of the number of residences meeting the definition of congregate care and the number of residents living in them.

Of the total 24,291 congregate care residential settings in the 43 reporting states, 23,035 (94.8%) had 15 or fewer residents and 17,605 (72.5%) had six or fewer residents. New York (3,525), Pennsylvania (2,847), and California (2,674) accounted for over one-third (37.2%) of the total congregate care residences across the 43 reporting states, while seven states reported less than 100 congregate care residences.

Of the 206,071 residents of congregate care settings in the 43 reporting states, 113,872 (55.3%) lived in settings with 15 or fewer residents and

65,774 (31.9%) lived in settings with six or fewer residents. Of the 43 reporting states, New York (26,797), California (25,948), Illinois (14,525), and Pennsylvania (13,082) accounted for over one-third (39.0%) of the total residents of congregate care residences and 32.7% of the estimated national total of 245,697 residents of congregate care residences.

"Family Foster Care" Settings and Residents

Table 2.7 presents statistics on family foster care settings and persons with mental retardation and related conditions living in such settings on June 30, 1993, by size and state, for the 42 states that were able to supply complete breakdowns of the number of family foster care settings and for the 45 states that were able to supply complete breakdowns of the number of residents living in these settings.

Of the total 13,753 family foster care settings in the 42 reporting states, virtually all (99.9%) had six or fewer residents. New York (2,575) and California (1,592) accounted for 30.3% of the total family foster care settings across the 42 states, while 14 of the 42 reporting states reported less than 100 family foster care settings.

Of the 26,258 persons with mental retardation and related conditions in family foster care settings in the 45 reporting states, virtually all (99.7%) lived in settings with six or fewer residents. Of the 45 reporting states, California (5,910) and New York (4,141) accounted for 38.3% of the residents of family foster care and 34.2% of the estimated national total of 29,394 persons receiving family foster care. Seven states (California, Michigan, Minnesota, New Jersey, New York, Washington, and Wisconsin) accounted for 57.6% of the estimated national total of 29,394 recipients of family foster care. Twelve of the 45 reporting states reported less than 100 persons in family foster care settings. Estimates for non-reporting states based on the statistics of the reporting states suggested that nationally on June 30, 1993 there were about 29,394 persons with mental retardation and related conditions living in 16,739 family foster care settings.

"Own Home" Settings and Residents

Table 2.8 presents statistics on the number of homes owned or leased by persons with mental retardation and related conditions who were receiving residential services and the number of persons with mental retardation and related conditions living in their own homes on June 30, 1993 by size and state. Thirty-seven states reported information on the number of homes and 44 states were able to report information on the number of persons living in their own homes. These statistics were used to compute estimates for the non-reporting states.

The greatest number of homes owned or leased by persons with mental retardation and

related conditions were reported by California (2,966), Wisconsin (1,550), Iowa (1,211), and Pennsylvania (1,088). These states accounted for 37.0% of the estimated national total of 18,402 homes owned or leased by persons with mental retardation and related conditions receiving residential services and supports. Four states reported less than 20 homes.

All people living in homes that they leased or owned lived with five or fewer other people. California (5,932), Wisconsin (3,117), Washington (2,181), and Pennsylvania (1,426) reported 37.3% of the estimated national total of 33,893 people living in their own homes. Four states reported less than 50 persons living in their own homes.

**Table 2.6 Number of "Congregate Care" Residential Settings and Persons with
Mental Retardation and Related Conditions Living in Them on June 30, 1993 by State**

State	Number of Residential Settings					Number of Residents				
	1-6	7-15	1-15	16+	Total	1-6	7-15	1-15	16+	Total
AL (a)	80*	82*	162*	7	169*	225*	665*	890*	1,263	2,153
AK	67	3*	70*	1	71	215	30*	245	45	290
AZ (b)	943e	10	953	8	961e	3,455e	128	3,583e	170	3,753e
CA	2,168	348	2,516	158	2,674	11,531	3,134	14,665	11,283	25,948
CO	616e	100e	716e	6	722	1,548e	754e	2,302e	468	2,770e
CT	568	67	635	12	647	2,385	548	2,933	1,414	4,347
DE	33	0	33	2	35	163	0	163	370	533
DC (c)	133	44	177	1	178	648	357	1,005	76	1,081
GA	176*	2*	178*	13	191*	698*	14*	712*	2,146	2,858
HI	41	1	42	16	58	151	7	158	106	264
ID	21	89	110	24	134	82	534	616	320	936
IL	100	216	316	259	575	279	1,827	2,106	12,419	14,525
IN	179	344	523	24	547	952	2,799	3,751	2,462	6,213
IA	89	141	230	31	261	584	1,907	2,491	2,086	4,577
KS	100	103	203	14	217	471	900	1,371	1,547	2,918
KY	27	2	29	13	42	187	30	217	1,566	1,783
LA	553	4	557	18	575	2,190e	38e	2,228e	2,683	4,911
MD	1,153	0	1,153	9	1,162	3,436	0	3,436	1,069	4,505
MI	1,022e	0	1,022e	3	1,025e	6,120	0	6,120	514	6,634
MN	1,503e	160	1,663e	49	1,712e	5,098e	1,758	6,856e	2,544	9,400e
MS	100	22	122	10	132	315	214	529	2,155	2,684
MO (d)	167	200	367	100	467	650	1,862	2,512	2,400	4,912
NE	290e	27e	317e	3	320e	900e	218	1,118e	713	1,831e
NV (e)	30	1	31	4	35	174	15	189	150	339
NJ	417	0	417	49	466	2,399	0	2,399	5,547	7,946
NM	16	36	52	3	55	75	272	347	461	808
NY	1,613	1,836	3,449	76	3,525	3,670	17,670	21,340	5,457	26,797
NC	508	60	568	18	586	2,799	604	3,403	3,083	6,486
ND	31	66	97	5	102	182	562	744	265	1,009
OH (f)	529	318	847	111	958	1,915	3,024	4,939	6,470	11,409
OK	77	26	103	32	135	459	294	753	2,388	3,141
OR	313	65	378	11	389	1,362	555	1,917	682	2,599
PA	2,670	122	2,792	55	2,847	6,273	642	6,915	6,167	13,082
RI	136	37	173	3	176	667	347	1,014	131	1,145
SC (g)	64	308e	372e	10	382e	204	1,410	1,614	2,174	3,788
SD	280e	66	346e	2	348e	394	637	1,031	352	1,383
TN	43	181	224	10	234	175	1,500	1,675	2,032	3,707
UT	142	35	177	11	188	635e	391	1,026e	905	1,931e
VT	36	0	36	1	37	185	0	185	31	216
WA	44	89e	133e	19	152e	240	775	1,015	1,815	2,830
WV	55	53	108	5	113	208	424	632	259	891
WI	219	153	372	48	420	1,001	1,141	2,142	3,823	5,965
WY	253	13	266	2	268	474	111	585	188	773
Reported Total	17,605	5,430	23,035	1,256	24,291	65,774	48,098	113,872	92,199	206,071
Est. U.S. Total	18,956	6,360	25,316	1,498	26,814	74,000	56,460	130,460	115,237	245,697

DNF indicates Data Not Furnished

e indicates estimate

* indicates 1992 data

(a) includes 2 "Assistive Living" settings with 2 residents

(b) includes 403 "Community Residential Settings" with 1,787 residents

(c) includes 16 "Supervised apartments" with 81 residents

(d) includes 79 "Boarding Homes" with 384 residents

(e) includes 2 "Board and Care" settings with 4 residents

(f) includes 36 "OMRDD Licensed Facilities" with 243 residents

(g) includes 176 "Boarding Homes" with 320 residents

**Table 2.7 Number of Family Foster Care Settings and Persons with Mental Retardation
Related Conditions Living in Them on June 30, 1993 by State**

	Number of Residential Settings			Number of Residents		
	1-6	7-15	Total	1-6	7-15	Total
AL	26*	1*	27*	65*	8*	73*
AK	48	0	48	53	0	53
AZ	415e	0	415e	837e	0	837e
AR	DNF	0	DNF	314	0	314
CA	1,592	0	1,592	5,910	0	5,910
CO	304e	0	304e	428e	0	428e
CT	341	0	341	556	0	556
DE	158	0	158	158	0	158
DC	51	0	51	85	0	85
FL	120	0	120	161	0	161
GA	210*	0*	210*	351*	0*	351*
HI	672	0	672	681	0	681
ID	224	0	224	242	0	242
IL	DNF	0	DNF	204	0	204
IN	380	0	380	427	0	427
IA	62	0	62	89	0	89
KS	DNF	DNF	DNF	DNF	DNF	DNF
KY	DNF	0	DNF	183	0	183
LA	91	0	91	150	0	150
ME	DNF	DNF	DNF	DNF	DNF	DNF
MD	157	0	157	234	0	234
MA	DNF	DNF	DNF	DNF	DNF	DNF
MI	531e	0	531e	1,594	0	1,594
MN	870e	0	870e	1,050e	0	1,050e
MS	0	0	0	0	0	0
MO	105	0	105	225	0	225
MT	200e	0	200e	200e	0	200e
NE	DNF	DNF	DNF	DNF	DNF	DNF
NV	40	0	40	86	0	86
NH	363	0	363	496	0	496
NJ	727	0	727	1,353	0	1,353
NM	20	0	20	30	0	30
NY	2,570	5	2,575	4,106	35	4,141
NC	98	0	98	113	0	113
ND	35e	0	35e	35e	0	35e
OH	242	2	244	413	16	429
OK	149	0	149	152	0	152
OR	223	0	223e	586	0	586
PA	498	0	498	536	0	536
RI	54	3	57	59	7	66
SC	100e	0	100e	155	0	155
SD	20	0	20	33	0	33
TN	143e	0	143e	260	0	260
TX	DNF	DNF	DNF	DNF	DNF	DNF
UT	67	0	67	67	0	67
VT	271e	0	271e	361	0	361
VA	DNF	DNF	DNF	DNF	DNF	DNF
WA	616e	0	616e	1,539	0	1,539
WV	244	0	244	251	0	251
WI	680	0	680	1,339	0	1,339
WY	25	0	25	25	0	25
Reported Total	13,742	11	13,753	26,192	66	26,258
Estimated U.S. Total	15,226	13	15,239	29,320	74	29,394

DNF indicates Data Not Furnished

e indicates estimate

* indicates 1992 data

**Table 2.8 Number of Homes Owned or Leased By
Persons with Mental Retardation and Related
Conditions and the Number of People
Living in Them on June 30, 1993 by state**

State	Total Residences	Residents
AL	16*	71*
AK	24	25
AZ	20e	81e
AR	DNF	426
CA	2,966	5,932
CO	724e	782e
CT	349	349
DE	4	10
DC	0	0
FL	DNF	805
GA	326*	433*
HI	65	81
ID	56e	56e
IL	DNF	1,472
IN	752	971
IA	1,211	1,211
KS	DNF	689*
KY	DNF	DNF
LA	DNF	DNF
ME	DNF	DNF
MD	DNF	136
MA	DNF	DNF
MI	365e	730
MN	550e	550e
MS	56	80
MO	472e	1,181
MT	117e	294e
NE	DNF	DNF
NV	175	175
NH	214	222
NJ	DNF	291
NM	135	388
NY	336	504
NC	48	221
ND	432	832
OH	DNF	1,218
OK	359	529
OR	277e	554
PA	1,088	1,476
RI	94*	184*
SC	340e	682
SD	321e	321
TN	108e	222
TX	DNF	DNF
UT	318e	318e
VT	119e	155e
VA	DNF	DNF
WA	872e	2,181
WV	48e	72e
WI	1,650	3,299
WY	17	17
Total Reported	15,024	29,537
Estimated U.S.	18,402	33,893

DNF indicates Data Not Furnished

e indicates estimate

* indicates 1992 data

PART 3: CHANGING PATTERNS IN RESIDENTIAL SERVICE SYSTEMS: 1977-1993

Changing Patterns in Residential Settings

Table 2.9 presents summary statistics on the number of residential settings in which services by state agencies or by nonstate agencies licensed by the state were provided to persons with mental retardation and related conditions on June 30th of 1977, 1982, 1987, 1989, 1991, and 1993. Totals are reported by type of operator (state or nonstate) and size of residential setting (small, 15 or fewer residents; large, 16 or more residents).

Between 1977 and 1993 the total number of residential settings in which services to persons with mental retardation and related conditions were provided increased from 11,008 to 60,455 (449%). All of this growth occurred in small settings with 15 or fewer residents. Of the 49,654 small residential settings added between 1977 and 1993, 48,419 (97.5%) were nonstate operated.

The total number of large residential settings decreased by over 200 during the period, with the number of large nonstate facilities declining by 162 (-11.7%). The net increase in all large and small nonstate residential settings (48,247) accounted for 97.6% of the overall increase in state and nonstate settings. There was a decrease of 45 large state residential settings (-13.8%), but there was an increase of 1,235 small state residential settings during the same period (894.9%).

The highest annual growth in number of small nonstate residential settings occurred between 1991 and 1993, averaging 6,727 additional settings per year. During the period 1981 to 1991 small state facilities grew at an average rate of 140.5 settings per year. Between 1991 and 1993 that rate of increase dropped to 99 new small state facilities per year.

In terms of residential settings alone, between 1977 and 1993 there was considerable stability in the proportions of residential settings served by state and nonstate agencies. Between 1977 and 1993 the nonstate share of all small residential facilities decreased slightly from 98.5% to 97.7% while during the same period the nonstate share of all large residential facilities increased slightly from 80.8% to 81.2%. On June 30, 1977, 98.5% of all large and small residential facilities were nonstate operated; on June 30, 1993, 97.2% were nonstate

operated. So, while the total number of all residential facilities for persons with mental retardation and related conditions increased by over 400% between 1977 and 1993, large nonstate and state residential settings for persons with mental retardation and related conditions declined in number (-11.7% for nonstate settings; -13.8% for state settings; -12.1% for all settings). The total number of small nonstate and state operated residential settings increased dramatically (528% for nonstate settings; 895% for state settings; 534% for all settings). During the most recent two year period reported, 1991-1993, these trends continued.

Changes in Number of Residential Service Recipients

Table 2.10 presents summary statistics on the number of residents with mental retardation and related conditions in residential settings served by state or nonstate agencies on June 30th of 1977, 1982, 1987, 1989, 1991 and 1993. Totals are reported by type of operator (state or nonstate) and size of residential setting (small, 1-15 residents; large, 16 or more residents).

Between 1977 and 1993 the total number of residents of state and nonstate settings in which residential services were provided to persons with mental retardation and related conditions increased from 247,780 to 308,894, an increase of 61,204 (24.7%) residents over the 16 year period. All of this growth occurred in small settings with 15 or fewer residents. Of the 153,747 increase in population of small residential settings between 1977 and 1993, 144,544 (94.3%) occurred in nonstate settings. The number of residents of large nonstate residential settings decreased by 7,241 (-13.7%) from 1977 to 1993, but there was a net increase in residents of all nonstate residential settings (137,303) as small nonstate settings residents increased by 144,544. There was, of course, dramatic decreases in the number of people receiving residential services directly from state agencies. There was large decrease of 84,878 (-55%) in the population of large state residential settings and a much smaller increase of 8,779 residents of small state residential settings.

The largest average annual increase in total population of small nonstate residential settings occurred between 1991 and 1993, averaging 15,282 additional residents per year. The population of small state residential settings showed the greatest average annual increase during the period 1989 to 1991, averaging 1,526 additional residents per year.

The total population of large nonstate residential settings decreased from 52,718 to 45,477 between 1977 and 1993 (13.7%). Over the period, the population of large nonstate residential settings varied considerably, increasing from 4,678 from 1977 to 1982, followed by an decrease of 15,315 from 1982 to 1987. Between 1987 and 1991 there was an increase of 5,920 large nonstate residential facility residents as the OBRA 1987 nursing home legislation (described in Chapter 3) caused many large private settings once operated outside the MR/DD system as nursing homes to be converted to ICFs-MR within the MR/DD system. Between 1991 and 1993 the decrease of large nonstate facility residents was again evident with 2,524 fewer residents in 1993 than in 1991. Between 1977 and 1993 the nonstate share of the total population of all large residential facilities increased from 25.4% to 39.5%.

In summary, while the total population of all residential facilities for persons with mental retardation and related conditions increased by almost 25% between 1977 and 1993, the number of residents of large nonstate and large state residential settings declined significantly (-13.7% in nonstate settings; -55% in state settings; -44.4% in all settings). The total population of small state and nonstate residential settings increased dramatically (368% in nonstate settings; 753% in state settings; 379% in all settings). During the most recent 2 year period reported, 1991-1993, these trends continued.

Figure 2.5 depicts graphically the residential service trends from 1977 to 1993 summarized in Table 2.6, with one change. In Figure 2.5 the categories of residents of small state residential settings and small nonstate residential settings are divided into two new categories, all residential settings with 1-6 residents and all residential settings with 7-15 residents. This breakdown shows that the rapid growth from June 30, 1977 to June 30, 1993 in the number of people living in small residential settings came primarily from growth in number of persons in residential settings with 1-6 residents. This breakdown also clearly shows the significant decrease in the total population of large state residential facilities.

Selected Data Points for Figure 2.5: Persons with Mental Retardation and Related Conditions in State and Nonstate Residential Settings on June 30, of 1977, 1982, 1987, 1989, 1991, and 1993.

Year	State	Nonstate	All	All
	16+ Residents	16+ Residents	1-6 Residents	7-15 Residents
1977	154,638	52,718	20,409	20,026
1982	122,750	57,396	33,188	30,515
1987	95,022	42,081	66,933	51,637
1989	87,071	45,548	88,480	51,664
1991	79,407	48,001	110,111	51,838
1993	69,760	45,477	137,213	56,534

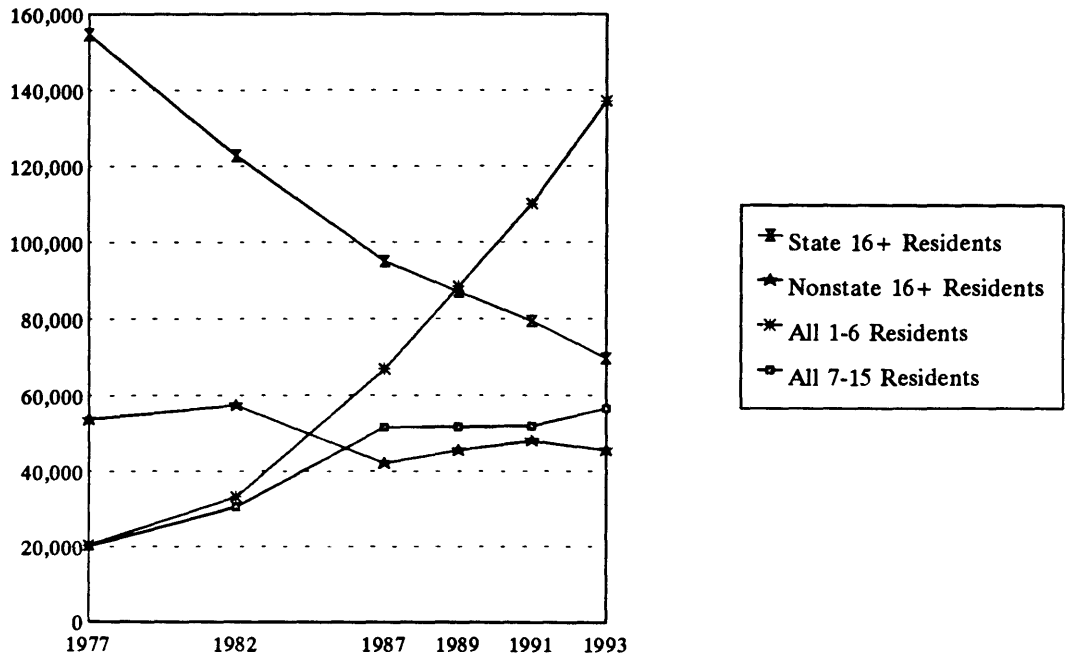
Table 2.9
State and Nonstate Residential Settings for Persons with Mental
Retardation and Related Conditions on June 30 of 1977, 1982, 1987, 1989, 1991 and 1993

Year	Residential Settings								
	Nonstate			State			Total		
	1-15	16+	Total	1-15	16+	Total	1-15	16+	Total
1977	9,165	1,378	10,543	138	327	465	9,303	1,705	11,008
1982	13,254	1,370	14,675	608	349	857	13,862	1,770	15,632
1987	31,188	1,370	32,558	632	287	919	31,820	1,657	33,477
1989	37,709	948	38,657	894	288	1,182	38,603	1,236	39,839
1991	44,129	1,180	45,309	1,175	302	1,477	45,304	1,482	46,786
1993	57,584	1,216	58,790	1,373	282	1,655	58,957	1,498	60,455

Table 2.10
Persons with Mental Retardation and Related Conditions Receiving State
and Nonstate Residential Services on June 30 of 1977, 1982, 1987, 1989, 1991 and 1993

Year	Residents of Nonstate Settings			Residents of State Settings			Residents of All Settings		
	1-15	16+	TOTAL	1-15	16+	TOTAL	1-15	16+	TOTAL
1977	39,258	52,718	91,976	1,166	154,638	155,804	40,424	207,356	247,780
1982	61,145	57,396	118,541	2,558	122,750	125,308	63,703	180,146	243,849
1987	113,854	42,081	155,935	4,716	95,022	99,738	118,570	137,103	255,673
1989	134,475	45,548	180,023	5,669	87,071	92,740	140,144	132,619	272,763
1991	153,237	48,001	201,238	8,725	79,407	88,132	161,962	127,408	289,370
1993	183,802	45,477	229,279	9,945	69,760	79,705	193,747	115,237	308,984

Figure 2.5
Persons with Mental Retardation and Related Conditions in State and Nonstate Residential Settings on June 30 of 1977, 1982, 1987, 1989, 1991, and 1993



CHAPTER 3

Medicaid ICF-MR and Related Medicaid Programs

PART 1: BACKGROUND OF ICF-MR AND RELATED MEDICAID PROGRAMS¹

The following discussion is intended to provide a brief overview of the development of Medicaid programs for persons with mental retardation and related conditions.

Federal Involvement Prior to ICFs-MR

In 1965, Medicaid was enacted as Medical Assistance, Title XIX of the Social Security Act. It contained the structural characteristics of the Kerr-Mills Act, but extended medical assistance to people in the categories of blind, disabled, and dependent children and their families as well as to elderly people. Although at least some persons with mental retardation and related conditions were thus included for Medical Assistance, Title XIX also carried forward the exclusions of otherwise eligible persons in public institutions (except "medical institutions") and in any institution for mental diseases. An exception was that states could claim Federal Financial Participation (FFP) for residents 65 years and older in psychiatric institutions which met established standards. Importantly, although persons in public mental retardation institutions were still excluded from coverage, otherwise eligible adult residents of private nursing homes, including facilities serving people with mental retardation and related conditions, became qualified for Medicaid participation if the homes met established standards.

Thus, Title XIX in its early form brought a number of incentives that were not necessarily beneficial to persons with mental retardation and related conditions in long-term care settings. First, states were stimulated to concentrate the funds they had available for improving public institutions on their mental hospitals, virtually all of which had substantial numbers of residents 65 years or older. Indeed, on June 30, 1964 public mental institutions held 144,000 residents age 65 years or older, or, in comparison, about three-quarters as many people

as were in large state MR/DD facilities (Lakin, 1979; National Institute on Mental Health, 1975). In return for efforts to bring their mental hospitals into compliance with Title XIX standards, states were rewarded with federal contributions of at least half the costs of caring for residents who were elderly. Second, states had an incentive to convert their public institutions into "medical institutions," that is, Skilled Nursing Facilities (SNFs). Once done the residents were then eligible for inpatient coverage under Title XIX. Eleven states actually did so between 1966 and 1969. But SNF standards generally required more medical services than most residents needed or, for that matter, actually received, and did so virtually to the exclusion of developmental programming. Finally, because FFP was available for residents with mental retardation and related conditions in private facilities meeting either SNF or "intermediate care" (ICF) nursing home standards, it was relatively easy and financially beneficial for states to transfer people with mental retardation and related conditions to private nursing homes. The effects of this policy are still felt today as nursing homes remain a major residential alternative, with over 38,000 residents with a primary diagnosis of mental retardation and related conditions still in Medicaid nursing homes nationwide. By 1970 the effects of these policies were increasingly viewed as detrimental to providing the kinds of residential care then considered most appropriate.

Establishment of the ICF-MR Program

It was only shortly after the introduction of federal reimbursement for skilled nursing care that the U.S. Senate noted rapid growth in the numbers of people who were becoming patients in Skilled Nursing Facilities. It was further documented that many of these individuals were receiving far more medical care than they actually needed, at a greater cost than was needed, largely because of

¹Adapted and updated from E. Boggs, K.C. Lakin, and S. Clauser (1985).

the incentives of placing people in facilities for which half or more of the costs were reimbursed through the federal Title XIX program. Therefore, in 1967, a less medically oriented and less expensive "Intermediate Care Facility" (ICF) program for elderly and disabled adults was authorized under Title XI of the Social Security Act. Although ICF standards still primarily addressed medical and personal care needs, they required less intensive medical services than did the SNF standards. In 1971 the SNF and ICF programs were combined under Title XIX. Within the legislation combining the two programs was a little noticed, scarcely debated amendment that for the first time authorized FFP for "intermediate care" provided in facilities specifically for people with mental retardation. The authorization of Intermediate Care Facilities for the Mentally Retarded (ICF-MR) was the culmination of considerable lobbying on the part of the National Association for Retarded Citizens (now the Arc) and a number of directors of state mental health or related agencies.

Three primary outcomes of the ICF-MR legislation appear to have been intended by Congress. First, the ICF-MR program was clearly intended to provide substantial federal stimulation through the availability of FFP for upgrading the physical environment and the quality of care and habilitation being provided in public MR/DD institutions. Second, it is probably fair to say that there was intent to neutralize the previously existing incentives for states to place persons with mental retardation and related conditions in nonstate nursing homes or certify their state institutions as SNFs in order to gain FFP. A third and related intention was to provide FFP for care and habilitation specifically designed to meet the specialized needs of persons with mental retardation and related conditions for "active treatment" and "health or rehabilitative services" rather than focusing exclusively upon medical care. A fourth desired outcome, not as readily apparent as the first three and more doubtfully achieved, was that federal funding would only support, not supplant, the existing levels of state funding for residential services to result in improved conditions. (The requirement of state maintenance of effort actually expired in 1975.) Clearly, too, an outcome desired by many proponents of the new ICF-MR program, some of whom were in Congress, was to find a way for the federal

government to assist states to meet the rapidly increasing costs of state institution care. States were experiencing average real dollar increases of 14% per year in the five years prior to the passage of the ICF-MR legislation, a real dollar growth rate even greater than that experienced since the ICF-MR legislation was enacted (Greenberg, Lakin, Hill, Bruininks, & Hauber, 1985).

The ICF-MR program was initiated in a period of rapid change in residential care for persons with mental retardation and related conditions. For example, by Fiscal Year 1973 the population of state institutions had decreased to 173,775 from a high of 194,650 in Fiscal Year 1967 (Lakin, 1979). Public and professional perceptions about the appropriateness of large institutional care were clearly changing. Nevertheless, states overwhelmingly opted to participate in the ICF-MR program. Two notable outcomes were that 1) nearly every state took steps to secure federal participation in paying for state institution services, and 2) in order to maintain federal participation, most states were compelled to invest substantial amounts of state dollars in bringing institutions into conformity with ICF-MR standards. As evidence of these outcomes 40 states had at least one ICF-MR certified state institution by June 30, 1977. Nearly a billion state dollars were invested in institutional improvement efforts in Fiscal Years 1978-1980 alone, with a substantial majority of those dollars being invested in improvements directly related to meeting ICF-MR standards (Gettings & Mitchell, 1980).

In the context of growing support for community based residential services, such statistics were used by a growing number of critics to charge that the ICF-MR program 1) had created direct incentives for maintaining people with mental retardation and related conditions in state institutions by providing federal payment of from 50% to 80% of the costs of care in those facilities; 2) had diverted funds that could otherwise have been spent on more integrated, community based programs into extremely costly institution renovations solely to obtain FFP; and 3) had promoted numerous inefficiencies (and often enhanced dependency) by promoting a single uniform standard for care and oversight of ICF-MR residents irrespective of the nature and degree of the residents' disabilities and/or their relative capacity for independence. These criticisms, and the growing desire to increase residential

opportunities in community settings, along with the continued desire of states to avail themselves of the favorable federal cost-share for ICF-MR care, helped stimulate the development of small ICF-MR facilities and the eventual clarification by the Health Care Financing Administration (HCFA) of how the ICF-MR level of care could be delivered in relatively small (4-15 person) group homes.

Small Community ICF-MR Group Homes

Expansion of the use of the ICF-MR program beyond public institutions was a major development. Private residential facilities were not an issue at the time of original enactment, probably because: 1) most of the total capacity of private facilities was already technically covered under the 1967 amendments to the Social Security Act authorizing private ICF programs, and 2) in 1971 state facilities were by far the predominant model of residential care. Indeed, the 1969 Master Facility Inventory indicated a total population in nonstate mental retardation facilities of about 25,000, compared with a large state MR/DD facility population of 190,000 (Lakin, Bruininks, Doth, Hill, & Hauber, 1982).

Significantly, although Congressional debate had focused on public institutions, the statute did not specifically limit ICF-MR coverage, standards, or reimbursement to publicly operated facilities. The definition of "institution" which served as the basis for participation in the ICF-MR program is the one that also covered the general ICF institution. This definition included facilities serving "four or more people in single or multiple units" (45 CFR Sec. 448.60 (6) (1)). Although it cannot be determined whether Congress, in authorizing a "four or more bed" facility, purposely intended the ICF-MR benefit to be available in small facilities, it does seem reasonable to suppose, in the absence of specific limitations, that Congress was more interested in improving the general quality of residential care than it was in targeting specific types of facilities. Regulations governing ICF-MR certification, published in January 1974, also supported the option of developing relatively small facilities. These regulations delineated two categories of ICFs-MR, those housing 16 or more and those housing 15 or fewer residents. Further, the regulations contained several specifications that

allowed greater flexibility in meeting the standards for small facilities.

Despite the regulatory provisions which recognized and to some extent facilitated the development of small ICFs-MR, the numbers of such facilities actually developed varied enormously among states. Furthermore, while states in some DHHS regions (e.g., Region V) had developed hundreds of small ICF-MR certified facilities, other regions (e.g., II and X) had none. The variations among states and regions reflected what some states and national organizations considered a failure of HCFA to delineate clear and consistent policy guidelines for certifying small facilities for ICF-MR participation and/or reluctance on the part of some regional HCFA agencies to promote the option for states to do so. Such criticisms were seen as evidence of a lack of commitment within HCFA to support the expressed federal goal of deinstitutionalization.

In response to continued complaints from the states that there was a need to clarify policy regarding the certification of small ICFs-MR, in 1981 HCFA issued "Interpretive Guidelines" for certifying small facilities. These guidelines did not change the existing standards for the ICF-MR program. Their purpose was simply to clarify how the existing standards for ICF-MR certification could be applied to programs delivering the ICF-MR level of care in facilities with 4 to 15 residents. Even though the guidelines did not substantially affect the options available to states under the ICF-MR program, they were viewed as important in demonstrating the degree of flexibility available in providing the ICF-MR level of care. It is also clearly the case that publication of the guidelines was followed by substantially greater numbers of states exercising the option to develop small ICFs-MR. Ironically, these guidelines were published in the same year (1981) that Congress enacted legislation that would give even greater programmatic flexibility to states in their use of Medicaid funding, the Medicaid Home and Community Based Services waiver authority (Section 2176 of P.L. 97-35).

1988 ICF-MR Regulations

In June 1988, the Health Care Financing Administration (HCFA) published revised regulations to govern the ICF-MR program, effective in October 1988. These regulations

included a number of significant changes in the conditions for participation in the ICF-MR program. While the changes were too numerous to outline in detail here, the increased flexibility in ways by which facilities could meet the various service requirements of the 1971 legislation is noteworthy. At the same time, considerably increased attention was given in the new regulations to the conditions for "active treatment" and "client behavior and facility practices." In the revised standards it was clear that ICFs-MR were expected to pursue aggressive, planful and monitored programs of treatment. It was also clear that HCFA considers persons not in need of "active treatment" to be persons who, "by definition," are not appropriately placed in ICFs-MR.

Medicaid Home and Community Based Services (HCBS)

Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35), passed on August 13, 1981, established the option for states to provide Medicaid Home and Community Based Services (HCBS) to persons with mental retardation and related conditions. Under this section, the Secretary of Health and Human Services was granted the authority to waive certain existing Medicaid requirements and allow states to finance certain "non-institutional" services for Medicaid-eligible individuals, hence the frequent reference to this option as the Medicaid "waiver" program. The HCBS program was designed to provide home and community based services for people who are aged, blind, disabled, or mentally retarded or who have a related condition and who, in the absence of alternative services, would remain in or would be placed in a Medicaid facility (i.e., a Nursing Facility or an Intermediate Care Facility for the Mentally Retarded). The program operated under interim rules from October 1981 until March 1985, when the final regulations were published. Since 1985 a number of new regulations have been added, although none have changed the fundamental nature of the program.

Non-institutional services that can be provided under the waiver include case management, personal care services, adult day health services, habilitation services, respite care, or any other service that a state can show will lead to decreased costs for Medicaid funded long-term care.

Although not allowed to use HCBS reimbursements to pay for room and board, virtually all states offering HCBS to persons with mental retardation and related conditions do provide residential facility based services under the categories of personal care, habilitation, and homemaker services, while in most instances using cash assistance from other Social Security Act programs to fund the room and board portion of the residential program. Given both its flexibility and its potential for promoting the goal of community based care and habilitation, the HCBS program has generally been recognized as a significant resource to assist states in the provision of community based services as an alternative to institutional care.

The overriding fiscal principle in providing HCBS is that a state must explain in its waiver application how, if it uses the waiver to provide non-institutional, community based services, the total amount of state Medicaid expenditures will not exceed total expenditures in the absence of HCBS. States have used two main arguments in justifying these assurances: 1) that existing ICF-MR capacity can be "closed" (people would be deinstitutionalized and not replaced) as a result of HCBS; and/or 2) that new ICF-MR capacity that otherwise would have been opened will not be opened (people will be diverted from institutional care) as a result of the HCBS provided. However, recently the requirement by HCFA that states demonstrate reductions in projected ICF-MR capacity roughly equal to new HCBS development has been considerably relaxed. Program participation grew from 16 states on January 1, 1983 to 38 by January, 1985 to 48 by June 30, 1993.

Community Supported Living Arrangements Programs

Although Medicaid HCBS programs now exist in all states to provide services to persons who would otherwise be at risk of ICF-MR or nursing home care, states have desired continued expansion of Medicaid community service benefits. Of particular interest has been increasing the number of people who can be served in the community with Medicaid funding beyond the total number of authorized HCBS recipients which has been directly linked to projected ICF-MR utilization in the absence of HCBS. States have also had an interest in being able to serve persons

who would not necessarily be ICF-MR eligible, especially with respect to their need for "active treatment."

In 1990 Congress enacted Section 1930 to the Social Security Act to allow up to eight states to provide Community Supported Living Arrangements (CSLA) to Medicaid-eligible persons with mental retardation and related conditions. Separate from, but in many ways similar to, the Medicaid HCBS program, CSLA provides greater flexibility in service provision, permits specific targeting of services to eligible groups and geographic areas within a state, does not require demonstration of ICF-MR or nursing home level-of-care need for eligibility and allows each state to develop its own quality assurance plan within defined federal standards. Total cost of the CSLA program is capped on an annual basis in each of the program's first five years and at a five year total of 100 million dollars.

CSLA programs vary among the eight states selected to provide CSLA (CA, CO, FL, IL, MD, MI, RI, WI) in target populations, numbers of recipients, services, cost per recipient, and other aspects. They have in common the goal of enhancing quality of services by integrating a number of programmatic elements long argued by consumers, advocates, providers, and other professionals to be essential. Although early program development proceeded more slowly than was initially projected, by September 1993 an estimated total of 1,988 persons with developmental disabilities in the eight participating states were receiving CSLA services. CLSA statistics are not included in this report.

Nursing Home Restrictions

Almost from the inception of Medicaid long-term care benefits concern was expressed about the reimbursement incentives created for states to place persons with mental retardation and related conditions in nursing facilities (National Association for Retarded Citizens, 1975). There was a sense among the advocacy community that many more people with mental retardation and related conditions were living in nursing homes than could be thought to be appropriately served in them. In time supportive documentation became available. The largest such study was conducted in 1985 and included 2,700 nursing home residents with mental retardation and related conditions (Davis, Silverstein, Uehara, & Sadden, 1987). The authors concluded that only 10% clearly needed the kinds of services that warranted nursing home placement. In 1987 Congress responded to these and other criticisms of nursing home care in the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203). Provisions of this legislation restricted criteria for admissions to Medicaid reimbursed nursing facilities, so that only those persons requiring the medical/nursing services offered could be admitted. Current residents not in need of nursing services were required to be moved to "more appropriate" residential facilities, with the exception of individuals living in a specific nursing home for more than 30 months should they choose to stay. In either case nursing facilities were required to assure that each person's needs for active treatment are met.

PART 2: UTILIZATION OF ICFs-MR AND RELATED MEDICAID PROGRAMS

This section of the report provides statistics on the utilization of the three primary Medicaid long-term care programs for persons with mental retardation and related conditions: Intermediate Care Facilities for (persons with) Mental Retardation (ICF-MR), Home and Community-Based Services (HCBS), and Skilled Nursing Facility (SNF). These statistics are reported on a state by state basis because of the substantial variability among states in program utilization.

ICF-MR Program Utilization, June 30, 1992

Number of facilities. Table 3.1 presents state-by-state statistics on the number of ICFs-MR in the United States by size and state/nonstate operation on June 30, 1993. The total of 7,611 total ICFs-MR may be compared with 574 ICFs-MR reported on June 30, 1977; the 1,889 on June 30, 1982; and the 3,913 on June 30, 1987 to examine the continuing rise in the total number of ICFs-MR nationally. This increase in total ICFs-MR between 1987 and 1993 was significant, not only in amount (3,698) and percent (195%) of increase, but also because the average annual increase of 334 facilities in the preceding ten-year period.

Almost four-fifths (79.5%) of the 7,611 ICFs-MR on June 30, 1993 were in the 15 states with 100 or more ICFs-MR each. Of these, slightly more than one-half (50.1%) were concentrated in four states (California, Indiana, New York, and

Texas) with more than 500 ICFs-MR each. Almost one-fourth (24.8%) were in New York alone, which was operating almost 1,900 ICFs-MR on June 30, 1993. In contrast, twelve states had fewer than 10 ICFs-MR and their combined total of 63 was less than 1% of all ICFs-MR.

The vast majority of all ICFs-MR (87.1%) on June 30, 1993 were small (15 or fewer residents), of which more than one-half (50.8%) had six or fewer residents. Most (86.8%) of all ICFs-MR with six or fewer residents were in nine states (California, Indiana, Louisiana, Michigan, Minnesota, New York, North Carolina, Pennsylvania, and Texas). Nineteen states reported no ICFs-MR with six or fewer residents and seven states (Delaware, Georgia, Kentucky, Maryland, New Jersey, Oregon, and Wyoming) reported no small ICFs-MR of any size.

All states reported having one or more large ICF-MR on June 30, 1993 (although Vermont has since closed its only large ICF-MR). Twenty states reported having five or fewer ICFs-MR. Almost two-fifths (39%) of all large ICFs-MR located in three states (Illinois, New York, Ohio) and more than three-fourths (76.2%) in the ten states with 24 or more large ICFs-MR each. Large ICFs-MR were also predominately (73%) nonstate operated. Most (97.6%) ICFs-MR with six or fewer residents were nonstate operated, as were most ICFs-MR of 7 to 15 residents. Of the total 7,611 ICFs-MR reported on June 30, 1993, 6,604 (86.8%) were nonstate operated.

Table 3.1 ICF-MR Certified Facilities on June 30, 1993 by State and Size

State	State-Operated Facilities					Nonstate-Operated Facilities					All Facilities				
	1-6	7-15	16-30	31-50	Total	1-6	7-15	16-30	31-50	Total	1-6	7-15	16-30	31-50	Total
AL	0	0	0	5	5	0*	3*	3*	0*	3*	0	3*	3*	5	8
AK	0	0	0	1	1	2*	3*	5*	0*	5	2*	3*	5*	1	6*
AZ	0	10	10	7	17	0	0	0	1	1	0	10	10	8	18
AR	0	0	0	6	6	0	30	30	4	34	0	30	30	10	40
CA	0	0	0	7	7	566e	54e	620e	26e	646e	566e	54e	620e	33e	653e
CO	0	36	36	2	38	0	0	0	4	4	0	36	36	6	42
CT	6	30	36	10	46	61	6	67	0	67	67	36	103	10	113
DE	0	0	0	1	1	0	0	0	1	1	0	0	0	2	2
DC	3*	0	3*	1*	4*	74	41	115	0	115	77	41	118	1*	119
FL	0	0	0	18	18	13e	0	13e	51	64	13e	0	13e	69	82
GA	0	0	0	8	8	0*	0*	0*	1*	1*	0	0	0	9	9
HI	0	0	0	2	2	10	1	11	0	11	10	1	11	2	13
ID	0*	0*	0*	1*	1*	6	35	41	1	42	6	35	41	2	43
IL	0	0	0	12	12	20	54	74	200	274	20	54	74	212	286
IN	0	0	0	11	11	179	344	523	13	536	179	344	523	24	547
IA	0	0	0	2	2	0	22	22	22	44	0	22	22	24	46
KS	0	0	0	3	3	12	24	36	11	47	12	24	36	14	50
KY	0	0	0	2	2	0	0	0	5	5	0	0	0	7	7
LA	11	0	11	9	20	358	4	362	9	371	369	4	373	18	391
ME	0*	2*	2	2*	4*	25*	4*	29*	5*	34*	25*	6*	31*	7*	38*
MD	0	0	0	5	5	0	0	0	0	0	0	0	0	5	5
MA	0**	29**	29**	8*	37**	44	55	99	0	99	44	84	128	8*	136
MI	0	0	0	3	3	474	0	474	0	474	474	0	474	3	477
MN	15	0	15	7	22	144	140	284	42	326	159	140	299	49	348
MS	0	11	11	5	16	0	0	0	5	5	0	11	11	10	21
MO	0	0	0	6	6	4	15	19	2	21	4	15	19	8	27
MT	0	0	0	2	2	0	1	1	0	1	0	1	1	2	3
NE	0	0	0	1	1	0	1	1	2	3	0	1	1	3	4
NV	4	0	4	2	6	4	1	5	0	5	8	1	9	2	11
NH	1	0	1	0	1	1	4	5	1	6	2	4	6	1	7
NJ	0	0	0	8	8	0	0	0	3	3	0	0	0	11	11
NM	0	0	0	2	2	3	29	32	1	33	3	29	32	3	35
NY	40	538	578	25	603	195	1,046	1,241	47	1,288	235	1,584	1,819	72	1,891
NC	0	0	0	5	5	224	28	252	9	261	224	28	252	14	266
ND	0	0	0	2	2	26	33	59	0	59	26	33	59	2	61
OH	0	0	0	12	12	24	180	204	90	294	24	180	204	102	306
OK	0	0	0	4	4	0	2	2	28	30	0	2	2	32	34
OR	0	0	0	1	1	0	0	0	1	1	0	0	0	2	2
PA	0	0	0	12	12	122	91	213	27	240	122	91	213	39	252
RI	0	2	2	1	3	56	4	60	2	62	56	6	62	3	65
SC	0	0	0	5	5	2	128	130	5	135	2	128	130	10	140
SD	0	0	0	2	2	0	13	13	0	13	0	13	13	2	15
TN	0	0	0	5	5	8	35	43	4	47	8	35	43	9	52
TX	0	4	4	15	19	595	80	675	29	704	595	84	679	44	723
UT	0	0	0	1	1	0	3	3	10	13	0	3	3	11	14
VT	0	0	0	1	1	8	0	8	0	8	8	0	8	1	9
VA	0	0	0	5	5	5*	29*	34	1*	35	5*	29*	34*	6	40*
WA	0	0	0	5	5	13	6	19	5	24	13	6	19	10	29
WV	0	0	0	1	1	11	45	56	3	59	11	45	56	4	60
WI	0	0	0	3	3	0	5	5	45	50	0	5	5	48	53
WY	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
U.S. total	80	662	742	265	1,007	3,289	2,599	5,888	716	6,604	3,369	3,261	6,630	981	7,611
% of all															
ICFs-MR	1.1%	8.7%	9.7%	3.5%	13.2%	43.2%	34.1%	77.4%	9.4%	86.8%	44.3%	42.8%	87.1%	12.9%	100.0%

e indicates estimates

* indicates 1992 data

** indicates 1991 data

Number of residents. Table 3.2 presents state-by-state statistics on the number of people residing in ICFs-MR of different sizes and state/nonstate operation on June 30, 1993. There were a total of 147,729 ICF-MR residents in June 30, 1993. By far the greatest number were in New York (21,850). California, Illinois, New York, and Texas had over 10,000 ICF-MR residents, while Alaska, New Hampshire, Vermont and Wyoming each had fewer than 100.

Nonstate ICF-MR Utilization

Throughout the period from 1977 to 1993 there was a steady and substantial shift toward nonstate operation of ICFs-MR, although significantly less than the shift toward nonstate residential services generally. In 1977 the 13,312 nonstate ICF-MR residents made up only 12.5% of all ICF-MR residents. By 1982, 32,044 nonstate ICF-MR residents made up 22.8% of all ICF-MR residents. By 1987, the 53,052 nonstate ICF-MR residents were 36.8% of all ICF-MR residents. On June 30, 1993, a slight majority (74,256 or 50.2%) of all ICF-MR residents were in nonstate ICFs-MR.

Large nonstate ICFs-MR. Since 1977 there has been a strong trend toward greater "privatization" of all residential services, including those provided

in ICFs-MR. This has happened primarily as people with mental retardation and related conditions have moved from large state facilities to relatively small, overwhelmingly nonstate operated residential settings. Most of the growth in the number of residents in large nonstate ICFs-MR took place in the decade between program inception and 1982. There were 23,686 ICF-MR residents on June 30, 1982, 11,728 more than on June 30, 1977. The ICF-MR certification of large nonstate facilities continued at a generally high rate until 1987, when there were 32,398 residents. Since then there has actually been a net decrease in number of large nonstate ICF-MR residents. From June 30, 1977 to June 30, 1982 states were on the average increasing large nonstate ICF-MR facility populations by 2,340 per year; whereas in the six years between 1987 and 1993, the large nonstate ICF-MR population decreased by 286 residents.

It should be noted that the net national increase of 8,427 residents in large nonstate ICFs-MR between 1982 and 1993 was primarily the result of a few states certifying existing large, nonstate mental retardation/ developmental disabilities and nursing facilities as ICFs-MR as described above. The average number of people living in large nonstate ICFs-MR decreased from 76 to 45 residents between 1977 and 1993.

Table 3.2 Persons with Mental Retardation and Related Conditions in ICF-MR Certified Facilities on June 30, 1993 by State and Size

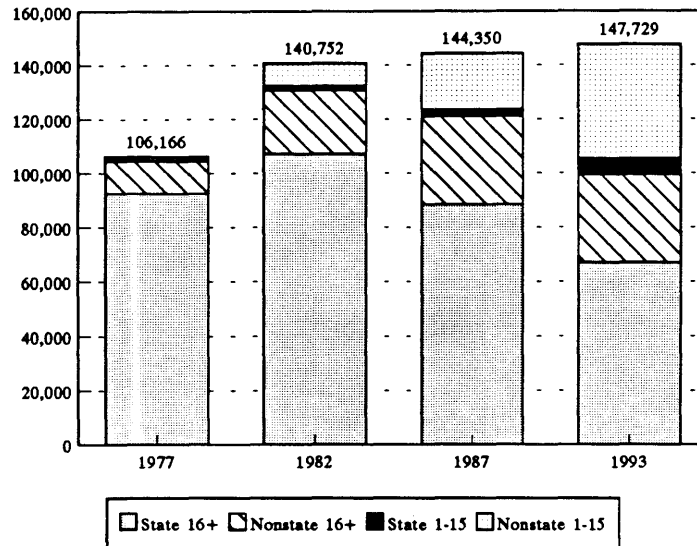
State	Residents in State-Operated ICFs-MR					Residents in Nonstate-Operated ICFs-MR					Residents in All ICFs-MR				
	1-6	7-15	1-15	16+	Total	1-6	7-15	1-15	16+	Total	1-6	7-15	1-15	16+	Total
AL	0	0	0	1,234	1,234	0*	32*	32*	0*	32*	0	32*	32*	1,234	1,266
AK	0	0	0	45	45	0*	30*	40*	0*	40*	10*	30*	40*	45	85
AZ	0	128	128	125	253	0	0	0	45	45	0	128	128	170	298
AR	0	0	0	1,244	1,244	0	291	291	189	480	0	291	291	1,433	1,724
CA	0	0	0	6,336	6,336	2,380e	512e	2,892e	1,797e	4,689e	2,380e	512e	2,892e	8,133	11,025
CO	0	269	269	264	533	0	0	0	204e	204e	0	269	269	468	737
CT	35	231	266	640	906	317	49	366	0	366	352	280	632	640	1,272
DE	0	0	0	324	324	0	0	0	46	46	0	0	0	370	370
DC	12*	0	12*	76*	88*	388	328	716	0	716	400	328	728	76	804
FL	0	0	0	1,233	1,233	68	0	68	1,906	1,974	68	0	68	3,139	3,207
GA	0	0	0	1,823	1,823	0*	0*	0*	110*	110*	0	0	0	1,933	1,933
HI	0	0	0	69	69	41	7	48	0	48	41	7	48	69	117
ID	0	0	0	148	148	28	290	318	28	346	28	290	318	176	494
IL	0	0	0	4,006	4,006	96	718	814	7,340	8,154	96	718	814	11,346	12,160
IN	0	0	0	1,491	1,491	952	2,799	3,751	971	4,722	952	2,799	3,751	2,462	6,213
IA	0	0	0	824	824	0	200	200	866	1,066	0	200	200	1,690	1,890
KS	0	0	0	876	876	72	218	290	671	961	72	218	290	1,547	1,837
KY	0	0	0	620	620	0	0	0	433	433	0	0	0	1,053	1,053
LA	64	0	64	2,286	2,350	1,893e	38e	1,931e	397e	2,328	1,957e	38e	1,995e	2,683	4,678
ME	0**	24**	24**	241*	265*	120**	101**	221**	144**	365**	120**	125**	245**	385**	630**
MD	0	0	0	894	894	0	0	0	0	0	0	0	0	894	894
MA	0*	242*	242*	2,614e*	2,856e*	128	536	664	0	664	128	778	906	2,614**	3,520e*
MI	0	0	0	514	514	2,828	0	2,828	0	2,828	2,828	0	2,828	514	3,342
MN	90	0	90	875	965	830	1,608	2,438	1,669	4,107	920	1,608	2,528	2,544	5,072
MS	0	102	102	1,251	1,353	0	0	0	685	685	0	102	102	1,936*	2,038*
MO	0	0	0	1,492	1,492	24	127	151	66	217	24	127	151	1,558	1,709
MT	0	0	0	157	157	0	8	8	0	8	0	8	8	157	165
NE	0	0	0	460	460	0	8	8	253	261	0	8	8	713	721
NV	24	0	24	146	170	23	15	38	0	38	47	15	62	146	208
NH	6	0	6	0	6	6	39	45	23e	68	12	39	51	23e	74
NJ	0	0	0	3,655	3,655	0	0	0	237	237	0	0	0	3,892	3,892
NM	0	0	0	445	445	15	205	220	16	236	15	205	220	461	681
NY	169	5,058	5,227	3,933	9,160	849	10,379	11,228	1,462	12,690	1,018	15,437	16,455	5,395	21,850
NC	0	0	0	2,438	2,438	1,326	363	1,689	535	2,224	1,326	363	1,689	2,973	4,662
ND	0	0	0	203	203	154	261	415	0	415	154	261	415	203	618
OH	0	0	0	2,243	2,243	140	1,834	1,974	4,005	5,979	140	1,834	1,974	6,248	8,222
OK	0	0	0	719	719	0	27	27	1,669	1,696	0	27	27	2,388	2,415
OR	0	0	0	452	452	0	0	0	16	16	0	0	0	468	468
PA	0	0	0	3,671	3,671	648	570	1,218	1,879	3,097	648	570	1,218	5,550	6,768
RI	0	29	29	88	117	265	32	297	43	340	265	61	326	131	457
SC	0	0	0	2,062	2,062	8	1,050	1,058	112	1,170	8	1,050	1,058	2,174	3,232
SD	0	0	0	352	352	0	152	152	0	152	0	152	152	352	504
TN	0	0	0	1,810	1,810	32	286	318	200	518	32	286	318	2,010	2,328
TX	0	43	43	6,736	6,779	3,564	896	4,460	904	5,364	3,564	939	4,503	7,640	12,143
UT	0	0	0	380	380	0	33e	33e	525	558	0	33	33	905	938
VT	0	0	0	31	31	48	0	48	0	48	48	0	48	31	79
VA	0	0	0	2,413	2,413	24e*	210e*	234e*	22e*	256e*	24e*	210e*	234e*	2,435	2,669
WA	0	0	0	1,341	1,341	76	50	126	183	309	76	50	126	1,524	1,650
WV	0	0	0	109	109	64	360	424	107	531	64	360	424	216	640
WI	0	0	0	1,468	1,468	0	64	64	2,355	2,419	0	64	64	3,823	3,887
WY	0	0	0	90	90	0	0	0	0	0	0	0	0	90	90
U.S. Total	400	6,126	6,526	66,947	73,473	17,417	24,726	42,143	32,113	74,256	17,817	30,852	48,669	99,060	147,729
% of all in ICF-MR	0.3%	4.1%	4.4%	45.3%	49.7%	11.8%	16.7%	28.5%	21.7%	50.3%	12.1%	20.9%	32.9%	67.1%	100.0%

e indicates estimates

* indicates 1992 data

** indicates 1991 data

Figure 3.2
Residents of ICF-MR Certified Facilities by Size and State/Nonstate Operation
on June 30, 1977, 1982, 1987 and 1993



Large and Small Certified Facilities

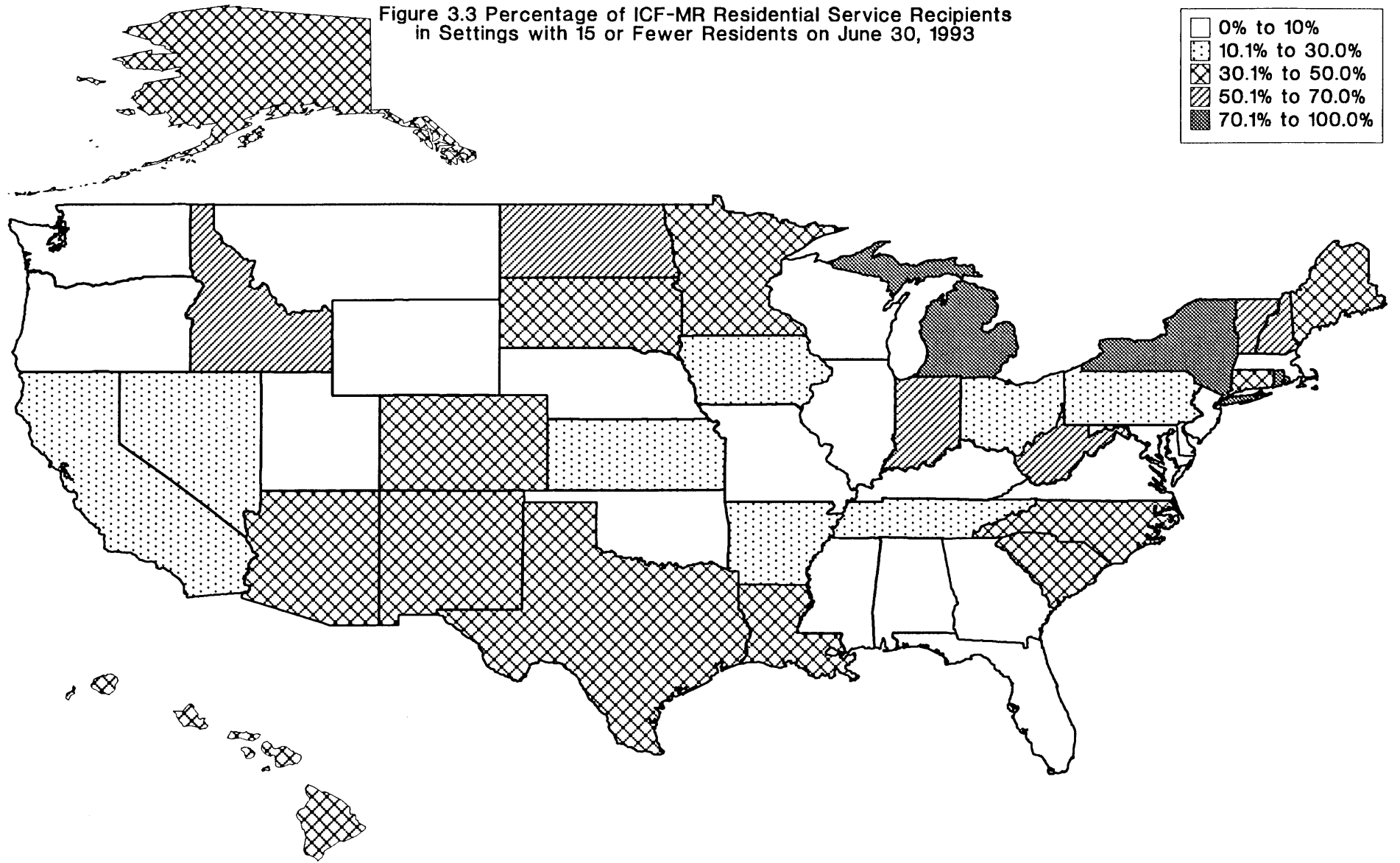
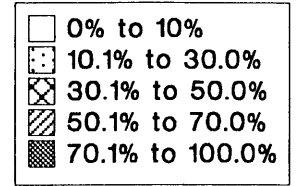
Table 3.3 reports the total number of persons with mental retardation and related conditions a) in large and small ICFs-MR, b) in all large and small residential settings licensed or operated by the various states for persons with mental retardation and related conditions (irrespective of ICF-MR certification), and c) the percentages of all residents of large and small residential settings who were residing in places with ICF-MR certification on June 30, 1993.

A total of 48,669 persons were reported living in small ICFs-MR nationwide on June 30, 1993. These persons made up 32.9% of all ICF-MR residents on that day. However, states varied greatly in their particular use of large and small ICFs-MR. Use of small ICFs-MR on June 30, 1993 was dominated by six states (California, Indiana, Michigan, Minnesota, New York, and Texas), each having 2,500 or more residents in small ICFs-MR, and together serving 67.7% of all small ICF-MR residents. Ten states had at least 50% of their total ICF-MR population in small facilities, while eight other states participating in the ICF-MR program had no residents in small ICFs-MR.

Figure 3.3 shows these variations on a state-by-state basis.

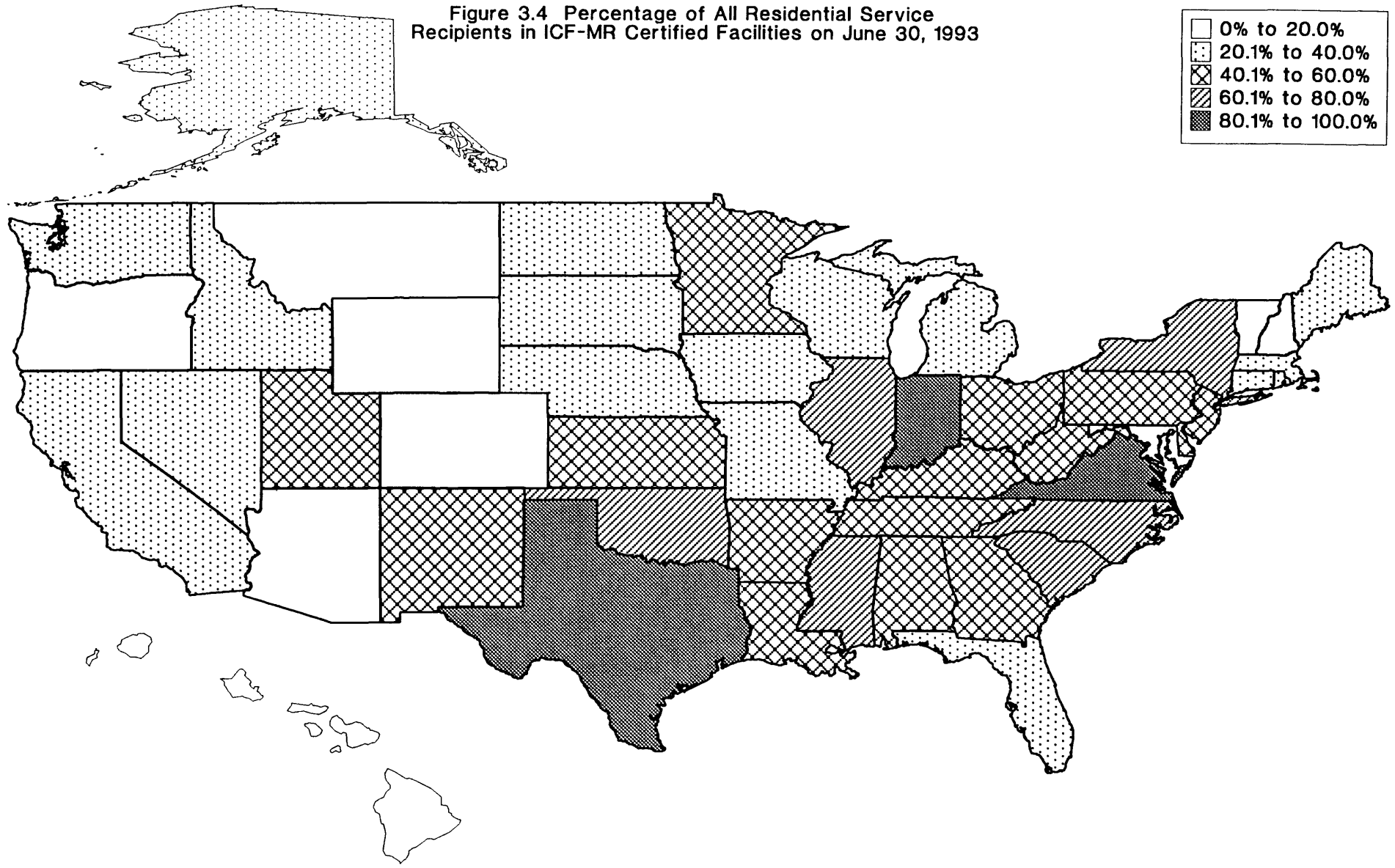
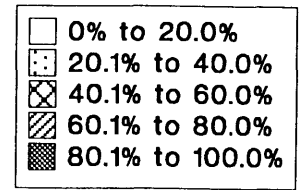
The "Total Residents" columns of Table 3.3 present statistics on combined ICF-MR and non-ICF-MR (state and nonstate) residential services in the various states. It shows that nationally on June 30, 1992, 62.7% of persons in all state and nonstate MR/DD residential programs were in residential settings with 15 or fewer residents. The "Percentage in ICF-MR" indicates the percentage of all MR/DD residential service recipients, by size of residential facility, who were living in facilities with ICF-MR certification. It shows that 47.8% of all MR/DD residential service recipients nationally were in ICFs-MR, but that only 25.1% of all people living in residential settings with 15 or fewer residents were living in ICFs-MR. In contrast, 86.0% of residents of large residential facilities lived in ICF-MR certified units. Figure 3.4 shows variations in utilization of ICF-MR services on a state-by-state basis. A total of ten states reported more than 60% of their total residents in ICF-MR certified settings on June 30, 1993. Nine states reported less than 20% of their residents in ICF-MR certified settings.

Figure 3.3 Percentage of ICF-MR Residential Service Recipients in Settings with 15 or Fewer Residents on June 30, 1993



National Average = 32.9%

Figure 3.4 Percentage of All Residential Service Recipients in ICF-MR Certified Facilities on June 30, 1993



National Average = 47.8%

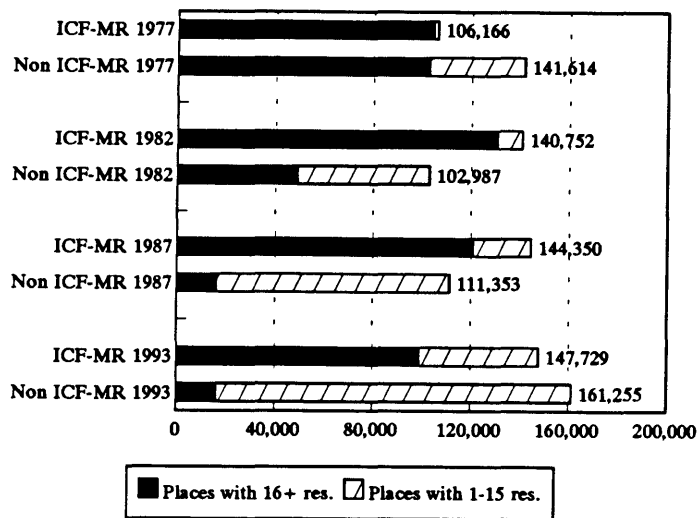
Figure 3.5 shows the number of people living in ICF-MR and non-ICF-MR residential settings of 1-15 and 16 or more total residents in June 30, 1977, 1982, 1987, and 1993. This figure shows the growth in the number of people living in smaller residential settings among both the ICFs-MR and non-ICF-MR residential settings. It also shows that while the ICF-MR program continues to be primarily concentrated in large facilities, there has been a gradual shift over time toward greater total and proportional use in small facilities. For example, in 1977, only 4.2% (1,710) of the total 40,400 persons in small residential settings were in ICFs-MR. In 1982, 15.7% (9,985) of 63,700 persons in small residential settings were in ICFs-MR. By 1987, 19.8% (23,528) of 118,570 residents in smaller residential settings were in ICFs-MR and by 1993, 25.1% (48,669) of 193,747 persons in small residential settings were in ICFs-MR. It is also notable that while in 1977 barely half (50.5%) of the people living in all state and nonstate facilities of 16 or more residents lived in ICFs-MR, by 1993, 86.0% of the people living in large facilities lived in ICFs-MR.

One notable change in ICF-MR utilization that is obvious in Figure 3.5 is the rapid growth in the non-ICF-MR component of residential services. In 1993, persons receiving residential services in settings without ICF-MR certification were more numerous than they were in 1977 when the efforts of states to maximize their ICF-MR participation were still in process. Persons residing in settings without ICF-MR certification fell rapidly between

1977 and 1982 (from 141,600 to 103,000 people) as states made substantial efforts to increase federal financial participation in residential services through ICF-MR certification. Beginning in 1982 there has been a trend which has grown more rapid since 1987 for states to increase the number of persons with mental retardation and related conditions living in settings without ICF-MR certification. From the 103,000 persons in residential settings without ICF-MR certification in 1982, persons living in non-certified settings grew to 111,353 in 1987 and 161,255 in 1993.

The primary factor promoting such change in state policy was the Medicaid Home and Community Based Services (HCBS) waiver options. It permitted states to provide residential services to persons living in community living arrangements and to receive Medicaid federal cost sharing of the residential services provided to them without accepting adherence to the ICF-MR standards for residential facilities. On June 30, 1993 an estimated 66,010 individuals with mental retardation or a related condition were receiving HCBS financed residential services outside their natural or adoptive family home (see Table 3.8). In other words, although the number of people receiving residential services that were not financed through the ICF-MR program has increased from 103,000 to 161,255, the number of people receiving services financed by neither the ICF-MR program or its HCBS alternative has actually decreased by almost 8,000 to an estimated 95,200 persons.

Figure 3.5
Number of Residents in ICF-MR and Non ICF-MR Residential Settings with
1-15 and 16 or more Total Residents, 1977 to 1993



Expenditures for ICF-MR Services

Table 3.4 shows national totals and interstate variations on ICF-MR program recipients and expenditures for Fiscal Year 1993. Total ICF-MR expenditures have continued to increase steadily. Between Fiscal Year 1971 when there were no ICF-MR expenditures and Fiscal Year 1977 ICF-MR expenditures grew to 1.1 billion dollars. Between 1977 and 1982 ICF-MR expenditures grew from 1.1 billion dollars to 3.6 billion dollars. Although the rate of growth in ICF-MR expenditures slowed notably from Fiscal Year 1982 to Fiscal Year 1993, expenditures still increased 5.6 billion dollars, from 3.6 billion dollars to 9.2 billion dollars, over the period. In the four years between June 30, 1989 and June 30, 1993 ICF-MR recipients remained almost unchanged (147,148 and 147,729 respectively), but ICF-MR expenditures grew from 6.6 billion to 9.2 billion (39%).

Before 1982 the ICF-MR program expenditures were pushed upward by both increased number of recipients and increased expenditures per recipient. Since 1982 the greater expenditures per recipient have been by far the most significant factor in the increasing expenditures for providing ICF-MR services to each individual, accounting for about 95% of total increase, as the total number of ICF-MR residents has increased by only 7,110 between June 30, 1982 and June 30, 1993. Because this single factor

(increasing costs per recipient) has been responsible for expenditure increases in the past decade, cost analysis has become much more straightforward. It has also calmed concerns about the annual 25% increases in ICF-MR expenditures evident between 1972 and 1982, as a stable number of recipients has led to a considerably lower rate of growth between 1982 and 1993 (even though the average annual increase of about 510 million dollars between 1982 and 1993 was actually greater than the average increase from 1973 to 1982). There has also been a substantial reduction in the past decade in the per resident rate of increase in expenditures for ICF-MR care. While per recipient expenditures between 1975 and 1982 increased from \$5,530 to \$25,590 per year, or at an average annual rate of about 29%, from 1982 to 1993 those increases were from \$25,590 to \$62,065, or about 9% annually. With cost inflation of the ICFs-MR substantially below the increases of other Medicaid services, for the most part attention now given to the program by federal and state policy makers is directed toward issues of the quality, equity, and system-wide effects of the program rather than what was perceived as runaway expenditures a decade ago. However at the state level cost management in ICF-MR services remains a major concern and opportunities to reallocate ICF-MR expenditures to more flexible and less costly HCBS and similar services are of growing interest to states.

Table 3.4 Summary Statistics on ICF-MR Expenditures by State for Fiscal Year 1993

State	ICF-MR Expenditures	Federal cost share	Total		ICF-MR Expenditures Recipient	State Population (100,000)	Annual ICF-MR	
			Federal ICF-MR Payments	Persons with MR/DD in ICF-MR Facilities			Expenditure per state resident	State % of Federal ICF-MR
AL	\$79,030,041	0.71	\$56,466,964	1,266	\$62,425	42.42	\$18.63	1.07%
AK	\$10,362,069	0.50	\$5,181,035	85	\$121,907	5.44	\$19.05	0.10%
AZ	\$16,911,180 ^e	0.66	\$11,142,777	298	\$56,749	39.55	\$4.28	0.21%
AR	\$89,553,111	0.74	\$66,636,470	1,724	\$51,945	24.54	\$36.49	1.27%
CA	\$356,304,904	0.50	\$178,152,452	11,025	\$32,318	307.97	\$11.57	3.38%
CO	50,704,123	0.54	\$27,593,184	737	\$68,798	33.82	\$14.99	0.52%
CT	\$181,959,971	0.50	\$90,979,986	1,272	\$143,050	33.20	\$54.81	1.73%
DE	\$26,574,433	0.50	\$13,287,217	370	\$71,823	7.16	\$37.12	0.25%
DC	\$63,961,219	0.50	\$31,980,610	804	\$79,554	5.94	\$107.68	0.61%
FL	\$192,151,682	0.56	\$106,649,948	3,207	\$59,916	139.15	\$13.81	2.03%
GA	\$116,223,419	0.62	\$72,151,499	1,933	\$60,126	70.08	\$16.58	1.37%
HI	\$6,155,659	0.50	\$3,077,830	117	\$52,612	12.06	\$5.10	0.06%
ID	38,497,578	0.71	\$27,410,276	494	\$77,930	10.19	\$37.78	0.52%
IL	\$531,667,554	0.50	\$265,833,777	12,160	\$43,723	117.45	\$45.27	5.05%
IN	\$283,528,589	0.63	\$179,218,421	6,213	\$45,635	56.70	\$50.01	3.40%
IA	\$160,959,092	0.63	\$100,985,734	1,890	\$85,164	27.55	\$58.42	1.92%
KS	\$106,648,757	0.58	\$62,048,247	1,837	\$58,056	25.43	\$41.94	1.18%
KY	\$69,885,596	0.72	\$50,100,984	1,053	\$66,368	37.49	\$18.64	0.95%
LA	\$324,034,343	0.74	\$238,845,714	4,678	\$69,268	43.16	\$75.08	4.54%
ME	\$59,821,344	0.62	\$36,975,573	630**	\$94,955	12.73	\$46.99	0.70%
MD	\$60,767,020	0.50	\$30,383,510	894	\$67,972	50.16	\$12.11	0.58%
MA	\$315,569,399	0.50	\$157,784,700	3,520*	\$89,650	59.85	\$52.73	3.00%
MI	\$149,187,111	0.56	\$83,306,083	3,342	\$44,640	93.46	\$15.96	1.58%
MN	\$288,650,678	0.55	\$158,555,817	5,072	\$56,911	44.60	\$64.72	3.01%
MS	\$79,043,314	0.79	\$62,452,122	2,038*	\$38,785	26.92	\$29.36	1.19%
MO	\$113,792,154	0.60	\$68,571,152	1,709	\$66,584	52.98	\$21.48	1.30%
MT	\$10,387,598	0.71	\$7,366,885	165	\$62,955	7.84	\$13.25	0.14%
NE	\$34,216,508	0.61	\$20,981,563	721	\$47,457	15.94	\$21.47	0.40%
NV	\$26,810,867	0.52	\$14,016,721	208	\$128,898	12.26	\$21.87	0.27%
NH	\$5,364,387	0.50	\$2,682,194	74	\$72,492	12.22	\$4.39	0.05%
NJ	\$286,201,207	0.50	\$143,100,604	3,892	\$73,536	79.81	\$35.86	2.72%
NM	\$42,832,979	0.74	\$31,632,155	681	\$62,897	15.99	\$26.79	0.60%
NY	\$1,927,559,462	0.50	\$963,779,731	21,850	\$88,218	178.86	\$107.77	18.30%
NC	\$316,571,784	0.66	\$208,684,120	4,662	\$67,905	69.94	\$45.26	3.96%
ND	\$37,077,368	0.72	\$26,773,567	618	\$59,996	6.43	\$57.66	0.51%
OH	\$449,570,809	0.60	\$270,866,412	8,222	\$54,679	109.50	\$41.06	5.14%
OK	\$132,075,921	0.70	\$92,017,294	2,415	\$54,690	31.22	\$42.30	1.75%
OR	\$80,043,415	0.62	\$49,939,087	468	\$171,033	28.70	\$27.89	0.95%
PA	\$500,105,694	0.55	\$277,458,639	6,768	\$73,893	120.75	\$41.42	5.27%
RI	\$105,169,194	0.54	\$56,412,756	457	\$230,130	10.12	\$103.92	1.07%
SC	\$165,306,409	0.71	\$117,830,408	3,232	\$51,147	36.91	\$44.79	2.24%
SD	\$29,613,205	0.70	\$20,809,199	504	\$58,756	7.19	\$41.19	0.40%
TN	\$117,122,556	0.68	\$79,139,711	2,328	\$50,310	51.55	\$22.72	1.50%
TX	\$508,053,498	0.64	\$327,389,674	12,143	\$41,839	173.91	\$29.21	6.22%
UT	\$45,245,234	0.75	\$34,065,137	938	\$48,236	17.81	\$25.40	0.65%
VT	\$11,213,196	0.60	\$6,714,462	79	\$141,939	5.87	\$19.10	0.13%
VA	\$148,246,524	0.50	\$74,123,262	2,669	\$55,544	65.49	\$22.64	1.41%
WA	\$206,468,229	0.55	\$113,598,820	1,650	\$125,132	49.68	\$41.56	2.16%
WV	\$14,607,955	0.76	\$11,144,409	640	\$22,825	17.87	\$8.17	0.21%
WI	\$207,826,034	0.60	\$125,568,490	3,887	\$53,467	49.13	\$42.30	2.38%
WY	\$6,224,937	0.67	\$4,177,555	90	\$69,166	4.51	\$13.80	0.08%
U.S.								
Total	\$9,185,859,310		\$5,266,044,931	147,729	\$62,180	2559.5	\$35.89	100.00%

e indicates estimate

* indicates 1992 data

** indicates 1991 data

Interstate Variations in ICF-MR Expenditures

Earlier in this chapter statistics were provided on the substantial interstate variations in the utilization of the ICF-MR option. Not surprisingly, there were also major variations in state expenditures for ICF-MR services. The variability in state ICF-MR expenditures, and federal contributions to those expenditures, is by no means predictable solely by general factors such as total ICF-MR residents or state size. Table 3.4 presents Fiscal Year 1993 statistics for ICF-MR expenditures across the states with respect to total expenditures, federal expenditures, per recipient average annual expenditures, per capita annual ICF-MR expenditures (ICF-MR expenditures per resident of the state), and each state's proportion of the total federal ICF-MR expenditures.

Per capita cost variations. One indicator of the variation among states in ICF-MR expenditures is the average expenditure for ICF-MR service per citizen of the state. Table 3.4 shows the great variation in these expenditures among the states. While nationally in Fiscal Year 1993 the average daily expenditure for ICF-MR services was \$35.89 per resident, the average varied from over twice the national average in the District of Columbia, Louisiana, New York, and Rhode Island to less than half the national average in 12 states (Arizona, California, Colorado, Florida, Georgia, Hawaii, Maryland, Michigan, Montana, New Hampshire, West Virginia, Wyoming). The variability in total and per citizen expenditures among states is affected by two major factors, the extent to which placements are made into ICF-MR facilities and the amount of money spent per placement.

Variations due to disproportionate placements. Variations in ICF-MR utilization rates across states have an important direct effect on interstate differences in total expenditures and federal contributions to the total costs of residential programs in the various states. As an example of the variability, on June 30, 1993, ten states had placed more than 60% of their total residential care population in ICF-MR certified facilities, and nine states had 20% or less of their residents of state and nonstate residential settings in ICFs-MR. Obviously those states with disproportionately high

placement rates into ICFs-MR tended to account for disproportionate amounts of total ICF-MR expenditures.

Variations due to differences in per recipient expenditures. Placement rates are not the only factor accounting for interstate differences in ICF-MR expenditures. Obviously the average number of dollars expended per ICF-MR resident is also a key factor. Table 3.4 also shows the enormous variations among states in the average per resident expenditures for ICF-MR services. The national average expenditures for ICF-MR services per recipient in Fiscal Year 1993 (total ICF-MR expenditures in the year divided by total recipients on June 30, 1993) was \$62,065 per year. Among the states with the highest per recipient expenditures in 1993 were Rhode Island (\$230,130), Oregon (\$171,030), Connecticut (\$143,050), and Vermont (\$141,939). Expenditures in Rhode Island and Vermont were driven high in Fiscal Year 1993 by the states' being in the final stages of closing their ICF-MR certified large state MR/DD facilities (i.e., spreading the fixed costs of facility operation over dividing number of residents). Both states have since closed their last large state MR/DD facility. Among the states with the lowest per recipient expenditures were West Virginia (\$22,825), California (\$32,318), and Mississippi (\$38,785). The effects of relatively high per resident expenditures are straightforward. Connecticut, Oregon, Rhode Island, and Vermont had 1.5% of all ICF-MR residents on June 30, 1993, but accounted for 2.7% of total Fiscal Year 1993 ICF-MR expenditures. Obviously, when a state is both a high user of the ICF-MR option and has high cost per recipient, its total expenditures become particularly notable. New York stands out in this regard. Although New York had only 7.0% of the total U.S. population and 14.8% of the ICF-MR population on June 30, 1993, it accounted for 21.0% of all ICF-MR expenditures.

Medicaid HCBS Recipients

The Medicaid Home and Community Based Services (HCBS) program is associated with the ICF-MR program through its dedication to persons who but for the services available through the Medicaid HCBS program would be at risk of

placement in an ICF-MR. In the decade between enactment of the Medicaid HCBS program in 1981 to June 30, 1993 48 states chose to provide Home and Community Based Services as an alternative to ICF-MR services. This growth in state participation is shown in Table 3.5. As shown, the number of HCBS program participants on June 30, 1982 was estimated to be 1,381. By June 30, 1987 there were 22,689 HCBS recipients. On June 30, 1993 there were 86,604 persons with mental retardation and related conditions receiving Medicaid Home and Community Based Services. Between June 30, 1988 and June 30, 1993, states had a combined increase of 57,915 HCBS recipients. States with the greatest increase in total recipients over the five-year period were Arizona (6,071), California (8,592), Florida (3,378), and New York (3,398).

Expenditures for HCBS Recipients

Table 3.6 shows national totals and interstate variations on HCBS recipients and expenditures for Fiscal Year 1993. On June 30, 1993, HCBS expenditures were 2.2 billion dollars for 86,604 recipients, a cost of \$25,176 per recipient. This represents an 18.5% increase over June 30, 1990, when HCBS expenditures were 846 million dollars for 39,838 recipients (\$21,246 per recipient). Earlier in this chapter statistics were provided on the interstate variations in the utilization of the HCBS option. Not surprisingly, there were also major variations in state expenditures for HCBS recipients. Table 3.6 presents Fiscal Year 1993 statistics for HCBS expenditures across states with respect to total expenditures, federal expenditures,

per recipient average annual expenditures, per capita annual HCBS expenditures (HCBS expenditures per resident of the state), and each state's proportion of the federal HCBS expenditures.

Per capita cost variations. One indicator of the variation among states in HCBS expenditures is the average expenditure for HCBS per citizen of the state. Table 3.6 shows the great variation in these expenditures among the states. While nationally in Fiscal Year 1993 the average daily expenditure for HCBS was \$8.52, the average varied from over three times the national average in nine states (Arizona, Connecticut, New Hampshire, North Dakota, Oregon, Rhode Island, South Dakota, Vermont, and Wyoming) to less than one-third the national average in eleven states (Florida, Georgia, Idaho, Indiana, Iowa, Nevada, North Carolina, Ohio, Tennessee, Texas, and Virginia). The variability in total and per citizen expenditures among states is affected by both the extent to which persons received HCBS and the amount of money spent per recipient.

Variations due to disproportionate placements. Variations in HCBS utilization rates across states have an important direct effect on interstate differences in total and per capita expenditures. Nationally, on June 30, 1993, HCBS recipients were 37.0% of the total HCBS and ICF-MR recipient population. In eleven states HCBS recipients were less than 20% of the total HCBS and ICF-MR recipient population, while in five states HCBS recipients were over 80% of the total HCBS and ICF-MR recipient population.

Table 3.5 Persons Receiving Medicaid Home and Community Based Services on June 30, 1982 to June 30, 1993 by State

State	HCBS Recipients												Net Change 1988/1993
	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	
AL	0	808	1,564	1,524	1,568	1,570	1,730	1,830	1,839	2,021	2,184	2,184*	454
AK	0	0	0	0	0	0	0	0	0	0	0	0	0
AZ	0	0	0	0	0	0	0	0	0	3,794	4,832e	6,071	6,071
AR	0	0	0	0	0	0	0	0	91	196	415	453	453
CA	0	433	619	2,500	2,962	3,027	2,493	3,355	3,628	3,360	3,360	11,085	8,592
CO	0	0	600	920	1,280	1,389	1,621	1,679	1,841	1,993	2,204	2,407	786
CT	0	0	0	0	0	0	644	1,127	1,555	1,655	1,693	2,069	1,425
DE	0	0	0	50	78	81	144	100	196	245	290	290	146
DC	0	0	0	0	0	0	0	0	0	0	33	0	0
FL	0	0	7,003	7,003	1,003	2,631	2,631	2,542	2,615	2,631	2,637	6,009	3,378
GA	0	0	0	0	0	0	0	25	160	353	35e	359e*	359
HI	0	0	10	24	44	56	78	70	123	189	452	450	372
ID	0	0	18	51	25	55	201	270	346	165	225	174	(27)
IL	0	0	40	543	543	664	637	680	724	1,338	2,006	2,850	2,213
IN	0	0	0	0	0	0	0	0	0	0	0	447	447
IA	0	0	0	0	0	4	12	14	5	19	137	170	158
KS	0	0	23	186	173	135	185	314	361	497	55e	1,066	881
KY	0	0	475	516	516	609	652	728	743	762	81e	855e	203
LA	0	2,006	2,046	2,087	0	0	0	0	0	56	939	1,134	1,134
ME	0	0	75	165	353	400	450	453	454	509	50e	509e*	59
MD	0	0	28	356	464	685	716	813	858	1,082	1,972	2,437	1,721
MA	0	0	0	235	525	593	593	1,210	1,539	1,700	3,288	3,288*	2,695
MI	0	0	0	0	2	3	580	1,292	1,658	2,122	2,74e	2,885	2,305
MN	0	0	0	239	570	1,423	1,896	2,068	2,184	2,551	2,890	3,408	1,512
MS	0	0	0	0	0	0	0	0	0	0	0	0	0
MO	0	0	0	0	0	0	0	338	989	1,452	2,241	2,622	2,622
MT	21	44	69	78	192	210	286	274	276	355	444	504	218
NE	0	0	0	0	0	0	553	540	658	683	71e	991	438
NV	0	34	80	90	108	129	117	136	133	135	136	186	69
NH	0	0	303	409	504	541	634	762	822	955	1,059	1,032	398
NJ	0	0	1,317	2,025	1,993	2,596	2,873	3,170	3,270	3,655	3,971	4,191	1,318
NM	0	0	0	53	244	220	134	135	160	160	334	612	478
NY	0	0	0	0	0	0	0	0	0	0	379	3,398	3,398
NC	0	0	17	120	331	328	405	553	731	780	93e	1,190	785
ND	0	0	68	439	463	724	824	1,063	1,055	1,163	1,334	1,362	538
OH	0	0	56	62	86	100	134	240	245	2	397	1,120	986
OK	0	0	0	0	36	70	178	500	621	844	949	1,287	1,109
OR	1,360	1,886	1,992	973	572	832	968	1,218	1,282	2,177	1,458	2,023	1,055
PA	0	0	141	269	542	1,203	1,759	1,930	2,221	2,333	2,705	3,795	2,036
RI	0	0	11	25	117	136	250	449	277	793	993	1,192	942
SC	0	0	0	0	0	0	0	0	0	0	471	586	586
SD	0	382	457	523	498	596	610	683	721	788	85e	923	313
TN	0	0	0	0	0	213	351	474	581	579	70e	587	236
TX	0	0	0	0	70	70	412	417	485	973	968	968*	556
UT	0	0	0	0	0	0	1,022	1,124	1,200	1,234	1,36e	1,476	454
VT	0	11	74	116	234	196	248	280	323	485	41e	598	350
VA	0	0	0	0	0	0	0	0	0	326	53**	537e	537
WA	0	0	844	998	905	886	946	1,084	1,250	1,736	1,91e	1,711	765
WV	0	0	22	55	55	124	124	224	316	413	513	637	513
WI	0	0	20	56	124	190	598	913	1,302	1,643	1,812	2,017	1,419
WY	0	0	0	0	0	0	0	0	0	125	318	459	459
U.S. total	1,381	5,604	17,972	22,690	17,180	22,689	28,689	35,077	39,838	51,027	62,462	86,604	57,915
Number of states with HCBS	2	8	27	31	32	35	38	40	42	45	48	48	

Note: Data Source for 1982-85 are from Smith & Gettings, 1992. * indicates 1992 data ** indicates 1991 data

Table 3.6 Summary Statistics on HCBS Expenditures by State for Fiscal Year 1993

State	HCBS Expenditures	Federal Cost Share	Federal HCBS Expenditures	Total HCBS Recipients	HCBS Expenditures per Recipient	State Population (100,000)	Annual HCBS State Expenditure per state resident	% of Federal HCBS
AL	\$22,182,047	0.71	\$15,849,073	2,184*	\$10,157	42.42	\$5.23	1.27%
AK	\$0	0.50	\$0	0	\$0	5.44	\$0.00	0.00%
AZ	\$114,161,800	0.66	\$75,221,210	6,071	\$18,804	39.55	\$28.87	6.03%
AR	\$10,391,122	0.74	\$7,732,034	453	\$22,938	24.54	\$4.23	0.62%
CA	\$92,414,694	0.50	\$46,207,347	11,085	\$8,337	307.97	\$3.00	3.71%
CO	\$63,448,347	0.54	\$34,528,590	2,407	\$26,360	33.82	\$18.76	2.77%
CT	\$139,890,550	0.50	\$69,945,275	2,069	\$67,613	33.20	\$42.14	5.61%
DE	\$9,667,487	0.50	\$4,833,744	290	\$33,336	7.16	\$13.50	0.39%
DC	\$0	0.50	\$0	0	\$0	5.94	\$0.00	0.00%
FL	\$38,671,466	0.56	\$21,463,824	6,009	\$6,436	139.15	\$2.78	1.72%
GA	\$15,068,108	0.62	\$9,354,281	359e*	\$41,972	70.08	\$2.15	0.75%
HI	\$8,620,253	0.50	\$4,310,127	450	\$19,156	12.06	\$7.15	0.35%
ID	\$2,700,000e	0.71	\$1,922,400	174	\$15,517	10.19	\$2.65	0.15%
IL	\$34,477,962	0.50	\$17,238,981	2,850	\$12,098	117.45	\$2.94	1.38%
IN	\$483,489	0.63	\$305,613	447	\$1,082	56.70	\$0.09	0.02%
IA	\$2,477,295	0.63	\$1,554,255	170	\$14,572	27.55	\$0.90	0.12%
KS	\$36,813,107	0.58	\$21,417,866	1,066	\$34,534	25.43	\$14.48	1.72%
KY	\$24,505,668	0.72	\$17,568,113	855e	\$28,662	37.49	\$6.54	1.41%
LA	\$13,087,458	0.74	\$9,646,765	1,134	\$11,541	43.16	\$3.03	0.77%
ME	\$23,606,982	0.62	\$14,591,476	509e*	\$46,379	12.73	\$18.54	1.17%
MD	\$64,502,005	0.50	\$32,251,003	2,437	\$26,468	50.16	\$12.86	2.59%
MA	\$74,222,387	0.50	\$37,111,194	3,288*	\$22,574	59.85	\$12.40	2.98%
MI	\$78,234,680	0.56	\$43,686,245	2,885	\$27,118	93.46	\$8.37	3.50%
MN	\$107,234,621	0.55	\$58,903,977	3,408	\$31,466	44.60	\$24.04	4.72%
MS	\$0	0.79	\$0	0	\$0	26.92	\$0.00	0.00%
MO	\$75,838,414	0.60	\$45,700,228	2,622	\$28,924	52.98	\$14.31	3.66%
MT	\$13,515,850	0.71	\$9,585,441	504	\$26,817	7.84	\$17.24	0.77%
NE	\$24,169,388	0.61	\$14,820,669	991	\$24,389	15.94	\$15.16	1.19%
NV	\$2,295,417	0.52	\$1,200,044	186	\$12,341	12.26	\$1.87	0.10%
NH	\$53,026,255	0.50	\$26,513,128	1,032	\$51,382	12.22	\$43.39	2.13%
NJ	\$113,719,749	0.50	\$56,859,875	4,191	\$27,134	79.81	\$14.25	4.56%
NM	\$7,552,177	0.74	\$5,577,283	612	\$12,340	15.99	\$4.72	0.45%
NY	\$163,595,442	0.50	\$81,797,721	3,398	\$48,145	178.86	\$9.15	6.56%
NC	\$16,223,347	0.66	\$10,694,430	1,190	\$13,633	69.94	\$2.32	0.86%
ND	\$20,585,690	0.72	\$14,864,927	1,362	\$15,114	6.43	\$32.02	1.19%
OH	\$26,512,352	0.60	\$15,973,692	1,120	\$23,672	109.50	\$2.42	1.28%
OK	\$43,728,032	0.70	\$30,465,320	1,287	\$33,977	31.22	\$14.01	2.44%
OR	\$86,645,986	0.62	\$54,058,431	2,023	\$42,830	28.70	\$30.19	4.34%
PA	\$169,500,650	0.55	\$94,038,961	3,795	\$44,664	120.75	\$14.04	7.54%
RI	\$74,432,864	0.54	\$39,925,788	1,192	\$62,444	10.12	\$73.55	3.20%
SC	\$14,702,477	0.71	\$10,479,926	586	\$25,090	36.91	\$3.98	0.84%
SD	\$20,474,218	0.70	\$14,387,233	923	\$22,182	7.19	\$28.48	1.15%
TN	\$10,133,905	0.68	\$6,847,480	587	\$17,264	51.55	\$1.97	0.55%
TX	\$10,741,860	0.64	\$6,922,055	968*	\$11,097	173.91	\$0.62	0.56%
UT	\$29,537,055	0.75	\$22,238,449	1,476	\$20,012	17.81	\$16.58	1.78%
VT	\$28,628,023	0.60	\$17,142,460	598	\$47,873	5.87	\$48.77	1.37%
VA	\$12,350,227	0.50	\$6,175,114	537e	\$22,999	65.49	\$1.89	0.50%
WA	\$79,960,529	0.55	\$43,994,283	1,711	\$46,733	49.68	\$16.10	3.53%
WV	\$38,188,818	0.76	\$29,134,249	637	\$59,951	17.87	\$21.37	2.34%
WI	\$50,139,752	0.60	\$30,294,438	2,017	\$24,859	49.13	\$10.21	2.43%
WY	\$17,308,645	0.67	\$11,615,832	459	\$37,709	4.51	\$38.38	0.93%
U.S.								
Total	\$2,180,368,650		\$1,246,950,845	86,604	\$25,176	2559.5	\$8.52	100.00%

e indicates estimates

* indicates 1992 data

** indicates 1991 data

Variations due to differences in per recipient expenditures. The average number of dollars expended per HCBS recipient is also a key factor in interstate differences in HCBS expenditures. Table 3.6 shows the enormous variations among the states in the average per recipient expenditures for HCBS. The national average expenditures for HCBS per recipient for Fiscal Year 1993 (total HCBS expenditures in the year divided by total recipients on June 30, 1993) was \$25,176 per year. Among the states with the highest per recipient expenditures in 1993 were Connecticut (\$67,613), Rhode Island (\$62,444), and West Virginia (\$59,951). Among the states with the lowest per recipient expenditures were Indiana (\$1,082), Florida (\$6,436), and California (\$8,337).

The effects of relatively high per resident expenditures are straightforward. Connecticut, Rhode Island, and West Virginia accounted for 4.5% of all HCBS recipients on June 30, 1993, but accounted for 10.6% of total Fiscal Year 1993 HCBS expenditures.

HCBS Recipients and Residents of Small ICFs-MR

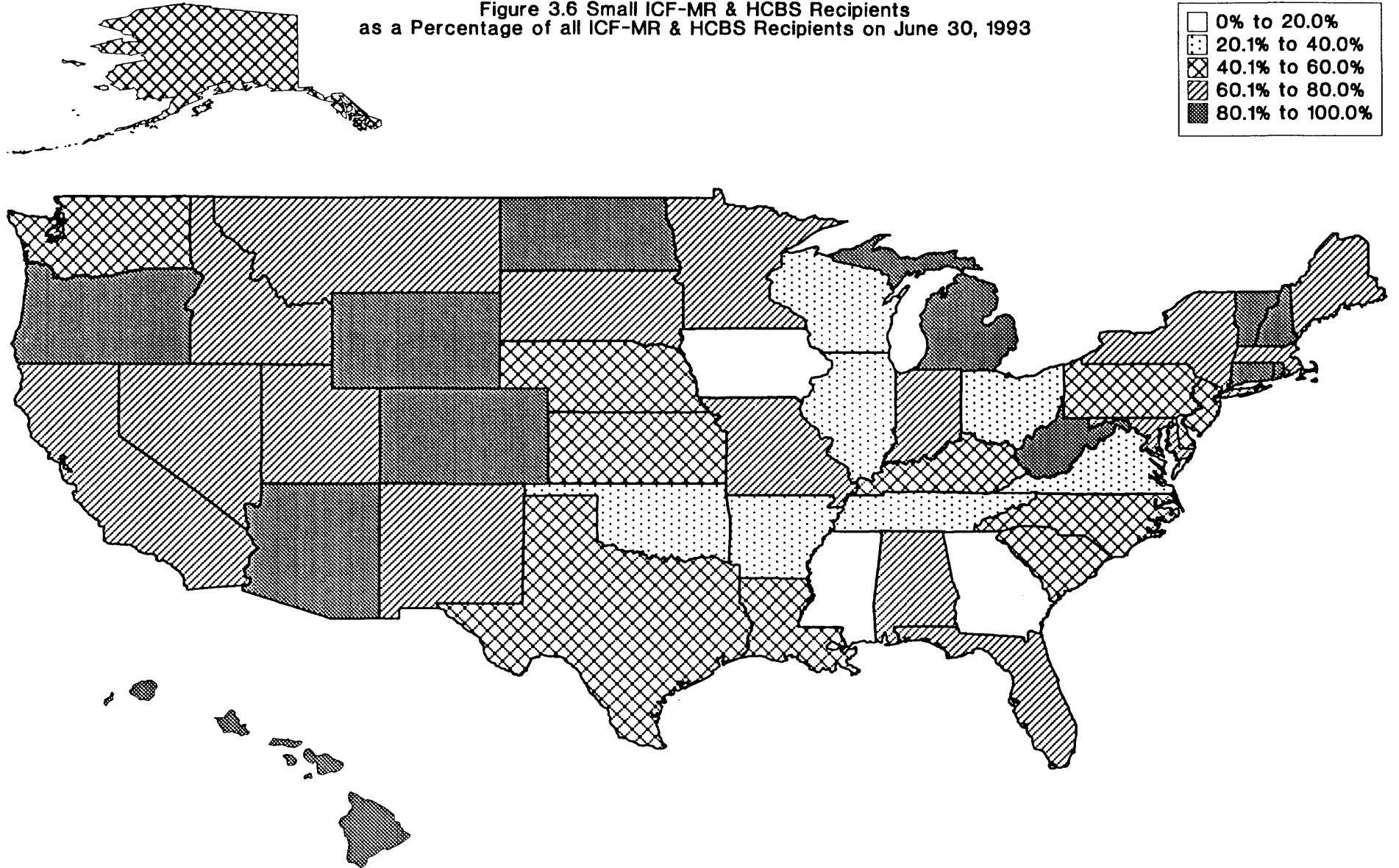
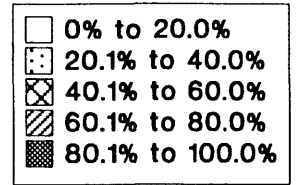
Medicaid long-term care services for persons with mental retardation and related conditions have long been criticized for their primarily large facility orientation. Clearly the utilization of the HCBS program and the development of ICF-MR services in homes of 15 or fewer residents, and increasingly 6 or fewer residents, is reducing the

statistical substantiation for such criticisms. Table 3.7 presents information on states' use of the Medicaid HCBS option on June 30, 1993 and summarizes the combined use of the Medicaid HCBS and small ICF-MR options to provide community services as well as the total use of ICF-MR and waiver services by the individual states.

Table 3.7 shows that on June 30, 1993 there were 86,604 people receiving Medicaid HCBS services and 48,669 persons living in small ICFs-MR. This combined total of community Medicaid service recipients was 57.7% of the 234,333 total of all Title XIX recipients (HCBS and all sizes of ICF-MR). Combining HCBS and small ICF-MR service recipients also shows 33 states to be serving the majority of their recipients of Title XIX services for persons with mental retardation and related conditions in community programs. Twelve states were serving three-quarters or more of their Title XIX service recipients in community settings. Figure 3.6 shows this variation on a state-by-state basis.

Figure 3.7 shows the total large (16 or more residents) state and nonstate ICF-MR residents and small state and nonstate ICF-MR residents and HCBS recipients for 1977, 1982, 1987 and 1993. It shows the dramatic increase in community Title XIX service recipients from 1977 to 1993, from 1,710 to 135,273. It also shows the substantial decrease of the population of large ICFs-MR from 1982 to 1993, from 130,767 to 99,060.

Figure 3.6 Small ICF-MR & HCBS Recipients
as a Percentage of all ICF-MR & HCBS Recipients on June 30, 1993



National Average = 57.7%



**Table 3.7 ICF-MR Residents and Medicaid Home and Community Based Service (HCBS)
Recipients with Mental Retardation and Related Conditions on June 30, 1993 by State**

State	Total HCBS Recipients	Total Residents of Small ICFs-MR	Total Recipients of Small ICFs-MR and HCBS	Total Residents of ICFs-MR	Total Recipients of ICF-MR & HCBS	Small ICF-MR & HCBS Recipient as % of All ICF-MR & HCBS Recipient
AL	2,184*	32*	2,216*	1,266	3,450*	64.2%
AK	0	40*	40*	85	85	47.1%
AZ	6,071	128	6,199	298	6,369e	97.3%
AR	453	291	744	1,724	2,177	34.2%
CA	11,085	2,892e	13,977	11,025	22,110	63.2%
CO	2,407	269	2,676	737	3,144	85.1%
CT	2,069	632	2,701	1,272	3,341	80.8%
DE	290	0	290	370	660	43.9%
DC	0	728	728	804	804	90.5%
FL	6,009	68	6,077	3,207	9,216	65.9%
GA	359e*	0	359e*	1,933	2,292	15.7%
HI	450	48	498	117	567	87.8%
ID	174	318	492	494	668	73.7%
IL	2,850	814	3,664	12,160	15,010	24.4%
IN	447	3,751	4,198	6,213	6,660	63.0%
IA	170	200	370	1,890	2,060	18.0%
KS	1,066	290	1,356	1,837	2,903	46.7%
KY	855e	0	855e	1,053	1,908	44.8%
LA	1,134	1,995e	3,129e	4,678	5,812	53.8%
ME	509e*	245**	754e*	630**	1,139**	66.2%
MD	2,437	0	2,437	894	3,331	73.2%
MA	3,288*	906	4,194*	3,520*e	6,808*e	61.6%
MI	2,885	2,828	5,713	3,342	6,227	91.7%
MN	3,408	2,528	5,936	5,072	8,480	70.0%
MS	0	102	102	2,038*	2,038*	5.0%
MO	2,622	151	2,773	1,709	4,331	64.0%
MT	504	8	512	165	669	76.5%
NE	991	8	999	721	1,712	58.4%
NV	186	62	248	208	394	62.9%
NH	1,032	51	1,083	74	1,106	97.9%
NJ	4,191	0	4,191	3,892	8,083	51.8%
NM	612	220	832	681	1,293	64.3%
NY	3,398	16,455	19,853	21,850	25,248	78.6%
NC	1,190	1,689	2,879	4,662	5,852	49.2%
ND	1,362	415	1,777	618	1,980	89.7%
OH	1,120	1,974	3,094	8,222	9,342	33.1%
OK	1,287	27	1,314	2,415	3,702	35.5%
OR	2,023	0	2,023	468	2,491	81.2%
PA	3,795	1,218	5,013	6,768	10,563	47.5%
RI	1,192	326	1,518	457	1,649	92.1%
SC	586	1,058	1,644	3,232	3,818	43.1%
SD	923	152	1,075	504	1,427	75.3%
TN	587	318	905	2,328	2,915	31.0%
TX	968*	4,503	5,471	12,143	13,111	41.7%
UT	1,476	33	1,509	938	2,414	62.5%
VT	598	48	646	79	677	95.4%
VA	537e	234e*	771e	2,669	3,206e	24.0%
WA	1,711	126	1,837	1,650	3,361	54.7%
WV	637	424	1,061	640	1,277	83.1%
WI	2,017	64	2,081	3,887	5,904	35.2%
WY	459	0	459	90	549	83.6%
U.S.Total	86,604	48,669	135,273	147,729	234,333	57.7%

e indicates estimates

* indicates 1992 data

** indicates 1991 data

ICF-MR and HCBS Recipients and Expenditures

Medicaid Intermediate Care Facilities for the Mentally Retarded (ICF-MR) and Medicaid Waiver Home and Community Based Services (HCBS) share common eligibility criteria and should serve the same general population. Yet, as reported in Table 3.8, expenditures for ICF-MR and HCBS services disproportionately favor the former. Nationally, HCBS recipients were 37% of the total HCBS and ICF-MR recipient population but were beneficiaries of only 19.2% of total HCBS and ICF-MR expenditures.

HCBS and ICF-MR recipients and expenditures varied among individual states but in all but one state the ICF-MR share of total expenditures was disproportionately high when measured against the ICF-MR share of total recipient population. West Virginia reported that 72.3% of its total HCBS and ICF-MR expenditures went to services for HCBS recipients making up slightly less than 50% of the combined HCBS and ICF-MR recipient population.

In 17 states (Alabama, Arkansas, California, Florida, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Nevada, New Mexico, North

Carolina, Ohio, Tennessee, Texas, and Virginia), HCBS recipients as a percentage of all recipients exceeded HCBS expenditures as a percentage of all expenditures by a factor of 2 or greater; in 9 of those states (Florida, Idaho, Illinois, Indiana, Iowa, Louisiana, Nevada, New Mexico, and Texas) by a factor of 3 or greater.

In some states, disproportionately higher expenditures for ICF-MR recipients may be explained by artificially inflated institutional costs resulting from deinstitutionalization. The pervasive pattern of relatively lower expenditures for HCBS recipients may, in some states, be the intended consequence of rapid waiver expansion to achieve cost containment in Medicaid spending. Finally, although federal regulations require that both HCBS and ICF-MR recipients meet the same eligibility criteria and supervision (24 hour) and treatment (active) standards it is reasonable to consider whether, in actual practice, HCBS has become the least active and restrictive alternative on a continuum of Medicaid long term care services for persons with disabilities, with large institutions seen as most restrictive and smaller community ICFs-MR at intermediate points of restrictivity.

Table 3.8 ICF-MR Residents and HCBS Recipients and ICF-MR and HCBS Expenditures on June 30, 1993 by State

State	Total	ICF-MR & HCBS Expenditures	% of recipients		% of expenditures	
	Recipients of ICF-MR & HCBS		HCBS	ICF-MR	HCBS	ICF-MR
AL	3,450*	\$101,212,088	63.3%	36.7%	21.9%	78.1%
AK	85	\$10,362,069	0.0%	100.0%	0.0%	100.0%
AZ	6,369e	\$131,072,980	95.3%	4.7%	87.1%	12.9%
AR	2,177	\$99,944,233	20.8%	79.2%	10.4%	89.6%
CA	22,110	\$448,719,598	50.1%	49.9%	20.6%	79.4%
CO	3,144	\$114,152,470	76.6%	23.4%	55.6%	44.4%
CT	3,341	\$321,850,521	61.9%	38.1%	43.5%	56.5%
DE	660	\$36,241,920	43.9%	56.1%	26.7%	73.3%
DC	804	\$63,961,219	0.0%	100.0%	0.0%	100.0%
FL	9,216	\$230,823,148	65.2%	34.8%	16.8%	83.2%
GA	2,292	\$131,291,527	15.7%	84.3%	11.5%	88.5%
HI	567	\$14,775,912	79.4%	20.6%	58.3%	41.7%
ID	668	\$41,197,578	26.0%	74.0%	6.6%	93.4%
IL	15,010	\$566,145,516	19.0%	81.0%	6.1%	93.9%
IN	6,660	\$284,012,078	6.7%	93.3%	0.2%	99.8%
IA	2,060	\$163,436,387	8.3%	91.7%	1.5%	98.5%
KS	2,903	\$143,461,864	36.7%	63.3%	25.7%	74.3%
KY	1,908	\$94,391,264	44.8%	55.2%	26.0%	74.0%
LA	5,812	\$337,121,801	19.5%	80.5%	3.9%	96.1%
ME	1,139**	\$83,428,326	44.7%	55.3%	28.3%	71.7%
MD	3,331	\$125,269,025	73.2%	26.8%	51.5%	48.5%
MA	6,808e*	\$389,791,786	48.3%	51.7%	19.0%	81.0%
MI	6,227	\$227,421,791	46.3%	53.7%	34.4%	65.6%
MN	8,480	\$395,885,299	40.2%	59.8%	27.1%	72.9%
MS	2,038*	\$79,043,314	0.0%	100.0%	0.0%	100.0%
MO	4,331	\$189,630,568	60.5%	39.5%	40.0%	60.0%
MT	669	\$23,903,448	75.3%	24.7%	56.5%	43.5%
NE	1,712	\$58,385,896	57.9%	42.1%	41.4%	58.6%
NV	394	\$29,106,284	47.2%	52.8%	7.9%	92.1%
NH	1,106	\$58,390,642	93.3%	6.7%	90.8%	9.2%
NJ	8,083	\$399,920,956	51.8%	48.2%	28.4%	71.6%
NM	1,293	\$50,385,156	47.3%	52.7%	15.0%	85.0%
NY	25,248	\$2,091,154,904	13.5%	86.5%	7.8%	92.2%
NC	5,852	\$332,795,131	20.3%	79.7%	4.9%	95.1%
ND	1,980	\$57,663,058	68.8%	31.2%	35.7%	64.3%
OH	9,342	\$476,083,161	12.0%	88.0%	5.6%	94.4%
OK	3,702	\$175,803,953	34.8%	65.2%	24.9%	75.1%
OR	2,491	\$166,689,401	81.2%	18.8%	52.0%	48.0%
PA	10,563	\$669,606,344	35.9%	64.1%	25.3%	74.7%
RI	1,649	\$179,602,058	72.3%	27.7%	41.4%	58.6%
SC	3,818	\$180,008,886	15.3%	84.7%	8.2%	91.8%
SD	1,427	\$50,087,423	64.7%	35.3%	40.9%	59.1%
TN	2,915	\$127,256,461	20.1%	79.9%	8.0%	92.0%
TX	13,111	\$518,795,358	7.4%	92.6%	2.1%	97.9%
UT	2,414	\$74,782,289	61.1%	38.9%	39.5%	60.5%
VT	677	\$39,841,219	88.3%	11.7%	71.9%	28.1%
VA	3,206e	\$160,596,751	16.7%	83.3%	7.7%	92.3%
WA	3,361	\$286,428,758	50.9%	49.1%	27.9%	72.1%
WV	1,277	\$52,796,773	49.9%	50.1%	72.3%	27.7%
WI	5,904	\$257,965,786	34.2%	65.8%	19.4%	80.6%
WY	549	\$23,533,582	83.6%	16.4%	73.5%	26.5%
U.S.Total	234,333	\$11,366,227,960	37.0%	63.0%	19.2%	80.8%

e indicates estimates

* indicates 1992 data

*Variations in State Financial Benefit for
Combined ICF-MR and HCBS Programs*

The federal government shares the cost of the ICF-MR and HCBS programs with the states as a function of the state per capita income relative to national per capita income. Relatively rich states share total expenditures on an equal basis with the federal government; relatively poor states may have federal involvement in financing Medicaid services up to 83% (Mississippi's 79.0% was the highest federal share in 1993). It is often presumed, therefore, that the extent to which states benefit from ICF-MR and HCBS program participation tends to be related to their general need for assistance as reflected in the federal Medicaid cost share ratio. However, because states vary considerably in their combined ICF-MR and HCBS utilization rates, in the proportions of ICF-MR and HCBS recipients, and in their expenditures per recipient, some deviation should be expected between total benefit in federal dollars from the combined ICF-MR and HCBS program and the proportion of total ICF-MR and HCBS expenditures reimbursed by the federal government.

To assess the extent of variance a "state benefit ratio" was computed. The state Medicaid benefit ratio in Table 3.9 represents a ratio of combined federal ICF-MR and HCBS reimbursements paid to each state for each dollar contributed to the program through personal income tax. Obviously such an index masks certain realities: first, federal revenues for the Medicaid program do not come exclusively through personal income tax; second, expenditures for federal programs in recent years

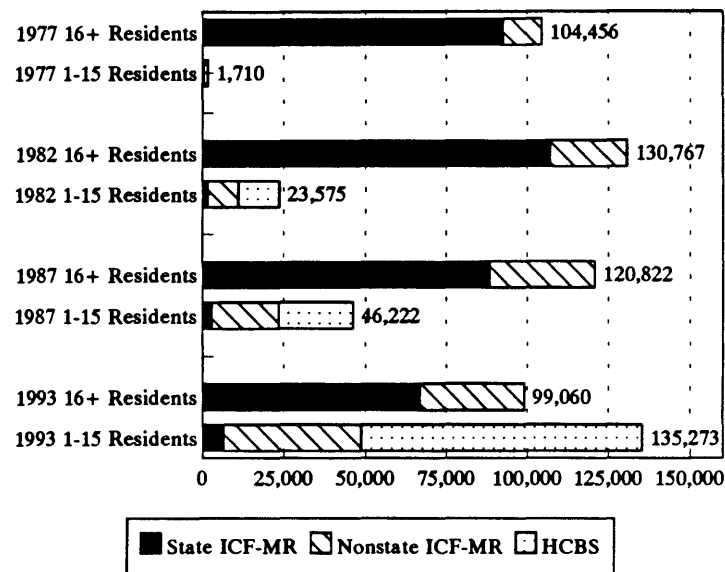
have not been equal to the revenues generated for those programs (i.e., the federal government has had substantially greater total expenditures than revenues). Despite the oversimplifications, such an index is one way of assessing the balance between state contributions to the federal government for the combined ICF-MR and HCBS programs and federal reimbursements back to the states for ICF-MR and HCBS programs. Table 3.9 shows that in Fiscal Year 1993, Arkansas, Louisiana, Maine, North Dakota, Oklahoma, Rhode Island and South Carolina got back over two dollars in federal reimbursements for every dollar contributed. In contrast seven states got back \$.50 or less in reimbursements for every dollar contributed. Of the 33 states showing a favorable "State Benefit Ratio" (state's % of total Federal ICF-MR reimbursements divided by state's % of total Federal income tax payments being greater than 1.00), thirteen of the 14 poorest states (with federal Medicaid matching rates of 70% or greater) were included. Only four of the thirteen richest states with federal Medicaid matching rates of 50.0% had a favorable "state benefit ratio." Therefore, while differential ICF-MR and HCBS utilization and average costs may cause a poor state such as Alabama to subsidize combined ICF-MR and HCBS services in a number of relatively wealthy states (e.g., Connecticut, the District of Columbia, Massachusetts, New York), the highly favorable Medicaid federal-state cost share for the poorer states does establish a general tendency for them to receive more federal funds from combined ICF-MR and HCBS reimbursements than they contribute to them.

Table 3.9 Summary of Combined ICF-MR and HCBS Contributions and State Benefit Ratios by State for Fiscal Year 1993

State	Federal ICF-MR Expenditures	Federal HCBS Expenditures	State % of Federal Combined ICF-MR & HCBS	Federal Income Tax in Millions	State % of Total Income Tax	State Medicaid Benefit Ratio
AL	\$56,466,964	\$15,849,073	1.11%	\$5,433	1.16	0.96
AK	\$5,181,035	\$0	0.08%	\$1,448	0.31	0.26
AZ	\$11,142,777	\$75,221,210	1.33%	\$5,559	1.19	1.12
AR	\$66,636,470	\$7,732,034	1.14%	\$2,680	0.57	2.00
CA	\$178,152,452	\$46,207,347	3.45%	\$63,367	13.53	0.25
CO	\$27,593,184	\$33,128,285	0.93%	\$6,245	1.33	0.70
CT	\$90,979,986	\$69,945,275	2.47%	\$10,080	2.15	1.15
DE	\$13,287,217	\$4,833,744	0.28%	\$1,417	0.30	0.92
DC	\$31,980,610	\$0	0.49%	\$1,512	0.32	1.52
FL	\$106,649,948	\$21,463,824	1.97%	\$25,643	5.48	0.36
GA	\$72,151,499	\$9,354,281	1.25%	\$10,693	2.28	0.55
HI	\$3,077,830	\$4,310,127	0.11%	\$2,464	0.53	0.22
ID	\$27,410,276	\$1,922,400	0.45%	\$1,330	0.28	1.59
IL	\$265,833,777	\$17,238,981	4.35%	\$24,984	5.33	0.81
IN	\$179,218,421	\$305,613	2.76%	\$9,178	1.96	1.41
IA	\$100,985,734	\$896,443	1.57%	\$4,231	0.90	1.73
KS	\$62,048,247	\$21,417,866	1.28%	\$4,219	0.90	1.42
KY	\$50,100,984	\$17,568,113	1.04%	\$4,833	1.03	1.01
LA	\$238,845,714	\$9,646,765	3.82%	\$5,452	1.16	3.28
ME	\$36,975,573	\$14,591,476	0.79%	\$1,777	0.38	2.09
MD	\$30,383,510	\$32,251,003	0.96%	\$11,009	2.35	0.41
MA	\$157,784,700	\$37,111,194	2.99%	\$13,806	2.95	1.02
MI	\$83,306,083	\$43,686,245	1.95%	\$16,974	3.62	0.54
MN	\$158,555,817	\$58,903,977	3.34%	\$7,981	1.70	1.96
MS	\$62,452,122	\$0	0.96%	\$2,576	0.55	1.74
MO	\$68,571,152	\$45,700,228	1.76%	\$8,313	1.78	0.99
MT	\$7,366,885	\$9,585,441	0.26%	\$1,018	0.22	1.20
NE	\$20,981,563	\$14,820,669	0.55%	\$2,513	0.54	1.03
NV	\$14,016,721	\$1,200,044	0.23%	\$2,899	0.62	0.38
NH	\$2,682,194	\$26,513,128	0.45%	\$2,354	0.50	0.89
NJ	\$143,100,604	\$56,859,875	3.07%	\$21,100	4.51	0.68
NM	\$31,632,155	\$5,577,283	0.57%	\$1,893	0.40	1.41
NY	\$963,779,731	\$81,797,721	16.05%	\$41,215	8.80	1.83
NC	\$208,684,120	\$10,694,430	3.37%	\$10,006	2.14	1.58
ND	\$26,773,567	\$14,864,927	0.64%	\$866	0.18	3.46
OH	\$270,866,412	\$13,460,876	4.37%	\$18,373	3.92	1.11
OK	\$92,017,294	\$30,465,320	1.88%	\$4,314	0.92	2.04
OR	\$49,939,087	\$54,058,431	1.60%	\$4,667	1.00	1.60
PA	\$277,458,639	\$93,738,267	5.70%	\$22,075	4.71	1.21
RI	\$56,412,756	\$39,925,788	1.48%	\$1,851	0.40	3.75
SC	\$117,830,408	\$10,479,926	1.97%	\$4,650	0.99	1.99
SD	\$20,809,199	\$14,387,233	0.54%	\$971	0.21	2.61
TN	\$79,139,711	\$6,847,480	1.32%	\$7,464	1.59	0.83
TX	\$327,389,674	\$6,922,055	5.14%	\$29,993	6.40	0.80
UT	\$34,065,137	\$22,238,449	0.87%	\$2,209	0.47	1.83
VT	\$6,714,462	\$17,142,460	0.37%	\$917	0.20	1.87
VA	\$74,123,262	\$6,175,114	1.23%	\$12,257	2.62	0.47
WA	\$113,598,820	\$43,994,283	2.42%	\$10,408	2.22	1.09
WV	\$11,144,409	\$29,134,249	0.62%	\$2,131	0.46	1.36
WI	\$125,568,490	\$30,294,438	2.39%	\$8,179	1.75	1.37
WY	\$4,177,555	\$11,615,832	0.24%	\$791	0.17	1.44
U.S. Total	\$5,266,044,931	\$1,242,079,219	100.00%	\$468,318	100.00	1.00

e indicates estimate * indicates 1990 data

Figure 3.7
Residents of Settings with 15 or Fewer and 16 or More Residents Among Medicaid ICF-MR
and HCBS Recipients on June 30, 1977, 1982, 1987, and 1993



Indexed Utilization Rates

Table 3.10 presents the number of ICF-MR residents and HCBS recipients in each state per 100,000 of that state's population, along with national totals. On June 30, 1993 there were 57.7 ICF-MR residents per 100,000 of the national population. That included 19.0 persons per 100,000 in small ICFs-MR (7.0 in places with 6 or fewer residents and 12.0 in places with 7-15 residents) and 38.7 persons per 100,000 in large ICFs-MR. There was rather remarkable variation in utilization among the states. District of Columbia had the highest utilization rate nationally, with 135.4 ICF-MR residents per 100,000 population, followed by New York with 122.2 residents per 100,000 population. Eight states had more than 150% of the national rate. In contrast, 14 states were less than 50% of the national rate. Figure 3.8 shows this variation on a state-by-state basis.

States with the highest utilization rates for large ICFs-MR included Illinois (99.6 per 100,000), Wisconsin (77.8 per 100,000), and Oklahoma (76.5 per 100,000). Fifteen states reported large ICF-MR utilization rates below 20 per 100,000. But by far the greatest interstate variability was evident among the small ICFs-MR. Utilization

rates for ICFs-MR with 15 or fewer residents were more than 50 per 100,000 in the District of Columbia (122.6), Indiana (66.2), Minnesota (56.7), New York (92.0) and North Dakota (64.5). Seven states had no small ICFs-MR of 6 or fewer with residents, and the states with the highest utilization rates for this size facility were the District of Columbia (67.3) and Louisiana (45.3).

Total ICF-MR and HCBS utilization for persons with mental retardation and related conditions also shows high interstate variability. Nationally on June 30, 1993 there were 91.5 ICF-MR and HCBS recipients per 100,000 of the nation's population. Three states had rates more than double the national utilization rate: North Dakota, Minnesota, and South Dakota, while Alaska, Georgia, and Nevada had total Medicaid utilization rates that were less than half the national rate.

Utilization rates for Medicaid community services (both HCBS and small ICF-MR) also showed great variation around the national average utilization rate of 52.9 per 100,000. Five states provided Medicaid community services to fewer than 15 persons with mental retardation and related conditions per 100,000 of the states' total population. Eight states had Medicaid community service utilization rates that were more than twice

the national average: Arizona (156.7), District of Columbia (122.6), Minnesota (133.1), New York (111.0), North Dakota (276.4), Rhode Island (150.0), South Dakota (149.5), and Vermont (110.1). Figure 3.9 shows this variation on a state-by-state basis.

In noting the extreme variability among states in the utilization of Medicaid ICF-MR and HCBS services, it is important to recognize that some of that variability is a reflection of the size of state residential systems in general. On June 30, 1993 states had an average total utilization rate for all residential services (both ICF-MR and non-ICF-MR) of 120.7 per 100,000. States varied from 50.7 placements per 100,000 in Virginia to 291.8 in North Dakota. While states vary markedly in their total utilization of residential placements for persons with mental retardation and related conditions, state policy decisions create even greater variability in their utilization of Medicaid ICF-MR and HCBS programs to finance those placements.

Figure 3.10 shows patterns of overall U.S. residential services and ICF-MR services utilization from 1962 to 1993. It shows the generally stable, but slightly decreasing ICF-MR utilization rates since 1982. It also shows the steadily increasing overall residential overall residential services

utilization rate since 1987, when residential services utilization reached 105.1 service recipients per 100,000 of the general U.S. population. It is notable that while the residential utilization rate was increasing by 15.6 residents per 100,000 in the U.S. population in the six years between 1987 and 1993, the ICF-MR utilization rate decreased by 2.5 residents per 100,000 in the general population. The aging of the "baby boom" generation into adulthood has been the primary driving force of increasing overall placement rates and is contributing to the growing number of people waiting for services as described subsequently.

As shown below, the HCBS program played a major role in funding the residential services of persons not living in ICFs-MR, with an estimated 76.2% of HCBS recipients receiving residential services outside their family home (see Table 3.11). Applying that statistic to all 86,604 HCBS recipients on June 30, 1993 would yield an estimated 65,992 persons receiving residential services outside their family home financed by Medicaid Home and Community Based Services. This would make the overall utilization of HCBS to fund community-based residential services (other than room and board) greater than the ICF-MR program.

Table 3.10 Utilization Rates per 100,00 of State Population: ICF-MR Residents, HCBS Recipients with MR/RC, and All Residential Service Recipients on June 30, 1993 by State

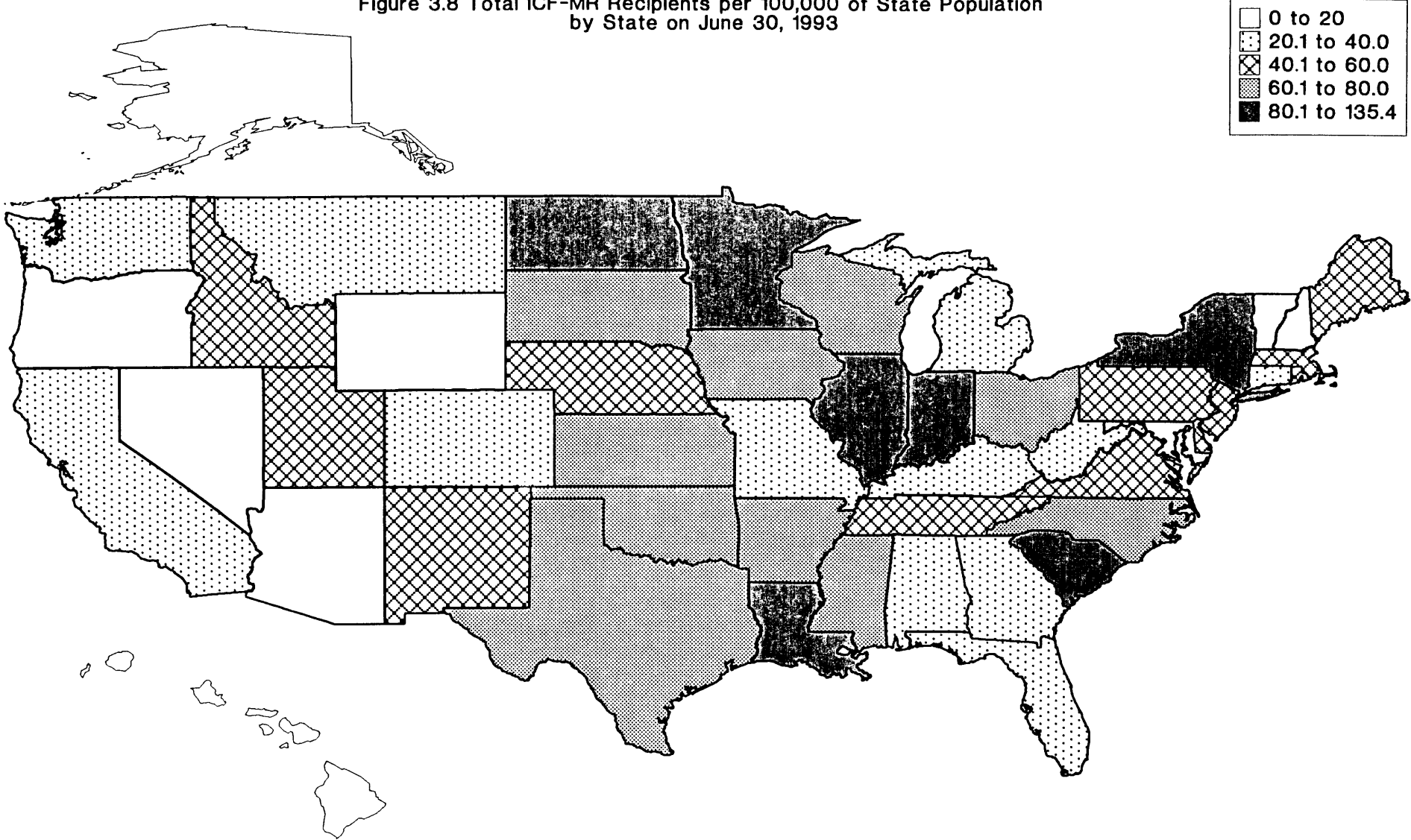
State	State Population (in 100,000's)	ICF-MR Residents/100,000 of State Population					Total Recipients			All Residents (ICF-MR & non-ICF-MR)				
		1-6	7-15	1-15	16+	total	HCBS	HCBS & Small ICFs-MR	HCBS & ICF-MR	1-6	7-15	1-15	16+	All
AL	42.42	0.0	0.8*	0.8*	29.1	29.8	51.5*	52.2*	81.3*	8.5*	16.0*	24.5*	29.8	54.3
AK	5.44	1.8*	5.5*	7.4*	8.3	15.6	0.0	7.4	15.6	53.9	5.5	59.4	8.3	67.6
AZ	39.55	0.0	3.2	3.2	4.3	7.5	153.5	156.7	161.0e	110.6	3.2	113.8	4.3	118.1
AR	24.54	0.0	11.9	11.9	58.4	70.3	18.5	30.3	88.7	31.9	48.5	80.4	64.8	145.2
CA	307.97	7.7e	1.7e	9.4e	26.4	35.8	36.0	45.4	71.8	75.9	10.2	86.1	36.6	122.7
CO	33.82	0.0	8.0	8.0	13.8	21.8	71.2	79.1	93.0	73.3	22.3	95.6	13.8	109.4
CT	33.20	10.6	8.4	19.0	19.3	38.3	62.3	81.4	100.6	107.5	16.5	124.0	42.6	166.6
DE	7.16	0.0	0.0	0.0	51.7	51.7	40.5	40.5	92.2	46.2	0.0	46.2	51.7	97.9
DC	5.94	67.3	55.2	122.6	12.8	135.4	0.0	122.6	135.4	123.4	60.1	183.5	12.8	196.3
FL	139.15	0.5	0.0	0.5	22.6	23.0	43.2	43.7	66.2	27.2	15.5	42.7	31.7	74.5
GA	70.08	0.0	0.0	0.0	27.6	27.6	5.1e*	5.1e*	32.7	21.1*	0.2*	21.3*	30.6	52.0
HI	12.06	3.4	0.6	4.0	5.7	9.7	37.3	41.3	47.0	75.7	0.6	76.3	8.8	85.1
ID	10.19	2.7	28.5	31.2	17.3	48.5	17.1	48.3	65.6	37.3	52.4	89.7	31.4	121.1
IL	117.45	0.8	6.1	6.9	96.6	103.5	24.3	31.2	127.8	16.6	15.6	32.2	105.7	137.9
IN	56.70	16.8	49.4	66.2	43.4	109.6	7.9	74.0	117.5	41.4	49.4	90.8	43.4	134.2
IA	27.55	0.0	7.3	7.3	61.3	68.6	6.2	13.4	74.8	68.4	69.2	137.6	75.7	213.3
KS	25.43	2.8	8.6	11.4	60.8	72.2	41.9	53.3	114.2	45.6	35.4	81.0	60.8	141.8
KY	37.49	0.0	0.0	0.0	28.1	28.1	22.8e	22.8e	50.9	18.0*	4.1*	22.1*	41.8	63.8
LA	43.16	45.3e	0.9e	46.2e	62.2	108.4	26.3	72.5	134.7	54.2	9.0*	63.2	121.1**	184.3**
ME	12.73	9.4**	9.8**	19.2**	30.2**	49.5**	40.0e*	59.2e*	89.5**	114.0**	12.0**	126.0**	43.0**	169.0**
MD	50.16	0.0	0.0	0.0	17.8	17.8	48.6	48.6	66.4	75.9	0.0	75.9	21.3	97.2
MA	59.85	2.1	13.0	15.1	43.7*	58.8*	54.9*	70.1*	113.8*e	52.0**	40.7**	92.7**	56.9*e	149.6**
MI	93.46	30.3	0.0	30.3	5.5	35.8	30.9	61.1	66.6	90.3	0.0	90.3	5.5	95.8
MN	44.60	20.6	36.1	56.7	57.0	113.7	76.4	133.1	190.1	150.2	39.4	189.6	57.0	246.6
MS	26.92	0.0	3.8	3.8	71.9*	75.7*	0.0	3.8	75.7*	14.7	7.9	22.6	80.1	102.7
MO	52.98	0.5	2.4	2.9	29.4	32.3	49.5	52.3	81.7	38.8	35.1	74.0	45.3	119.3
MT	7.84	0.0	1.0	1.0	20.0	21.0	64.3	65.3	85.3	105.5	65.8	171.3	20.0	191.3
NE	15.94	0.0	0.5	0.5	44.7	45.2	62.2	62.7	107.4	56.5	13.7	70.1	44.7	114.9
NV	12.26	3.8	1.2	5.1	11.9	17.0	15.2	20.2	32.1	35.5	1.2	36.7	12.2	48.9
NH	12.22	1.0	3.2	4.2	1.9e	6.1	84.5	88.6	90.5	222.6	9.4	232.0	1.9	233.9
NJ	79.81	0.0	0.0	0.0	48.8	48.8	52.5	52.5	101.3	50.7	0.0	50.7	69.5	120.2
NM	15.99	0.9	12.8	13.8	28.8	42.6	38.3	52.0	80.9	30.8	17.0	47.8	28.8	76.7
NY	178.86	5.7	86.3	92.0	30.2	122.2	19.0	111.0	141.2	43.5	99.0	142.5	30.5	173.0
NC	69.94	19.0	5.2	24.1	42.5	66.7	17.0	41.2	83.7	44.8	8.6	53.4	44.1	97.5
ND	6.43	24.0	40.6	64.5	31.6	96.1	211.8	276.4	307.9	163.1	87.4	250.5	41.2	291.8
OH	109.50	1.3	16.7	18.0	57.1	75.1	10.2	28.3	85.3	38.8	27.8	66.6	59.1	125.7
OK	31.22	0.0	0.9	0.9	76.5	77.4	41.2	42.1	118.6	36.5	9.4	45.9	76.5	122.4
OR	28.70	0.0	0.0	0.0	16.3	16.3	70.5	70.5	86.8	87.2	19.3	106.5	23.8	130.3
PA	120.75	5.4	4.7	10.1	46.0	56.0	31.4	41.5	87.5	68.6	5.3	73.9	51.1	125.0
RI	10.12	26.2	6.0	32.2	12.9	45.2	117.8	150.0	162.9	89.9	35.0	124.9	12.9	137.8
SC	36.91	0.2	28.4	28.7	58.9	87.6	15.9	44.5	103.4	28.2	38.2	66.4	58.9	125.3
SD	7.19	0.0	21.1	21.1	49.0	70.1	128.4	149.5	198.5	104.0	88.6	192.6	49.0	241.6
TN	51.55	0.6	5.5	6.2	39.0	45.2	11.4	17.6	56.5	12.7	29.1	41.8	39.4	81.3
TX	173.91	20.5	5.4	25.9	43.9	69.8	5.6*	31.5*	75.4	26.1	5.4	31.5	43.9	75.4
UT	17.81	0.0	1.9	1.9	50.8	52.7	82.9	84.7	135.5	57.3	22.0	79.2	50.8	130.0
VT	5.87	8.2	0.0	8.2	5.3	13.5	101.9	110.1	115.3	119.4	0.0	119.4	5.3	124.7
VA	65.49	0.4e*	3.2e*	3.6e*	37.2	40.8	8.2e	11.8e	49.0e	3.4**	5.9**	9.3**	41.4	50.7**
WA	49.68	1.5	1.0	2.5	30.7	33.2	34.4	37.0	67.7	79.7	15.6	95.3	36.5	131.8
WI	49.13	0.0	1.3	1.3	77.8	79.1	41.1	42.4	120.2	10.8	8.6	19.4	5.3	24.7
WV	17.87	3.6	20.1	23.7	12.1	35.8	35.6	59.4	71.5	315.6	63.9	379.4	213.9	593.3
WY	4.51	0.0	0.0	0.0	20.0	20.0	101.8	101.8	121.7	114.4	24.6	139.0	41.7	180.7
U.S. Total	2559.5	7.0	12.1	19.0	38.7	57.7	33.8	52.9	91.5	53.6	22.1	75.7	45.0	120.7

e indicates estimate

* indicates 1992 data

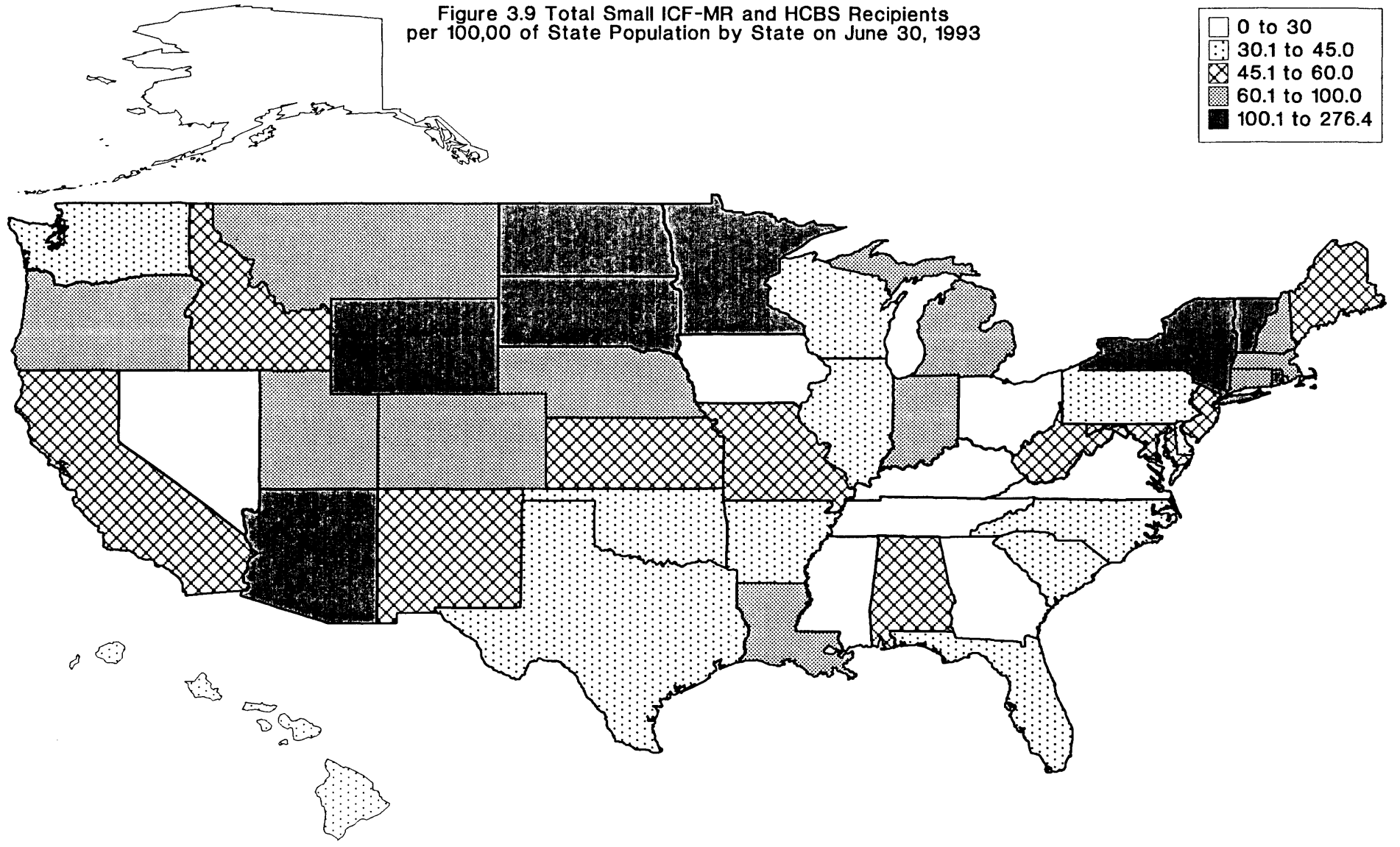
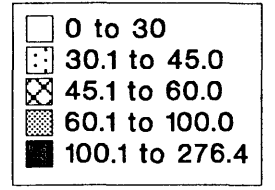
** indicates 1991 data

Figure 3.8 Total ICF-MR Recipients per 100,000 of State Population by State on June 30, 1993



National Average = 57.7

Figure 3.9 Total Small ICF-MR and HCBS Recipients per 100,00 of State Population by State on June 30, 1993



National Average = 52.9

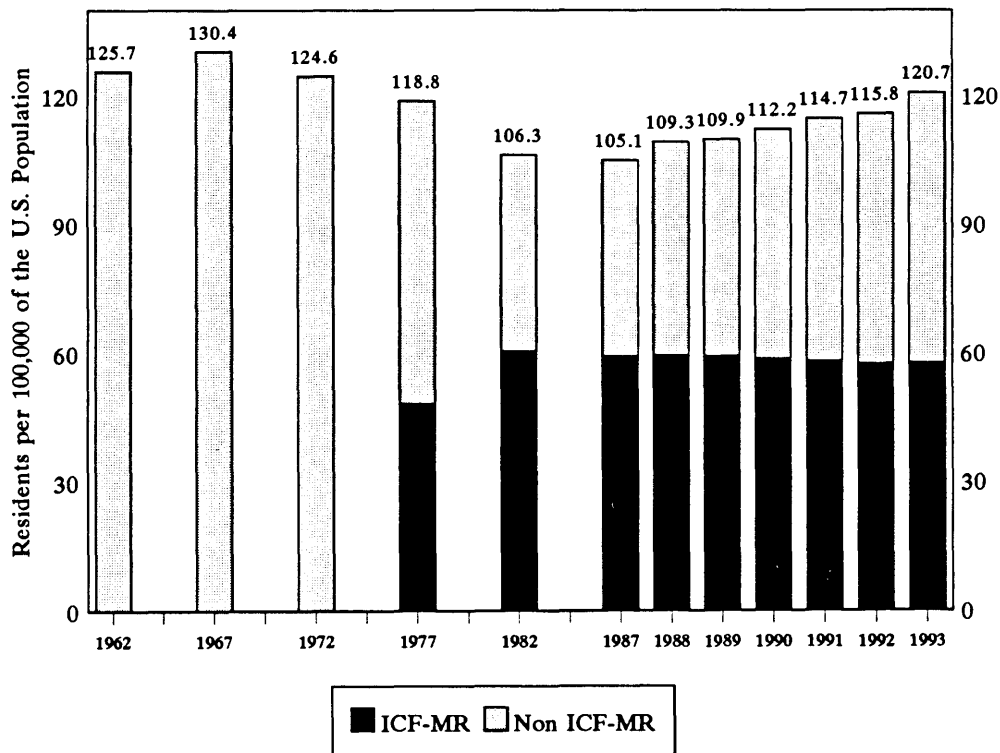


Residential Arrangement of HCBS Recipients

As part of the 1993 data collection, states were asked to report where their Medicaid Home and Community Based Service Recipients lived. Five categories of residences were provided. In all, 22 or the 48 states providing HCBS services (serving 60.6% of HCBS recipients) were able to provide these breakdowns for all of their HCBS service recipients. They are summarized in Table 3.11 by residential arrangement. As shown, the majority of HCBS recipients (55.5%) received services in a residence owned, rented, or managed by an agency, in which agency staff provide care, instruction, supervision, and support to residents with mental retardation and related conditions. The estimated national total for this arrangement is 48,092 recipients. The second more frequently utilized arrangement (23.8% of the recipients) was the

home of persons with mental retardation and related conditions which is also the home of the family member(s), any one of whom receives HCBS services. The estimated national total for this arrangement is 20,594 recipients. The third most frequently utilized arrangement (12.4% of the recipients) was a home owned or rented by families or individuals in which they live and provide care to an unrelated person(s) with mental retardation and related conditions. The estimated national total for this arrangement is 10,739 recipients. A total of 7.4% of HCBS recipients received services in a home owned by or rented to them to which persons come to provide personal assistance, supervision, and/or other support (an estimated national total of 6,376 recipients). The remaining 0.9% (an estimated national total of 804 recipients) were served in other residential arrangements.

Figure 3.10
ICF-MR and Non ICF-MR Residential Service Recipients per 100,000 of the U.S. Population, 1962 to 1993



**Table 3.11 Residential Arrangements of Medicaid Home and
Community Based Services (HCBS) Recipients on June 30, 1993 (based on 22 of 48 states)**

Residential Type	Total HCBS Recipients in Reporting States	% of All HCBS Recipients in Reporting States	Estimated National Totals (Based on Reporting States)
Residence owned, rented, or managed by an agency, in which agency staff provide care, instruction, supervision and support to residents with MR/RC	29,158	55.5%	48,092
Home owned or rented by families or individuals in which they live and provide care to an unrelated person(s) with MR/RC	6,511	12.4%	10,739
Home owned or rented by person(s) with MR/RC to which persons come to provide personal assistance, instruction, supervision and/or other support	3,866	7.4%	6,376
Home of persons with MR/RC which is also the home of family member(s), any one of whom receives HCBS services	12,486	23.8%	20,594
Other residential arrangements	485	0.9%	804
Total	52,506	100.0%	86,604

Persons with Mental Retardation and Related Conditions in Generic Medicaid Nursing Homes

Table 3.12 presents the number of people with mental retardation and related conditions reported by states to be in Medicaid nursing facilities, other than ones specifically licensed for persons with mental retardation and related conditions. The ability of states to report an actual or estimated count of Medicaid nursing facility residents was established primarily in response to the requirement under the Omnibus Budget Reconciliation Act of 1987 (OBRA-87) that states identify and screen nursing home residents with mental retardation and related conditions for the appropriateness of their placement. On June 30, 1993, 38,177 persons with mental retardation and related conditions were in nursing homes. This

statistic compares with a report of 41,460 for June 30, 1990, and 38,564 for June 30, 1992. Nationwide, the total reported number of persons with mental retardation and related conditions in nursing homes was 14.0% of the total number receiving ICF-MR, Medicaid HCBS and Medicaid (generic) nursing home services, and the reported number of nursing home residents with mental retardation and related conditions equalled 11.0% of the nation's total population of persons in all types of MR/DD residential settings and in nursing homes. In 1993, five states (Alabama, Arkansas, Georgia, Nebraska, and Virginia) reported persons with mental retardation and related conditions in nursing homes as more than one-fourth of the total of their MR/DD program residents and nursing home residents.

Table 3.12 Persons with Mental Retardation and Related Conditions in Nursing Facilities on June 30, 1993 by State

State	Persons with MR/RC in Non-Specialized (MR/DD) Nursing Homes	Total MR/RC Recipients of ICF-MR and HCBS	Persons with MR/RC in Nursing Homes, ICFs-MR, or Receiving HCBS	Persons with MR/RC in Nursing Homes, as % of Persons with MR/RC in Nursing Homes, ICFs-MR, or Receiving HCBS	Total Residents in MR/DD Residential Settings	Total Residents in MR/RC Residential Settings and Nursing Homes	Persons with MR/RC in Nursing Homes, as % of All Residents in MR/DD Residences and Nursing Homes
AL	1,300e*	3,450*	4,750*	27.4%	2,303	3,603	36.1%
AK	37	85	122	30.3%	368	405	9.1%
AZ	1	6,369e	6,370e	0.0%	4,671	4,672	0.0%
AR	1,290	2,177	3,467	37.2%	3,564	4,854	26.6%
CA	1,984	22,110	24,094	8.2%	37,790	39,774	5.0%
CO	333e	3,144	3,477	9.6%	3,701	4,034	8.3%
CT	454	3,341	3,795	12.0%	5,531	5,985	7.6%
DE	0	660	660	0.0%	701	701	0.0%
DC	0	804	804	0.0%	1,166	1,166	0.0%
FL	212	9,216	9,428	2.2%	10,362	10,574	2.0%
GA	1,941e*	2,292	4,233	45.9%	3,642	5,583	34.8%
HI	135	567	702	19.2%	1,026	1,161	11.6%
ID	0	668	668	0.0%	1,234	1,234	0.0%
IL	1,659	15,010	16,669	10.0%	16,201	17,860	9.3%
IN	2,047	6,660	8,707	23.5%	7,611	9,658	21.2%
IA	1,562	2,060	3,622	43.1%	5,877	7,439	21.0%
KS	0	2,903	2,903	0.0%	3,607	3,607	0.0%
KY	217**	1,908	2,125	10.2%	2,393	2,610	8.3%
LA	1,244*	5,812	7,056	17.6%	7,953**	9,197	13.5%
ME	230*	1,139**	1,369**	16.8%	2,152**	2,382	9.7%
MD	690	3,331	4,021	17.2%	4,875	5,565	12.4%
MA	1,600	6,808e*	8,408	19.0%	8,952**	10,552	15.2%
MI	1,550e*	6,227	7,777	19.9%	8,958	10,508	14.8%
MN	750	8,480	9,230	8.1%	11,000	11,750	6.4%
MS	840	2,038*	2,878*	29.2%	2,764	3,604	23.3%
MO	1,463	4,331	5,794	25.3%	6,318	7,781	18.8%
MT	184	669	853	21.6%	1,500	1,684	10.9%
NE	649*	1,712	2,361	27.5%	1,831	2,480	26.2%
NV	31	394	425	7.3%	600	631	4.9%
NH	108*	1,106	1,214	8.9%	2,858	2,966	3.6%
NJ	286	8,083	8,369	3.4%	9,590	9,876	2.9%
NM	121	1,293	1,414	8.6%	1,226	1,347	9.0%
NY	1,454	25,248	26,702	5.4%	30,938	32,392	4.5%
NC	300e	5,852	6,152	4.9%	6,820	7,120	4.2%
ND	170	1,980	2,150	7.9%	1,876	2,046	8.3%
OH	2,451	9,342	11,793	20.8%	13,761	16,212	15.1%
OK	935	3,702	4,637	20.2%	3,822	4,757	19.7%
OR	0	2,491	2,491	0.0%	3,739	3,739	0.0%
PA	1,544e	10,563	12,107	12.8%	15,094	16,638	9.3%
RI	0	1,649	1,649	0.0%	1,395	1,395	0.0%
SC	98**	3,818	3,916	2.5%	4,625	4,723	2.1%
SD	163	1,427	1,590	10.3%	1,737	1,900	8.6%
TN	1,014e	2,915	3,929	25.8%	4,189	5,203	19.5%
TX	3,258**	13,111	16,369	19.9%	13,111	16,369	19.9%
UT	270*	2,414	2,684	10.1%	2,316	2,586	10.4%
VT	84	677	761	11.0%	732	816	10.3%
VA	1,933**	3,206e	5,139e	37.6%	3,322**	5,255	36.8%
WA	497	3,361	3,858	12.9%	6,550	7,047	7.1%
WV	211**	1,277	1,488	14.2%	1,214	1,425	14.8%
WI	847	5,904	6,751	12.5%	10,603	11,450	7.4%
WY	30	549	579	5.2%	815	845	3.6%
U.S.							
Total	38,177	234,333	272,510	14.0%	308,984	347,161	11.0%

e indicates estimate

* indicates 1992 data

** indicates 1991 data

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APPENDIX A: KEY STATE CONTACTS

Alabama	Bonnie Callahan	Robert Graham
Cathy Maddox	Jerry Westmoreland	Mike Fisher
Raymond Owens	Maine	Dina Barta
Alaska	Leda Cunningham	Ohio
Diana Ray	Maryland	Donna Wood
Arizona	William Wacker	Joan Allen
Ken Curry	Massachusetts	Oklahoma
Arkansas	Mary Cerreto	David Goodell
Susan Wallace	Michigan	Oregon
California	Stu Hallgren	David Baker
Arthur Choate	Minnesota	Pennsylvania
Colorado	James Franczyk	Michael Toth
Lynne Struxness	Mississippi	Rhode Island
Connecticut	Lisa Romine	Brenda Chamberlain
Lawrence Johnson	Mendal Kemp	Camille Letourneau
District of Columbia	Missouri	South Carolina
Leola Brooks	John Bright	Al Whiteside
Delaware	Montana	Sharon Stokes
Kathleen Wooten	Janice Frisch	South Dakota
Hank Brown	Robert Anderson	Ed Campbell
Florida	Nebraska	Tennessee
Tom Stankus	Roger Stortenbecker	William Edington
Georgia	Jackie Miller	John Lewis
Jack Schmidt	New Hampshire	Texas
Hawaii	Dan Van Keuren	Rose Rossman
Lois Svenishi	Diedre Prescott	Mary Chipley
David Kanno	New Jersey	Utah
Iowa	Beth Lamanna-Frazier	Cindy Ruckman
Tim Carroll	Leon Skowronski	George Kelner
Deborah Johnson	Dennis Hemphill	Vermont
Idaho	New Mexico	June Bascom
Reed Mulkey	John Moore	Virginia
Lloyd Forbes	Jennifer Ward	Jim Beck
Diane Helton	Jackie West	Nancy Brady
Illinois	Susan Osborne	Charleen Whitehead
Dian Alderman	Marsha Weist	Washington
Indiana	Nevada	Ron Sherman
Ann January	Peter Steinmann	West Virginia
Kansas	New York	Marc Hanna
Larry Sherraden	Mary Edmonds	Wisconsin
Kentucky	Kuie-Lan Lin	Dennis Harkins
Wayne Chester	North Carolina	Wyoming
Pat Russell	Anne King	Jon Fortune
Louisiana	North Dakota	Cliff Mikesell