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STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-38 15

March 15, 1988

The Honorable Jerome Hughes
President of the Senate
328 Capitol
St. Paul, Minnesota 55155

The Honorable Robert E. Vanasek
Speaker of the House of Representatives
463 State Office Building
St. Paul, Minnesota 55155

Dear Senator Hughes and Representative Vanasek:

Attached is the report to the Legislature required by Minnesota Statutes 252.292 in regard to the Community Services Conversion Project. You may recall that the statute was passed in the 1987 Legislature to provide structure, process and authority to the Department in overseeing the closure of community-based facilities serving persons with mental retardation when requested by counties and service providers.

The report is favorable toward the statute and recommends no changes or amendments. If there are questions, I will be happy to answer them or direct you to one of my staff, when appropriate.

Sincerely,

A handwritten signature in cursive script that reads "Sandra S. Gardebring".

SANDRA S. GARDEBRING
Commissioner

cc: Representative Paul Ogren, Chairperson
Health and Human Services Committee

Senator Linda Berglin, Chairperson
Health and Human Services Committee

Representative Lee Greenfield, Chairperson
Health and Human Services
Division of Appropriations

Senator Don Samuelson, Chairperson
Health and Human Services
Division of Finance

STATUS OF THE
COMMUNITY SERVICES CONVERSION PROJECT

A Report Submitted to
the Minnesota Legislature
by the Department of Human
Services, Division for
Persons with Developmental
Disabilities in Compliance
with M.S. 252.292, Sec. 1,
Subd. 1.

March 1, 1988

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BACKGROUND

Minnesota Statutes 252.292, section 1, subdivisions 1 to 4, authorizes the Department of Human Services to convert services provided by community intermediate care facilities for persons with mental retardation or related conditions (ICFs/MR), to services provided under home and community-based services (waivered services). This statute also establishes procedures for the voluntary closure and conversion of these ICFs/MR.

Briefly, the procedures are as follows:

1. Submission of a determination of need by a county, requesting decertification and closure of the facility.
2. Upon approval of the determination of need, a formal closure contract is drafted and signed by the commissioner, representatives of the county in which the facility is located, and the service vendor. (see appendix A)
3. All counties having responsibility to a person or persons within the facility must review the service needs of the person(s) and screen the person for alternative services. After the screening the county may request resources for residents eligible for and choosing home and community-based services. Some residents may select non-waivered service options for which they are eligible (e.g., another ICF/MR, semi-independent living services or foster care without waived services).
4. The Department allocates resources to requesting counties. Each resident receives individual assistance from the county case manager for the person in planning his move. Vendors are selected to provide the new service in accordance with this individualized plan.
5. Upon closure, the facility is decertified and there is a settle-up between the Department and facility representatives so that only actual costs during the period of closure are funded.

CLOSURES

A. Completed Closures

Since October 1985, 14 facilities have completed closure in seven regions throughout the state. These facilities have ranged in size from 10 to 45 beds and constitute 269 bed decertifications in all. Alice Haney Residence in McLeod County was the first during this period to begin closure and it was completed on June 30, 1987.

There were various reasons for the closures. These reasons have ranged from the need to vacate old facilities, to the host county's desire to convert its services, to marked deficiencies, low occupancy and noncompliance with state or federal regulations.

The following facilities had completed closure by February 29, 1988.

<u>Region</u>	<u>Facility</u>	<u>Decert. Beds</u>	<u>Reason</u>
3	Aneskarn-Rosslaer	28	Financial
	Champion Children's	13	Licensing
	Hawthorne House	16	Co. Planning
	Hilltop Manor	10	Co. Planning
4	Lake Park Wild Rice	35	Occupancy
5	Alice Haney	40	Licensing
7	Lake View	7	Co. Planning
	Madden-Haven	45	Licensing
	St. Elizabeth	14	Co. Planning
8	Project Independence	8	Co. Planning
10	377 Main	12	Occupancy
	Ele's and Harson's (Northrup)	17	Financial
	Woodvale Kasson	14	Co. Planning
<u>11</u>	<u>Bronstein</u>	<u>10</u>	Co. Planning
<u>TOTAL</u>	<u>14 Facilities</u>	<u>269</u>	

B. Closures in Progress.

There are currently three facilities in the process of closure. Wicklough (Ramsey County), began closure

on August 1, 1986 with 89 residents. About 20 people remain at this time and are scheduled for placement prior to June 30, 1988.

Greenbrier, (Ramsey County, began closure on February 1, 1987 with 151 residents. Currently, about 100 people remain. All are expected to relocate and will receive alternative services by May 31, 1988.

Hammer Residence, (Hennepin County), has 46 residents. This closure commenced on February 1, 1988 and is scheduled for completion by August 1, 1989. It should be noted that intense individual planning activities preceded Hammer's initiation of closure by more than one year. This transition planning should have great benefits for residents and families of the residents as movements occur. Whenever possible, the Department will suggest a similar process for future voluntary closures.

To date a total of 120 residents from these closing facilities have moved. Empty beds are decertified at regular intervals throughout the closure process. One hundred and sixty-six additional residents will have moved at the completion of these projects.

C. Projected Closures:

Three determinations of need have been approved for facilities which are currently negotiating contracts for closure. These facilities include REM Waite Park, (Stearns County), with nine residents, Pettit Children's Home, (Stearns County), with 15 children in residence, and REM-Redwood, (Redwood County), with 124 residents. REM Waite Park is projected to close in may of 1988. Pettit's in June, 1989, and REM-Redwood on December 31, 1990. A total of 148 residents will be involved in these conversion projects.

In addition to these facilities, representatives of the Department have had serious discussions with owners of four other facilities (250-300 beds) and their respective county social service agencies. Regular inquiries about the process are received and in several instances, the vendors and their counties have been urged to postpone immediate plans, because there are not enough alternative resources to meet all the requests at the same time.

It has been projected that there will be at least 200 people who will be involved in closures in each of the next three fiscal years and perhaps beyond.

DISCUSSION

The statute on the community services conversion project has assisted in making ICF/MR closures and conversions administratively less complex. Each phase of the process has become smoother as a result. Even though each facility presents unique concerns, the standardized processes, and the statutory authority provided by M.S. 252.292 have been adequate to resolve every issue that has arisen.

The combined experiences from previous closures are very helpful in planning for the residents who are relocating. The following issues are important in successful implementation of closure plans:

1. Smooth transition planning is critical. Having a mechanism to implement voluntary closure promotes cooperation among the parties and provides time frames that are adequate for planning and developing alternative services. Voluntary closure also removes most of the stresses involved in a closure forced by poor services or severe financial duress. Too much urgency can result in mistakes, inappropriate placements and too many decisions being made without adequate input from residents and their families.
2. Costs of the conversion projects are managed within the mandates and guidelines of rules pertinent to each service alternative selected by the residents. Closures with adequate planning time also provide better opportunities for counties to receive competitive proposals from service vendors. They also promote the use of more individually tailored contracts which tend to be less costly. All people involved in conversion projects are being served within the authorized budgets for the various alternative living arrangements (e.g., county and state budgets for in-home waived services, SILS, foster care).

Once the conversion is complete, there is, of course, no further cost at the closed facility. Furthermore, several of the smaller conversion projects have not required interim rates during the closure timeframe. Also, the cost of converting facilities, closing due to

licensed deficiencies, are less than the prohibitive dollar amount that would be required to bring the facilities into compliance for continued operation (e.g., Greenbrier would have cost an additional one million dollars per year, over its regular per diem rate, to continue operation. The conversion project on the other hand needed only a one-time additional cost, over 14 months, of 1.25 million or less).

In the small sample of conversions to date, all projects are being completed at or under projected costs. The model contract assures that it cannot go over a predetermined amount and has a "settle-up" clause for a return of funds from the vendor when costs are lower than anticipated. The Department will continue to collect and track the cost data closely.

3. We have learned that close monitoring of the screening process by the counties will result in better Individual Service Plans, more choices for residents and/or their legal representatives in regard to where and with whom they will live. Furthermore, it is evident that, in the conversion of larger facilities, it is to the advantage of the counties and the residents to involve more than one service vendor in providing the alternative services. In Ramsey County, for instance, most of the Greenbrier residents were initially scheduled to be served by a single provider in their new homes. Close monitoring by the county revealed that the provider was becoming hard-pressed to meet the deadlines which are absolute in the contract. Consequently, a back-up plan was conceived and five additional service providers were selected to develop services. Now the deadlines will be met.

To assist with monitoring progress, a monthly Facility Progress Report was developed (see appendix B). This mechanism helps to manage time frames and track residents as they move. All facilities involved in the conversion process are required by contract to submit these reports.

4. The effect on residents and employees during a voluntary conversion project appears to be substantially positive. Providers and counties indicate that there is often some anxiety for those involved during the initial planning stages. However, this generally lessens considerably as the plans become more concrete and is replaced by enthusiasm and anticipation. What information has been received thus far regarding the quality of alternative services and client satisfaction is positive. There is little data indicating notable problems in these areas except in two instances where conversion was not the preference of the provider, but these are clear and predictable exceptions. Employees are generally able to continue working, although some may need to train for employment into different positions. Some employees may choose not to continue in their positions, however providers indicate that employee turnover during conversion occurs at about the same rate as it had prior to the project.

CONCLUSION

At this point, there appears to be little need for major procedural changes in the process. Department staff will continue to monitor contract costs, promote sound planning, and increase the intensity and frequency of monitoring the welfare of residents affected by the projects. All large conversion projects should involve multiple vendors to develop a variety of individualized alternative services.

The conversion process appears to be working as intended. It gives direction for providing services to persons with developmental disabilities. The statute is adequate in establishing authority and providing the process for its implementation.

APPENDIX A

MODEL CLOSURE AGREEMENT

Closure Agreement

WHEREAS the Minnesota Department of Human Services (hereinafter referred to as the Department), the Ramsey County Community Human Services Department (hereinafter referred to as the County), and _____ (hereinafter referred to as the Provider) hereby agree to abide by the covenants and conditions contained herein for the purpose of closure of the _____ Facility, (hereinafter referred to as the Facility) an entity related by ownership to the Provider.

WHEREAS the Federal government through the consolidated Omnibus Budget Reconciliation Act of 1985 appears to provide for the phase-down and closure of Intermediate Care Facilities for the Mentally Retarded rather than provide additional staff and physical plant modifications as an alternative plan of correction for deficiencies;

WHEREAS the State of Minnesota pursuant to Minnesota Statutes, section 252.292, is authorized to enter into agreements for the phase-down to closure of Intermediate Care Facilities for the Mentally Retarded, on a voluntary basis;

WHEREAS the Department's objective is to shift to the use of ordinary housing, generic services and employment programs where the entire community can share in programs that maximize the use of existing services;

WHEREAS the Department's goal is to provide integrated community services for its mentally retarded clients in the least restrictive environment and in a cost efficient manner; and

WHEREAS the Department, based upon the recommendation of the County, has determined a need to phase-down and close the Facility by _____ DATE.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES HERETO THAT:

1. The final closure date for the Facility is DATE. Closure may occur prior to this date, but operation of the Facility as a group home for the care of persons with mental retardation will not extend beyond 11:59 p.m. _____ DATE.

The Department agrees:

1. To set aside sufficient openings for home and community-based services for use during State fiscal year _____ by current residents of the Facility.

2. The exact number of home and community-based service openings required to meet the needs of current Facility residents and which will be allocated to this project must be determined by results of individual screenings and the development of individual services plans. All allocation of openings for home and Community-based services for current facility residents will be made to the counties of financial responsibility of the residents, respectively. Home and community-based service placements will not be authorized for persons transferred to other intermediate care facilities for persons with mental retardation, state hospitals, semi-independent living services (SILS), or nursing homes licensed under Chapter 144 A.

The County agrees:

1. That the costs associated with the provision of home and community-based services for current residents of the Facility must be established pursuant to Minnesota Rules, Parts 9525.1800 to 9525.1930 (Rule 41) and must be expended in accordance with that rule.
2. All current residents of the Facility must be screened and alternative services must be identified or developed in accordance with screening results and a written individual service plan. The development of alternative services for each current Facility resident must comply with the requirements of Minnesota Rules, Parts 9525.0015 to 9525.0165 (Rule 185).
3. All current residents from the Facility must be moved to their home communities whenever appropriate as indicated by the screening and the individual service plan. Each resident and his/her county of financial responsibility shall have complete freedom of choice in arriving at consensus in the selection of the alternative service and the provider of that service as provided for in Rule 185 and Rule 41.

The Provider and the Department agree that:

1. Except as otherwise specified in this agreement, the provisions of Minnesota Rules, Parts 9553.0010 to 9553.0080 (Rule 53) shall apply to the interim/settle-up payment rates established for the Provider.
2. The interim/settle-up period not to exceed ___ months beginning DATE and ending no later than DATE shall be the period during which the interim payment rate and the settle-up payment rate will be in effect.

3. During the interim/settle-up period, the Provider shall not be reimbursed for any expenses connected with the acquisition of new capital assets for the Facility, except as herein provided:
- (a) The expense is incurred for an allowable capital asset owned or used by the Facility which had been placed in service prior to DATE; or
 - (b) The expense is for replacement of existing physical plant improvements, or depreciable equipment which are no longer in proper working order, and the cost of repairing these assets would exceed the cost of acquisition of new physical plant improvements, or depreciable equipment; and
 - (c) The expense is for acquisition of new capital assets which are necessary in order to comply with licensing or certification orders, or to correct deficiencies cited by any governmental agency having licensing or certification authority over the Facility, including but not limited to the Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Fire Marshal, and United States Department of Health and Human Services; and
 - (d) At least ten days prior to the acquisition of any new capital asset under paragraphs 3 (b) or 3 (c), which asset has a cost in excess of \$1,000.00 the Provider shall send written notice of the proposed acquisition to the director of the Long-Term Care Rates Division, Department of Human Services. The Department of Human Services may object to said acquisition within the ten day period, if it determines that the proposed acquisition is not necessary and/or cost effective for operation of the Facility. If such objection is made, then the Provider and the Department of Human Services shall work cooperatively to assure that necessary capital assets are acquired in a cost effective manner. The notification requirement stated in this subparagraph shall not apply to emergency life threatening repair or replacement of capital assets.

- (e) Capital asset acquisitions in paragraph (c) shall have a useful life assigned to them equal to the number of months remaining in the interim/settle-up period provided that such capital asset would serve only to fulfill purposes of the Medical Assistance Program. If the capital asset acquired can reasonably be expected to have value or provide service for non-Medical Assistance Program purposes, the useful life shall be assigned in accordance with Minnesota Rules, part 9553.0060.
4. The investment per bed limitations of Minnesota Rule, Part 9553.0060, Subpart 1, item C shall not be applied to the interim or settle-up payment rates in effect for the interim/settle-up period.
 5. During the interim/settle-up period, the Provider shall not refinance or acquire new capital debt for the Facility unless prior approval is obtained from the Commissioner of the Department of Human Services.
 6. A certified audit performed in accordance with generally accepted auditing standards covering the interim/settle-up period must be submitted with the settle-up cost report. The cost of the certified audit shall be included in the settle-up cost report as an administrative cost.
 7. The administrative cost limitations in Part 9553.0050, Subpart 1.A. shall not be applied on the interim cost report payment rate. The administrative cost limitation to be applied on the settle-up cost report shall be determined using the administrative cost per bed limit established under Minnesota Rules, part 9553.0050, subpart 1.A. for the rate year beginning DATE. The annualized administrative cost per bed limit increased by percent shall be multiplied by the number of licensed bed days divided by the number of days in the settle-up reporting year. The number of licensed bed days shall be the sum of the number of days a bed is licensed by the Minnesota Department of Health. Commencing DATE and at least quarterly, the Provider shall request reduction in the licensed and certified beds which are no longer required for the remaining residents. This request must be submitted to both the Department and the Minnesota Department of Health.
 8. The Provider shall retain the financial and statistical records supporting the information reported on the interim and settle-up cost reports and the three cost reports immediately preceding the interim/settle-up period until the Department has completed the field audit.

9. The Department shall establish an interim payment rate by DATE. If the Department does not establish the interim payment rate by that date, the Department shall establish a temporary payment rate of \$00.00. The temporary payment rate shall be retroactive to DATE and shall remain in effect until superseded by the interim rate established by the Department.

The County, the Provider, and the Department agree that:

1. No new residents will be admitted to the Facility.
2. Status reports on the residents at the Facility must be submitted at least monthly to the County and subsequently to the Department. Monthly status reports must include the number of residents moving from the Facility, the alternative service provided to those residents and the number of residents screened.
3. The Facility will operate in full and continuous compliance with all relevant state and federal standards for such a facility through the closure date.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives, effective DATE intending to be bound thereby.

APPROVED:

PROVIDER

DEPARTMENT

By:

By:

Title:

Title: Commissioner

Representing:

Agency: Department of Human Services

Date:

Date:

As to form and execution by:

COUNTY

ATTORNEY GENERAL
DEPARTMENT OF HUMAN SERVICES

By:

By:

Title:

Title:

Agency:

Date:

Date:

APPENDIX B

MODEL CLOSURE AGREEMENT

December 31, 1987

ICF/MR CLOSURE AND DECERTIFICATION PLAN

Name of ICF/MR _____
County _____

I. General Information:

1. Date closure actually began:
month _____ day _____ year _____

2. Number of residents served on the day the closure actually began:

3. Number of certified beds on the day closure actually began:

4. Target date for facility closure:
month _____ day _____ year _____

5. Number of residents served today (December 31, 1987):

6. Number of certified beds today (December 31, 1987):

PLEASE RETURN THIS REPORT TO: SHIRLEY PATTERSON-SCHLE, ASSISTANT
DIRECTOR, DIVISION OF DEVELOPMENTAL DISABILITIES, DEPARTMENT OF HUMAN
SERVICES, 444 LAFAYETTE ROAD—2ND FLOOR, ST. PAUL, MINN. 55155-3825.

II. Occupancy Targets and Certified Beds Anticipated:

How many residents do you expect to be in your facility on the following dates? How many beds will still be certified?

<u>Target Date</u>	<u># Residents Anticipated</u>	<u># Certified Beds</u>
1/31/88	_____	_____
2/28/88	_____	_____
3/31/88	_____	_____
4/30/88	_____	_____
5/31/88	_____	_____
6/30/88	_____	_____
7/31/88	_____	_____
8/30/88	_____	_____
9/30/88	_____	_____
10/31/88	_____	_____
11/30/88	_____	_____
12/31/88	_____	_____
1/31/89	_____	_____
2/28/89	_____	_____
3/31/89	_____	_____
4/30/89	_____	_____
5/31/89	_____	_____
6/30/89	_____	_____

Signature of Facility Director: _____

Date of Signature: _____

Persons Completing this Form: _____

Phone: _____

MONTHLY REPORT

Name of ICF/MR _____
County _____ For Month Ending ____/____/____

Person Completing this Report: _____

Signature of Facility Director: _____

I. Current Information:

A. Persons Served:

1. Number of residents at beginning of month: _____
2. Number of residents discharged during the month: _____
3. Number of residents at the end of the month: _____
4. Cumulative number of persons discharged since closure began: _____

B. Certified Beds:

1. Number of certified beds at beginning of month: _____
2. Number of certified beds at the end of the month: _____

C. Decertifications:

1. Number of requests for bed decertification submitted to the Minnesota Department of Health since closure began and before 1/1/88. _____
 - a. Number granted _____
 - b. Number pending _____
2. Number of requests for bed decertification submitted to the Minnesota Department of Health since 1/1/88. _____
 - a. Number granted _____
 - b. Number pending _____

Page 2 of 3
ICF/MR Closure/Monthly Report
ICF/MR Name _____
For Month Ending _____/_____/_____

II. Discrepancies:

A. The Closure and Decertification Plan that you submitted to the Department of Human Services on December 31, 1987 indicated that you expected to have _____ persons residing in your facility on the last day of this month. Did you achieve that goal? (Subtract the number above from the number you entered in A3 above and write the result in the blank at the right.)

B. The plan also indicated that you expected to decertify _____ beds between January 1, 1988 and the end of this month. Did you achieve that goal? (Subtract the number above from the "total" number you entered in C2 above and write the result in the blank at the right.)

III. Actions Taken:

If more persons are being served in your facility than have been targeted for this period of time, please indicate the actions you are taking to achieve the targets. (Use additional paper if necessary.)

Page 3 of 3
ICE/MR Closure/Monthly Report
ICE/MR Name _____
For Month Ending _____

IV. Assistance Needed:

Indicate any technical assistance you may need from the Department of Human Services or elsewhere to achieve the targets specified in your Closure and Decertification Plan.

PLEASE RETURN THIS MONTHLY REPORT TO:

1. Shirley Patterson-Schue, Assistant Director
Division for Persons with Developmental Disabilities
Minnesota Department of Human Services
444 Lafayette Road—2nd Floor
St. Paul, Minnesota 55155-3825
2. Your Host County Department of Social Services.

THANK YOU FOR GIVING THIS TASK YOUR ATTENTION!!!!!!!!!!!!!!

FINAL ACTION CODE

- 1 - Remain at home with unaltered services.
- 2 - Remain at home without unaltered services.
- 3 - Placement in community with unaltered services.
- 4 - Placement in the community without unaltered services but not ICF/MR, ICF or SWF.
- 5 - Placement in an ICF/MR - OTHER HOSPITAL.
- 6 - Placement in an ICF/MR - OTHER HOSPITAL.
- 7 - Placement in an ICF.
- 8 - Placement in an SWF.
- 9 - Other.

INDIVIDUAL ACTIVITY LOG.....ICF/MR CLOSURE

Name of ICF/MR _____

For Month Ending _____

	NAME OF RESIDENT (LAST, FIRST, MIDDLE)	MEDICAL ASSISTANCE ID NUMBER	DATE RESIDENT WAS SCREENED (MONTH, DAY, YEAR)	CODE OF FINAL ACTION OF SCREENING	PROJECTED DATE OF DISCHARGE (MONTH, DAY, YEAR)	ACTUAL DATE OF DISCHARGE (MONTH, DAY, YEAR)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

APPENDIX C

MODEL CLOSURE AGREEMENT

PERSONS WITH DEVELOPMENTAL DISABILITIES RESIDING IN
IC MR TARGETED FOR CLOSURE IN MINNESOTA

January, 1988

MONTH/YEAR

(as of 1/31/88)

REGION	FACILITY	TOTAL RESIDENTS AT START OF CLOSURE	DATE CLOSURE BEGAN*	DATE OF PROJECTED CLOSURE	PERSONS RELOCATED			
					MONTHLY TARGET	RELOCATIONS THIS MONTH	TOTAL RELOCATIONS TO DATE	TOTAL REDUCTIONS REMAINING
REGION 1	: None	:	:	:	:	:	:	:
REGION 2	: None	:	:	:	:	:	:	:
REGION 3	: Aneakarn - Roselaer	28	:	4/14/86	:	:	28	0
	: Baldwin (DRCC)**	10	7/15/87	NA	:	2	2	0
	: Champions	13	8/13/87	12/18/87	3	12	13	0
	: Hawthorne	16	5/1/87	5/31/88	1.25	2	9	7
	: Hearthside**	40	12/1/87	NA	8	8	8	0
	: Hilltop	10	5/22/87	10/29/87	:	0	10	0
REGION 4	: Lake Park Wild Rice	35	6/10/87	10/31/87	:	0	35	0
REGION 5	: None	:	:	:	:	:	:	:
REGION 6	: Alice Haney	40	10/1/85	6/30/87	:	0	40	0
REGION 7	: Lakeview	7	:	8/1/86	:	:	7	0
	: Madden-Haven	45	1/1/87	7/1/87	:	0	45	0
	: St. Elizabeth	14	3/1/87	8/1/87	:	0	14	0
REGION 8	: Project Independence	8	*(All beds decertified by Nov. 1, 1985)*		:	:	8	0
REGION 9	: None	:	:	:	:	:	:	:
REGION 10	: 377 Main	12	6/1/86	10/5/87	:	0	12	0
	: Ele's & Harsons	17	8/14/87	12/31/87	4	17	17	0
	: Woodvale-Kassen	14	11/1/85	9/30/87	:	0	14	0
REGION 11	: Bronstein Home	10	*(All beds decertified by March 5, 1986)*		:	:	10	0
	: Greenbrier	150	2/1/87	5/31/88	10	25	42	108
	: Hammer	46	2/1/88	8/1/89	0	0	0	46
	: Wicklough	89	8/1/86	6/30/88	5.25	2	63	26
STATE TOTAL:		604			31.5	68	377	187

* NOTE: "DATE CLOSURE BEGINS" may precede the effective date of the closure agreement.

** Indicates facilities scheduled for downsizing rather than closure.

APPENDIX D

MODEL CLOSURE AGREEMENT

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES IN ICF'S/MR INVOLVED IN CLOSURE DURING 1987 AND 1988, BY COUNTY OF FISCAL RESPONSIBILITY

COUNTY	WICKLOUGH	HAMMER	GREENBRIER	WOODVALE-KASSON	ELE'S & HARSON'S	377 MAIN	MADDEN-HAVEN	ALICE HANEY	LAKE PARK WILD RICE	HILLTOP MANOR	HAWTHORNE	CHAMPION	TOTAL	PERCENT
: ANOKA	: 3	:	: 3	:	:	:	:	:	:	: 1	:	: 2	: 9	: 2.12%
: BELTRAMI	: 2	: 1	:	:	:	:	: 1	:	:	:	:	: 1	: 5	: 1.18%
: BENTON	:	:	: 1	:	:	: 4	:	:	:	:	:	:	: 5	: 1.18%
: BIG STONE	: 1	:	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: BLUE EARTH	:	: 1	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: CARLTON	:	: 1	:	:	:	:	:	:	:	: 1	:	:	: 2	: 0.47%
: CARVER	:	:	:	:	:	:	: 1	:	:	:	:	:	: 1	: 0.24%
: CASS	:	:	: 1	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: CLAY	: 1	:	:	:	:	:	:	: 1	:	:	:	:	: 2	: 0.47%
: COOK	: 1	:	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: CROW WING	:	: 1	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: DAKOTA	:	: 1	: 5	:	:	:	:	:	:	:	:	:	: 6	: 1.42%
: DODGE	:	:	:	: 1	:	:	:	:	:	:	:	:	: 1	: 0.24%
: FARIBAULT	:	:	: 2	:	:	:	:	:	:	:	:	:	: 2	: 0.47%
: GOODHUE	: 1	:	: 2	: 1	:	: 1	:	:	:	:	:	:	: 5	: 1.18%
: GRANT	: 1	:	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: HENNEPIN	: 10	: 42	: 35	:	: 2	: 10	: 12	: 1	:	: 3	: 1	:	: 116	: 27.36%
: ISANTI	: 1	:	:	:	:	: 1	:	:	:	:	:	:	: 2	: 0.47%
: ITASKA	:	:	:	:	:	:	:	:	:	: 6	:	:	: 6	: 1.42%
: KANDIYOHI	:	:	:	:	:	:	: 1	:	:	:	:	:	: 1	: 0.24%
: KANESEC	:	:	:	:	:	:	:	:	:	: 1	:	:	: 1	: 0.24%
: KITSON	:	: 1	:	:	:	:	:	:	:	:	:	:	: 1	: 0.24%
: LAC QUI PARLE	:	:	: 1	:	:	:	:	:	:	:	:	:	: 1	: 0.24%

NUMBER OF PERSONS WITH DEVELOPMENTAL DISABILITIES IN ICF'S/MR INVOLVED IN CLOSURE DURING 1987 AND 1988, BY COUNTY OF FISCAL RESPONSIBILITY

COUNTY	WICKCLOUGH	HAMNER	GREENERLIER	HOODVALE-KASSON	ELE'S & HARSON'S	377 MAIN	MADDEN-HAVEN	ALICE HANEY	LAKE PARK WILD RICE	HILLTOP MANOR	HAWTHORNE	CHAMPION	TOTAL	PERCENT
LE SEUER	1		1										2	0.47%
MCLEOD						1							1	0.24%
MEEKER						2							2	0.47%
MILLE LACS			1			2							3	0.71%
MORRISON										1			1	0.24%
MOWER							1						1	0.24%
NOBLES		1											1	0.24%
OLMSTED				2		1							3	0.71%
OTTERTAIL								2					2	0.47%
OUT OF STATE								2					2	0.47%
PINE	2												2	0.47%
PIPESTONE								1					1	0.24%
POPE						1							1	0.24%
RAMSEY	43	4	87	6			4			1			145	34.20%
RENVILLE	1						1					1	3	0.71%
RICE			1	12									13	3.07%
ROSEAU	1												1	0.24%
SCOTT							1					1	2	0.47%
SHERBURNE						1							1	0.24%
STEARNS						8	1						9	2.12%
STEELE				1									1	0.24%
STEVENS								1					1	0.24%
ST. LOUIS	1					1			10	1		8	21	4.95%
WABASHA	1		1	1									3	0.71%
WASHINGTON	9		4				1						14	3.30%
WATONWAN			1										1	0.24%
WILKIN								1					1	0.24%
WINONA	1					7							8	1.89%
WRIGHT			3			2						1	6	1.42%
TOTAL	81	53	149	24	2	8	35	23	9	10	15	15	424	100.00%

***Data Source: Department of Health, 1986 Quality Assurance and Review Date.

(Note: The actual number of persons residing in a particular facility at the time that the facility actually began closure may differ slightly from the number of persons recorded on the 1986 QA & A data file.)