

Bulletin

April 23, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- County DD Supervisors
- DD Case Managers
- Residential ICF/MR providers

ACTION/DUE DATE

June 30, 2007

EXPIRATION DATE

June 30, 2009

**BIENNIAL LOCAL SYSTEM NEEDS
PLANNING FOR INTERMEDIATE
CARE FACILITIES FOR PERSONS
WITH MENTAL RETARDATION AND
OR RELATED CONDITIONS
(ICF/MR's)****TOPIC**

Update county local system needs plan for Intermediate Care Facilities and other identified services for persons with mental retardation or related conditions (ICF/MR's).

PURPOSE

Notify counties and ICF/MR vendors of timelines and the format for reporting information formulated in the county local system needs planning process for FY07 and FY08. DHS will utilize portions of this information for Legislated ICF/MR study due December 2008. This Bulletin replaces 05-56-02.

CONTACT

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For TTY, contact Minnesota Relay Service at 1 (800) 627-3529

SIGNED

LOREN COLMAN
Assistant Commissioner
Continuing Care

BACKGROUND

The intent of the local systems needs planning is to utilize a systemic review and assessment of ICF/MR facilities within the state. Each county uses locally based procedures to evaluate and plan the county's service system to support the needs, preferences, and choices of persons with mental retardation or related conditions.

County "local system needs planning" is defined as the determination of need for ICF/MR services by program type, location, and demographics of licensed service providers. Counties complete this local system needs planning process in collaboration with each ICF/MR facility.

The local system needs process is intended to be all-inclusive. It provides the formal mechanism to evaluate the county and regional infrastructure to determine the ICF/MR bed capacity to meet the needs and preferences of all persons with mental retardation or related conditions. This includes persons for which the county acts as "Host County" as well as county of financial responsibility. The outcome will demonstrate how ICF/MR facilities fit into the overall service delivery model within the county and the State.

The resulting county plan and recommendations will be used by the Department of Human Services (DHS) as the foundation for entering into contracts with ICF/MR facilities and for evaluation of compliance with those contracts. Information will be also used for overall DHS system planning and compilation of service provider data regarding the overall effectiveness of the ICF/MR system. The information provided will be utilized by DHS to assist in preparation of an ICF/MR report to the Legislature.

PROCESS AND TIME FRAME (7-1-07 through 6-30-09)

Counties with ICF/MR facilities in their county

This systematic assessment and planning process is done every two years. Host counties of ICF/MR facilities are responsible for ICF/MR local system needs planning including those providing State Operated Community Services. The current planning cycle will be for the period July 1, 2007 to June 30, 2009. Local system needs planning can be undertaken more frequently when the needs or preferences of persons change significantly, or when a county and/or provider identify a need or desire to change the delivery of services in the county.

In conducting local system needs planning, the county may use information from the Individual Service Plan (ISP) for all persons for whom the county is financially responsible and for persons whom the county has granted host county concurrence. Other sources of information that may assist counties in planning for local needs include:

- Waiting lists
- County or provider sponsored individual satisfaction surveys
- Facility quality improvement work plans
- ICF/MR facility licensing and certification surveys
- Substantiated maltreatment reports
- Sources that identify individual preferences, service needs, and service availability that help determine whether the needs, preferences, and choices of persons with mental retardation or related conditions are being met.

The local system needs planning process end result is the submission to DHS of the attached documents. Attachments A, B, C, and D have a specific fillable format for submission. This format needs to be followed to allow for system data compilation at DHS. See instructions on the last page of the bulletin.

Attachment A identifies the county overall capacity for meeting the needs of all persons with developmental disabilities utilizing various services and funding streams.

Attachment B identifies recommendations for **each** ICF/MR facility in the county and must include specific recommendations and information regarding the following:

- No change to service or facility
- Modification of existing services if a change in framework of service delivery
- Closure
- Relocation
- Downsizing

Local system needs plan (LSNP) changes should indicate anticipated dates for changes in service, such as facility downsizing or closure that will occur during the two year period. If not identified at the time the LSNP is due, an amended plan should be submitted indicating the details of the change. Amended plans should be submitted as soon as dates of anticipated service changes are identified. Local system needs plan amendment form is available in the ICF/MR manual found at http://www.dhs.state.mn.us/id_057175

Attachment C provides county DD general population information.

Attachment D, titled 2007 ICF/MR Plan County Survey identifies specific detail regarding each ICF/MR facility in your county. It also identifies needed but unmet needs. Use the fillable format provided so that information on the 220 facilities can be compiled uniformly. The information provided in Attachment C will also be used for the Legislative report due 12/08. Each provider will be asked to complete their own survey within 2007.

Counties without ICF/MR facilities in their county

Counties who have “host county concurrence” with other counties must complete this process for the persons for whom their county is CFR. Put NA in those sections related to county specific information when filling out and submitting Attachments B and C by June 30, 2007.

Department of Human Services

DHS is responsible for providing relevant information to assist counties in their local system needs planning process. For that purpose see Attachment E - Regional Capacity Report by County and Attachment F - DD Client Screening Information by County of Residence.

ICF/MR Providers

Providers of ICF/MR services need to work collaboratively with counties to complete the local system needs analysis process.

SUBMISSION OF PLANS

Local system needs plans are due by June 30, 2007.

Plans should be sent to:

ICF/MR Policy

Minnesota Department of Human Services

P.O. Box 64967

St. Paul Minnesota 55164-0967

Fax to: 651-431-7411 or emailed per instructions.

LEGAL AUTHORITY

Minnesota Statutes, sections 252.282 subdivisions 1 through 4 and 256B.092.

RESOURCES ON THE INTERNET

Minnesota Statutes and Rules: www.leg.state.mn.us

DHS bulletins: www.dhs.state.mn.us Click on “Bulletins”

For further information review the Local System Needs Plan section of the ICF/MR systems manual. Access is found on the web at: http://www.dhs.state.mn.us/id_057175

ALTERNATIVE FORMATS

This information is available in other forms to persons with disabilities by contacting (651) 297-4112 (voice), toll free at 1 (800) 747-5484, or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1, or 1-877-627-3848 (speech-to-speech relay service).

INSTRUCTIONS FOR COMPLETING LSNP FORMS A, B, C, AND D

There are four attachments that make up the 2007 ICF/MR Need Analysis. Each of these documents is a protected form in Microsoft Word, which will allow you to easily complete each form, save a copy for your records, and use email to return the requested documentation to DHS.

The instructions below will guide you through each step of the process.

Form Initialization

1. Double-click the document with the title **Attachment A**. The document will open or a “warning window” will pop-up.

a. Document Opens:

- i. Click **File** from the **Menu Bar** to reveal drop-down menu.
- ii. Click **Save As** from the drop-down menu to open directory window.
- iii. Navigate to the drive and file location where you want the data permanently saved.
- iv. Move the mouse cursor in front of the **A** in **Attach** in the **File Name** field.
- v. Click once.
- vi. Enter your **County Name** and an underscore, space or hyphen.
(*Attachment A should remain in the file name field.*)
- vii. Click the **Save** button.

b. Warning Window Opens:

- i. If the warning window opens, you will be asked to open or save to disk, click **Save It to Disk** to open the directory window.
- ii. Navigate to the drive and file location where you want the data permanently saved.

- iii. Move the mouse cursor in front of the **A** in **Attach** in the **File Name** field.
 - iv. Click once.
 - v. Enter your **County Name** and an underscore, space or hyphen.
(Attachment A should remain in the file name field.)
 - vi. Click the **Save** button.
2. Repeat for each of the remaining three attachments.

Completing Forms

Because each form is protected, there is no worry that changes might occur to the questions. Information can be entered only in the designated areas. Additionally, if the form is requesting a number, you will not be able to enter text.

1. Use the Tab key to move from field to field.
2. Fields will appear highlighted when selected; just add your information.
3. Save your document frequently. Technology is great, but can have downsides. Losing several hours of time because the system crashed and information wasn't saved is very frustrating!
4. You may change responses after saving and closing any of the form documents. Click in the area where you want to add new information and begin typing.

Returning Forms

After completing all forms, return them to ICF/MR Policy using your email. Attach the four documents:

- Attachment A ICF/MR LSNP Assessment 2007
- Attachment B County Recommendation for each ICF/MR
- Attachment C Developmental Disabilities Fact Sheet
- Attachment D 2007 ICF/MR Plan County Survey

Send to Barbara.A.Nelson@state.mn.us or DHS.ICF.MR@state.mn.us

County:	
Please provide a text summary responding to each of the areas specified below.	
1. Review the Overall Capacity of the County to Meet the Needs of Persons with Developmental Disabilities. This includes the Service and funding stream.	
Case Management	
ICF/MR Facilities	
Day Training & Habilitation	
Adult Day Care	
Extended/Supported Employment	
Waiver Services (Specify CAC, CADI, TBI, MR/RC)	
Family Foster Care	
SLS Corporate Foster Care	
Board and Lodge Homes	
Consumer Directed Community Supports	
FSG	
CSG	
SILS	
PCA	
Home Health Aide Services	
County Services	

ICF/MR Local System Needs Assessment 2007

County:		
2. Review ICF/MR Related Capacity as Indicated Below:		
Within the Region:	Address current and proposed numbers for this two-year plan. Identify ICF/MR occupancy rate, short and long-term regional needs, and the plan to address these needs.	
Within the County:	Review the overall capacity regarding all persons with Development Disabilities for whom the county is the host county and the county of financial responsibility. Indicate the types of services currently available in the local system and the system capacity. Describe the movement in FY06 and FY07 from ICF/MR to other services for those individuals that this county is fiscally responsible.	
Within Each ICF/MR:	Review the overall capacity within each ICF/MR in the county to determine utilization and level of access needed. For example: Are all of the license beds needed to provide access? Are there requests from facilities for capacity variances to accommodate individuals needing services, or are people having to find other services? Does the existing capacity address the varied needs of individuals? Are the identified program needs available (medical, behavioral, age appropriate, etc.)? Address occupancy of current ICF/MR. Identify the strengths, unique characteristics and strategic plans for each facility for FY08 and FY09.	
Identify short-term (5 years or less) county needs and the plan to address these needs.		
Need		Plan of Action
3. Other Factors		
<ul style="list-style-type: none"> Indicate on Attachment B the county recommendation specifically for each ICF/MR regarding maintaining the current capacity and services; change the program service; or, changing the capacity of the program. 		
<ul style="list-style-type: none"> Address how these plans affect the DT&H facilities that serve the individuals in your county. 		
<ul style="list-style-type: none"> Address the number of current and proposed individuals utilizing Service During the Day Option available only to persons living in an ICF/MR. Address the quality of the services provided according to the ISP and active treatment standards. 		

ICF/MR Local System Needs Assessment 2007

County:			
<ul style="list-style-type: none"> Address the individuals that will transition from the school system. Include number and program service needs. 			
<ul style="list-style-type: none"> Address those individuals who may move from nursing home facilities into ICF/MR facilities and from ICF/MR into nursing facilities. 			
<ul style="list-style-type: none"> Discuss the impact of the county MR/RC waiver budget as case managers consider the choices made by individuals to move from ICF/MR facilities to the MR/RC waiver. 			
<ul style="list-style-type: none"> Discuss general recommendations, plans, and barriers to meeting the county goals regarding persons with Developmental Disabilities. Examples: staff shortages or retention; lack of housing stock; transportation; etc. 			
<ul style="list-style-type: none"> Include any other information relevant to this process. 			
4. Review information for those individuals for whom the county is CFR in a host county. Identify the needs of those individuals in this section. Provide information to the host county regarding plans for FY08 and FY09.			
Submitted by:			
Telephone Number:		Fax Number:	
E-Mail Address:			

For the fillable Word version, [click here](#).

#07-56-02
Attachment B

[illegible]

ICF/MR Local System Needs Assessment 2007

County Recommendations for Each ICF/MR

[illegible]

County Recommendations for Each ICF/MR

[illegible]

County:			
Developmental Disabilities General Population Information			
Population Breakdown			
Total people with developmental disabilities or related conditions		Number of adults 18 and older	
Number of children under age 18		Number of adults 18 – 21 years	
Number of children under age 3		Number of adults age 65 and older	
County Level Services Received by Developmentally Disabled Populations			
Type of Service	Number of Persons Receiving Service	County Staff	Comments
County Case Management	Adults Children	DD Case Managers SWs Case Mgmt Assist Financial Case Aide Unit Supervisors Program Contract Mgr Program Manager	
Services Received by DD Populations at Home or in the Community			
Type of Service	Number of Persons Receiving Service	Number of Providers	Comments
MR/RC Waiver – SLS, CDCS, DT&H, In-Home Family Support, Respite, etc.	Total Number on waiting list	Waiver Providers SLS home, run by agencies	
CDCS – Consumer Directed Community Support	Total	Fiscal Support Entity Providers contracted Flexible Case Management Providers	
DT&H – Day Training & Habilitation	Total	Programs/Licenses	
ICF/MR – Intermediate Care Facilities for the Mentally Retarded	Total	Providers	
Family Support Grant	Families	N/A	
SILS – Semi-Independent Living Services	Total	Providers	

ICF/MR Local System Needs Assessment 2007
Developmental Disabilities Fact Sheet

County:			
Day Training and Habilitation (DT&H) Services			
MR/RC Funding Method		Number Receiving Service in County Contracted Agencies	
Waiver Funded			
County Funded			
Total			
Contracted DT&H Agencies			
Agency Name		Agency Name	
Total DT&H Agencies			
Number of SLS Homes by Corporations Contracted with County			
Corporation	Number of Sites	Corporation	Number of Sites

ICF/MR Local System Needs Assessment 2007 Developmental Disabilities Fact Sheet

[illegible]

County:	
Consumer Choice of Services	
Number of persons from your county who reside in ICF/MRs:	
Number of those who were offered choice of ICF/MR or other living arrangements:	
Identify specific results:	Persons requesting ICF Persons requesting alternative placements Number of Active Placements Being Pursued (within six months) Number Without Active Placements Being Pursued in next six months Persons not asked
Indicate the barriers to a person moving from ICF/MRs (check all appropriate boxes)	
<input type="checkbox"/> Lack of quality providers	<input type="checkbox"/> Lack of suitable housing stock
<input type="checkbox"/> Lack of provider capacity	<input type="checkbox"/> Waiver funding issues
<input type="checkbox"/> Lack of handicapped accessible housing	<input type="checkbox"/> Lack of stable work force
<input type="checkbox"/> Lack of consultation services for severe medical and behavioral issues	<input type="checkbox"/> Case management issues
Your County ICF/MR Capacity	
Indicate the appropriate age designation and numbers of people in ICF/MR:	
Age 17 and under	Age 41 - 65
Ages 18 - 40	Age 65 and over
Total Number in ICF/MRs in your county:	
Is the licensed capacity for ICF beds in your county adequate to meet identified needs? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is the licensed capacity for ICF beds in your region adequate to meet identified needs? <input type="checkbox"/> Y <input type="checkbox"/> N	
Number of persons for which you are host county:	
Number of persons out of county for which you are CFR?	
Number of persons requesting ICF services that were not admitted due to full occupancy for calendar year 2006:	
Describe the medical or behavioral conditions that are difficult for case managers to locate appropriate placement.	
Describe how the county share payment affects your use of ICF/MR facilities.	
Is county MR/RC capacity and funding an issue in your county? <input type="checkbox"/> Y <input type="checkbox"/> N	
Please explain.	

2007 ICF/MR Plan County Survey

County:																																																										
Define the purpose, type of services, and intended recipients of ICF/MR services in your county currently.																																																										
Maintenance of ICF/MR Services for Designated Populations																																																										
<p>Select the appropriate box(es) to identify focus areas of need or improvement for 2007-2009:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Adequate</td> <td style="width: 15%;"><input type="checkbox"/> Need Additional</td> <td style="width: 15%;"><input type="checkbox"/> Need</td> <td style="width: 55%;">High medical needs - 24 hour nursing</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Severe aggressive behaviors</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Alzheimer's</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Autism</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Dual Diagnosis</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Aging person needing handicapped accessible housing</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>High school graduates</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Persons in ICF who have chosen to remain in ICF</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Court ordered individuals</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Hospice</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Alternative to nursing home</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Short-term intensive behavioral placement</td> </tr> <tr> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Need Additional</td> <td><input type="checkbox"/> Need</td> <td>Long-term intensive behavioral placement (METO-like)</td> </tr> </table> <p>Other _____</p>							<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	High medical needs - 24 hour nursing	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Severe aggressive behaviors	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Alzheimer's	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Autism	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Dual Diagnosis	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Aging person needing handicapped accessible housing	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	High school graduates	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Persons in ICF who have chosen to remain in ICF	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Court ordered individuals	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Hospice	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Alternative to nursing home	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Short-term intensive behavioral placement	<input type="checkbox"/> Adequate	<input type="checkbox"/> Need Additional	<input type="checkbox"/> Need	Long-term intensive behavioral placement (METO-like)
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ICF/MR Referral Information:																																																										
Number of referrals within last calendar year																																																										
Referrals placed within last calendar year																																																										
Referrals not placed – diverted to other programs or on waiting list																																																										
<p>List each of the current ICF/MR providers in your county. Check the appropriate box to indicate if the facility meets the following criteria:</p> <ol style="list-style-type: none"> 1. Building site is handicapped accessible and meets the physical needs of those living there. 2. Building site is adequately maintained to meet the standards of the community. 3. Adequate trained staff is retained to allow continuity of care. 4. Provider meets the ISP identified needs of each person admitted to the facility. 5. Provider coordinates all programs with DT&H to assure program integrity. 6. Provider's Department of Health annual review contains no identified health, safety, or active treatment citations. 																																																										
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2007 ICF/MR Plan County Survey

County:						
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2007 ICF/MR Plan County Survey

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2007 ICF/MR Plan County Survey

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Indicate the 2007-2009 needs of the ICF/MR population. If yes, describe in detail.

- ☐Y ☐N Medical needs have increased: Oxygen administration, tracheotomy care, wound care, diabetic care, etc.
- ☐Y ☐N Dementia or Alzheimer's disease.
- ☐Y ☐N Aging issues with medical conditions requiring more staffing.
- ☐Y ☐N Declining functional skills with increased potential for falling.

2007 ICF/MR Plan County Survey

County:	
<input type="checkbox"/> Y <input type="checkbox"/> N	Aging relatives result in reduced community/family support.
<input type="checkbox"/> Y <input type="checkbox"/> N	Reduction in mobility requiring adaptive equipment and handicapped facility accessibility.
<input type="checkbox"/> Y <input type="checkbox"/> N	Need for additional behavioral intervention and consultation.
<input type="checkbox"/> Y <input type="checkbox"/> N	Need for Services During the Day or retirement services.
<input type="checkbox"/> Y <input type="checkbox"/> N	Need for short-term behavioral crisis stay.
<input type="checkbox"/> Y <input type="checkbox"/> N	Need for facilities that deal with dual diagnosis.
Please indicate any other shifts in ICF/MR population needs not addressed above:	
Evaluate what incentives exist for counties to maintain ICF/MR services from 2007-2009:	
Funding available:	
Federal annual survey of compliance:	
Other – please list:	
Does your county recommend alternative services to support the people now receiving services in an ICF/MR?	<input type="checkbox"/> Y <input type="checkbox"/> N
What would be needed for your county to provide transition planning and ensure adequate state and federal financial resources are available to meet the needs of current ICF/MR recipients moving to alternative services? Be specific.	
What mechanisms need to be in place in your county and at the state level to:	
Adequately fund the transition to the defined service	
Maintain the designated capacity	
Adjust to increased service demands	
Current Legislation	
Indicate how each of the following pieces of legislation has impacted and affected the ICF/MRs in your county:	
• Variable rates available for 50% of facilities.	
• Variable rates for short-term conditions (Do not include permanent retirement issues).	
• 10% County share	
• No funding for rate adjustments. (SAC for 2001-02 only)	
• Profile system eliminated	

2007 ICF/MR Plan County Survey

County:	
<ul style="list-style-type: none"> • Occupancy eliminated 	
<ul style="list-style-type: none"> • 25 Short-term beds designated and paid for 15 days a month when vacant 	
<ul style="list-style-type: none"> • Services During the Day alternative to DT&H or retirement funded 	
<ul style="list-style-type: none"> • COLA 	
Future Legislative Recommendations	
What would you recommend that would be cost-effective, assure good quality and promote best practices for the ICF/MR population in your county?	
Please comment on any other ideas you would like to see considered:	
Submitted by:	Fax Number:
Telephone Number:	
E-Mail Address:	

REGIONAL CAPACITY REPORT BY COUNTY

AS OF 3/20/2007

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
01	Kittson	REM KARLSTAD	6	B	\$191.10
		Total for Kittson County:	<u>6</u>		
	Polk	REM JOHNSON PLACE	6	B	\$227.11
		REM RED RIVER WEST	6	B	\$234.23
		Total for Polk County:	<u>12</u>		
	Red Lake	NORTHWOOD HOME-PCS	6	B	\$237.80
		Total for Red Lake County:	<u>6</u>		
		Total for Region 01:	<u><u>24</u></u>		
		Median Average for Region 01:			\$230.67
02	Clearwater	PINE RIDGE RESIDENCE	15	A	\$111.33
		Total for Clearwater County:	<u>15</u>		
		Total for Region 02:	<u><u>15</u></u>		
		Median Average for Region 02:			\$111.33
03	Carlton	MSOCS MOOSE LAKE ICF/MR	6	B	\$259.44
		Total for Carlton County:	<u>6</u>		
	Lake	DRCC THALASSIC	5	B	\$304.59
		Total for Lake County:	<u>5</u>		
	St. Louis	DRCC AURORA	5	B	\$261.96
		DRCC LAVERNE	6	B	\$164.22
		DRCC SOUTH GROVE	4	B	\$239.13
		MSOCS DULUTH ICF/MR	6	B	\$259.75
		MSOCS VIRGINIA ICF/MR	6	B	\$242.54
		RANGE CENTER 3	6	B	\$157.76
		RANGE CENTER- MAPLEVIEW	6	B	\$164.13
		RANGE CENTER-ASPENWOOD HOME	6	B	\$222.49
		REM FERNWOOD	24	B	\$191.83
		RSI HARTLEY	6	B	\$275.43
		Total for St. Louis County:	<u>75</u>		
		Total for Region 03:	<u><u>86</u></u>		
		Median Average for Region 03:			\$240.84

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
04	Becker	WEST HOME	9	B	\$146.46
		Total for Becker County:	<u>9</u>		
	Clay	CCRI MOORHEAD	6	A	\$119.81
		Total for Clay County:	<u>6</u>		
	Douglas	PRAIRIEWOOD HOME	6	B	\$210.28
		ROSEWOOD HOME	6	A	\$117.60
		SCENICWOOD HOME-PCS	6	A	\$119.42
		Total for Douglas County:	<u>18</u>		
	Otter Tail	ARLINGTON HOME-PCS	5	B	\$299.03
		KESSEL GROUP HOME INC	6	A	\$111.99
		Total for Otter Tail County:	<u>11</u>		
	Stevens	RAVENWOOD HOME-PCS	8	B	\$200.57
		Total for Stevens County:	<u>8</u>		
		Total for Region 04:	<u><u>52</u></u>		
		Median Average for Region 04:			\$133.14
05	Morrison	ST CAMILLUS PLACE	14	B	\$168.24
		Total for Morrison County:	<u>14</u>		
	Wadena	OAKRIDGE HOMES WADENA	16	B	\$169.09
		Total for Wadena County:	<u>16</u>		
		Total for Region 05:	<u><u>30</u></u>		
		Median Average for Region 05:			\$168.67

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
06	Big Stone	MONARCH HEIGHTS	12	B	\$126.04
		Total for Big Stone County:	12		
	Chippewa	REM MONTEVIDEO	6	A	\$212.51
		Total for Chippewa County:	6		
	Kandiyohi	ATWATER HOUSE ICF/MR	6	A	\$120.90
		LAKEWOOD HOME	6	B	\$232.28
		Total for Kandiyohi County:	12		
	Lac Qui Parle	DAWSON ICF-MR	6	B	\$211.26
		Total for Lac Qui Parle County:	6		
	Mc Leod	OUTREACH-TRILLIUM	6	B	\$246.25
		Total for Mc Leod County:	6		
	Renville	RENVILLE CNTY COMM RES INC	10	A	\$245.29
		Total for Renville County:	10		
	Yellow Medicine	REM CANBY A	6	A	\$163.49
		REM CANBY B	6	B	\$238.24
		Total for Yellow Medicine County:	12		
	Total for Region 06:				64
	Median Average for Region 06:				\$212.51
07	Benton	GRANITE CARE HOME INC	6	A	\$94.01
		Total for Benton County:	6		
	Chisago	LINNEA RESIDENTIAL HOME INC	12	B	\$182.00
		THERAPEUTIC COMM RES INC	8	A	\$174.05
		Total for Chisago County:	20		
	Isanti	DCI-CENTRAL	6	B	\$271.18
		MINNESOTA EXTENDED TREATMENT OPT	12	B	\$778.00
		Total for Isanti County:	18		
	Pine	MSOCS PINE CITY-SIXTH AVENUE	6	B	\$284.38
		Total for Pine County:	6		
	Sherburne	DCI-POWELL	6	B	\$259.85
		LAVINE PLACE	6	B	\$260.69
		MACGREGOR PLACE	6	B	\$220.54
		Total for Sherburne County:	18		
	Stearns	OPPORTUNITY MANOR II	6	A	\$131.25
		Total for Stearns County:	6		
	Wright	DCI-DOUGLAS	6	B	\$307.94
		REM BUFFALO	12	B	\$276.32

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
Total for Wright County:			18		
Total for Region 07:			92		
Median Average for Region 07:					\$260.27

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
08					
	Cottonwood				
		HOME FOR CREATIVE LIVING	21	B	\$264.27
		RAI-WINDOM	12	A	\$127.54
		Total for Cottonwood County:	33		
	Lincoln				
		REM TYLER	15	B	\$196.08
		Total for Lincoln County:	15		
	Lyon				
		REM MARSHALL A	5	A	\$195.19
		REM MARSHALL B	6	A	\$195.19
		REM MARSHALL C	6	B	\$256.21
		Total for Lyon County:	17		
	Murray				
		PRAIRIE VIEW	18	B	\$169.17
		Total for Murray County:	18		
	Nobles				
		RIDGEWOOD -CCSI	15	B	\$201.22
		Total for Nobles County:	15		
	Pipestone				
		HIAWATHA MANOR INC	10	A	\$113.59
		Total for Pipestone County:	10		
	Redwood				
		EASTWOOD HOME-PCS	6	B	\$187.26
		MSOCS REDWOOD FALLS	6	B	\$240.14
		WESTWOOD HOME-PCS	6	B	\$189.53
		Total for Redwood County:	18		
	Rock				
		RAI-LUVERNE	6	B	\$275.70
		Total for Rock County:	6		
		Total for Region 08:	132		
		Median Average for Region 08:			\$195.19

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
09					
	Blue Earth				
		HARRY MEYERING CENTER	25	B	\$275.62
		PRAIRIES EDGE	6	B	\$275.62
		REM MANKATO B	12	B	\$249.81
		REM MANKATO C	12	A	\$124.64
		Total for Blue Earth County:	55		
	Brown				
		MBW MONUMENT ST	4	B	\$369.46
		MBW ON CENTER	4	A	\$263.54
		RAI II-NEW ULM	6	A	\$121.52
		Total for Brown County:	14		
	Le Sueur				
		LE SUEUR RESIDENCE INC	10	B	\$144.69
		Total for Le Sueur County:	10		
	Martin				
		COMMUNITY OPTIONS AND RESOURCES	6	B	\$227.33
		REM FAIRMONT A	14	B	\$233.07
		REM FAIRMONT B	12	B	\$233.07
		Total for Martin County:	32		
	Nicollet				
		THERESE K SEXTON HOME-NORTH	8	B	\$196.70
		THERESE K SEXTON HOME-SOUTH	8	B	\$209.29
		Total for Nicollet County:	16		
	Sibley				
		HIGH ISLAND CREEK RESIDENCE	15	A	\$100.60
		Total for Sibley County:	15		
	Waseca				
		ELM NORTH INC	12	B	\$134.35
		ELM RESIDENCE INC	6	A	\$134.16
		Total for Waseca County:	18		
	Watonwan				
		REM MADELIA	13	B	\$256.06
		Total for Watonwan County:	13		
		Total for Region 09:	173		
		Median Average for Region 09:			\$227.33

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
10					
	Dodge	MSOCS KASSON	6	B	\$219.23
		Total for Dodge County:	6		
	Fillmore	FILLMORE PLACE	12	B	\$228.52
		Total for Fillmore County:	12		
	Freeborn	REM PLAINVIEW	32	B	\$161.35
		Total for Freeborn County:	32		
	Goodhue	HILLCREST HOUSE	11	B	\$198.05
		REM PARK HEIGHTS	15	B	\$198.87
		VASA LUTHERAN HOME	24	B	\$185.01
		Total for Goodhue County:	50		
	Houston	A B L E INC HOUSTON	6	B	\$223.81
		A B L E INC LA CRESCENT	15	B	\$245.86
		Total for Houston County:	21		
	Mower	ADAMS GROUP HOME	8	B	\$267.16
		GLENDALOUGH OF AUSTIN	6	B	\$218.77
		MSOCS AUSTIN	6	B	\$254.28
		REM CEDAR 1	8	A	\$223.20
		REM CEDAR IV	6	A	\$207.59
		Total for Mower County:	34		
	Olmsted	ALLENDAL HOUSE	6	B	\$231.24
		MSOCS ROCHESTER	6	B	\$264.18
		REM ROCHESTER NW	11	A	\$185.52
		REM ROCHESTER SE	14	A	\$185.82
		REM WILLOW CRK A	13	A	\$99.15
		REM WILLOW CRK B	11	B	\$203.10
		Total for Olmsted County:	61		
	Rice	LAURA BAKER SCHOOL ASSOCIATION	31	A	\$229.92
		MSOCS FARIBAULT-Shumway	6	B	\$254.39
		Total for Rice County:	37		
	Steele	RAINBOW RESIDENCE INC	16	B	\$169.20
		REM ADAMS	6	A	\$164.04
		Total for Steele County:	22		
		Total for Region 10:	275		
		Median Average for Region 10:			\$219.23

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
11					
	Anoka				
		CAMILIA ROSE GROUP HOME	29	B	\$200.87
		COMMUNITY LIVING INC 5	12	A	\$144.39
		COMMUNITY LIVING INC 6	12	A	\$169.99
		MSOCS BLAINE	6	B	\$235.32
		REM ANOKA	6	B	\$249.03
		Total for Anoka County:	65		
	Carver				
		COMMUNITY LIVING INC 1	12	A	\$127.74
		COMMUNITY LIVING INC 2	12	A	\$170.29
		COMMUNITY LIVING INC 3	11	A	\$192.27
		COMMUNITY LIVING INC 4	6	A	\$128.25
		M O R A-MACKENTHUN	6	B	\$277.92
		M O R A-VICTORIA	34	B	\$296.30
		Total for Carver County:	81		
	Dakota				
		BRYANT AVE RES.-OWAKIHI	13	A	\$133.47
		CARECO HOMES Inc.	14	A	\$137.09
		DCI-DAKOTAS ADULTS	12	B	\$222.29
		DCI-DIANE	6	B	\$309.21
		DCI-EMERSON	6	B	\$322.65
		DCI-KENNELLY	8	A	\$197.75
		HENRY HAGEN RESIDENCE	6	A	\$192.17
		MSOCS JONQUIL	6	B	\$321.69
		MSOCS LAKEVILLE-Hershey	6	B	\$242.15
		PHOENIX at DOUGLAS	6	B	\$262.01
		PHOENIX at FOSS	6	B	\$262.01
		SUMMIT AVENUE RESIDENCE	13	A	\$131.98
		Total for Dakota County:	102		
	Hennepin				
		ACR HOME On FALLGOLD	6	B	\$280.05
		ACR HOME On ROBIN	5	B	\$303.37
		BRISTOL PLACE-MARIA HOME	6	A	\$131.48
		BRISTOL PLACE-RIDGEWOOD	6	B	\$146.73
		CIP CITY LIGHTS	6	B	\$274.47
		DCI-3801 BROADWAY	9	B	\$185.41
		DCI-3807 BROADWAY	9	B	\$192.70
		DCI-75TH AVENUE	6	B	\$226.29
		DCI-EDGEWOOD	8	B	\$211.13
		DCI-FRANCE	6	B	\$223.48
		DCI-LYNDALE	8	B	\$192.85
		GUNDERSON PLACE	6	B	\$198.48
		HAMMER Carlson Residences	6	B	\$331.31
		HAMMER-KENTUCKY	6	B	\$203.45
		HAMMER-LAKESIDE	6	B	\$214.01
		HAMMER-LAWNDALE	6	B	\$297.47
		HAMMER-MCGLINCH	6	B	\$250.82
		HAMMER-RIDGEVIEW	6	B	\$317.84

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
		HAMMER-SHERIDAN	6	A	\$164.13
		HAMMER-TONKAWOOD	6	B	\$157.48
		HOMEWARD BOUND-BROOKLYN PK	32	B	\$309.82
		HOMEWARD BOUND-MAPLE GROVE	6	B	\$308.25
		HOMEWARD BOUND-PLYMOUTH	6	B	\$298.56
		MSOCS BLOOMINGTON	6	B	\$243.19
		MSOCS CHATHAM WAY	6	B	\$268.69
		MSOCS DELL ROAD	6	B	\$248.87
		MTAI-ALBERT PLACE	6	A	\$198.21
		MTAI-GLADSON	6	A	\$202.23
		MTAI-MINNEHAHA CREEK	5	A	\$286.15
		MTAI-SAND CREEK	5	A	\$231.48
		NORTHEAST HOUSE INC	12	A	\$252.78
		ORONO WOODLANDS INC	6	B	\$282.60
		OUTREACH-BLOOMINGTON	6	A	\$149.03
		OUTREACH-BROOKLYN CENTER	6	A	\$143.07
		OUTREACH-PLYMOUTH EAST	6	B	\$189.34
		OUTREACH-PLYMOUTH WEST	6	A	\$167.71
		OUTREACH-RICE CREEK	4	B	\$234.47
		OUTREACH-STEVENS	6	A	\$160.18
		PEOPLE II	6	A	\$283.66
		REM BLOOMINGTON	14	A	\$111.26
		REM LYNDALE	10	A	\$129.85
		REM MINNEHAHA	6	A	\$219.16
		REM MINNETONKA	15	A	\$160.55
		REM PILLSBURY	21	A	\$153.87
		REM PLEASANT	15	A	\$127.30
		REM QUEEN	6	B	\$286.75
		REM RESA	6	A	\$200.32
		REM WILLIAM	6	B	\$328.22
		SHADYWAY GROUP HOME	6	A	\$149.27
		SHINGLE CREEK OPTION	14	B	\$331.79
		WINGSPAN LIFE RESORCES-Blaisdell	6	B	\$186.31
		Total for Hennepin County:	396		
	Ramsey	ACR HOME On CUMMINGS	4	B	\$284.98
		ACR HOME On LYDIA WEST	4	B	\$438.21
		ACR HOME On REDWOOD	4	B	\$347.58
		ACR on DALE	4	B	\$322.91
		ACR On DAWN	4	B	\$374.58
		AURORA HOUSE	6	A	\$209.28
		AXIS on BELMONT	4	B	\$439.56
		AXIS ON ELDRIDGE	6	B	\$439.56
		AXIS ON GLENHILL	4	B	\$439.56
		AXIS ON SENECA	6	B	\$439.56
		AXIS ON ST. MICHAEL	6	B	\$439.56
		AXIS on WHITE BEAR	6	B	\$439.56
		DCI-BROOKVIEW	6	B	\$294.08

<u>Region</u>	<u>County</u>	<u>Facility Name</u>	<u>Licensed Capacity</u>	<u>Clas</u>	<u>PerDiem</u>
		DCI-COPE	6	B	\$293.90
		DCI-LARPENTEUR	6	B	\$304.39
		LAKE OWASSO RESIDENCE	64	B	\$334.33
		LSS/RESIDENCE II	8	B	\$156.40
		NORTHEAST RESIDENCE II	6	A	\$274.61
		OUR HOUSE OF MN, INC 1	6	A	\$168.79
		OUR HOUSE OF MN, INC 11	6	A	\$196.38
		PHOENIX AT CARVER	6	B	\$262.01
		PHOENIX at CASWELL	6	B	\$262.01
		PHOENIX AT CENTERVILLE	6	B	\$240.07
		PHOENIX AT ENGLISH	6	B	\$255.20
		PHOENIX AT JANET COURT	6	B	\$262.01
		PHOENIX at LUDDEN	6	B	\$262.01
		PHOENIX AT NEWPORT	6	B	\$262.01
		PHOENIX AT VIKING	6	B	\$262.01
		PHOENIX- FURNESS HOUSE	6	B	\$258.05
		PHOENIX-HOWARD HOUSE	6	B	\$246.09
		RAJWOOD	4	A	\$312.94
		REM GOODRICH	6	A	\$265.74
		REM HODGSON	6	A	\$247.24
		REM MISSISSIPPI	6	A	\$194.31
		REM NEBRASKA	6	A	\$214.30
		REM SEXTANT	6	A	\$199.97
		REM WHEELER	6	A	\$230.84
		REM WILSON	15	B	\$212.02
		REM WYOMING	6	A	\$174.23
		SILVER OAKS	4	A	\$270.41
		SPRINGHILL	4	B	\$312.58
		Total for Ramsey County:	295		
	Scott	DELPHI INC	9	A	\$144.15
		LUTHERAN HOME-HOPE RESIDENCE	52	B	\$184.92
		Total for Scott County:	61		
	Washington	REM IMPERIAL COURT	6	A	\$191.94
		REM STILLWATER	6	A	\$149.35
		Total for Washington County:	12		
		Total for Region 11:	1012		
		Median Average for Region 11:			\$240.07

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 01 - Northwest Kittson											
Current Services	0	10	4	0	11	1	0	4	0	0	0
Planned Services	0	10	1	0	11	1	0	7	0	0	0
Marshall											
Current Services	1	4	4	0	32	0	0	22	0	0	1
Planned Services	0	1	4	0	31	0	0	22	0	0	1
Norman											
Current Services	1	2	14	1	26	1	0	16	0	0	0
Planned Services	1	1	13	0	25	1	0	17	0	0	0
Pennington											
Current Services	0	5	3	0	39	0	2	44	13	0	1
Planned Services	0	4	4	0	39	0	2	44	13	0	1
Polk											
Current Services	2	30	28	0	91	2	0	91	21	1	0
Planned Services	3	28	27	0	86	3	0	92	22	1	0
Red Lake											
Current Services	0	12	6	0	3	0	0	4	0	0	0
Planned Services	0	11	6	0	3	0	0	4	0	0	0
Roseau											
Current Services	1	8	4	0	23	0	0	19	6	1	1
Planned Services	1	8	2	0	23	0	0	21	7	2	1

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 02 - North Central Beltrami											
Current Services	0	4	24	2	58	5	7	96	4	4	5
Planned Services	0	5	26	0	57	4	6	96	4	4	3
Clearwater											
Current Services	0	16	3	0	7	0	1	2	1	0	1
Planned Services	0	16	3	0	8	0	1	2	1	0	1
Hubbard											
Current Services	0	0	5	0	25	3	0	27	11	0	1
Planned Services	0	0	3	0	24	3	0	28	11	0	2
Lake of the Woods											
Current Services	0	0	3	0	3	0	0	3	2	0	0
Planned Services	0	0	1	0	3	0	0	3	2	0	0
Mahnomen											
Current Services	0	1	3	0	7	2	1	8	0	0	2
Planned Services	0	0	5	0	7	3	1	7	0	0	2

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 03 - Northeast Aitkin											
Current Services	0	0	9	0	20	1	2	34	6	0	1
Planned Services	0	0	13	0	20	1	3	34	5	0	1
Carlton											
Current Services	6	8	11	0	106	6	1	51	8	0	3
Planned Services	1	7	9	1	104	6	1	53	9	0	3
Cook											
Current Services	0	0	2	0	6	0	0	1	1	0	0
Planned Services	0	0	3	0	6	0	0	1	0	0	0
Itasca											
Current Services	0	3	10	0	101	6	4	64	14	5	6
Planned Services	0	1	12	0	100	5	3	70	16	6	3
Koochiching											
Current Services	0	9	12	0	28	1	0	34	3	0	0
Planned Services	0	6	9	1	30	0	0	36	3	0	2
Lake											
Current Services	0	8	4	2	33	1	1	9	1	1	4
Planned Services	0	7	4	2	33	1	1	10	1	0	5
St. Louis											
Current Services	1	78	58	13	349	12	21	483	38	11	59
Planned Services	3	71	61	11	339	13	25	501	35	12	58

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 04 - West Becker											
Current Services	1	16	25	0	81	4	4	57	17	0	3
Planned Services	0	15	28	0	75	5	4	63	17	2	1
Clay											
Current Services	1	11	9	3	146	8	3	115	52	6	4
Planned Services	1	4	15	0	135	6	4	119	55	10	4
Douglas											
Current Services	1	20	14	1	34	0	0	79	1	2	1
Planned Services	0	16	11	1	26	0	0	83	3	4	1
Grant											
Current Services	0	1	12	0	12	0	0	28	0	0	1
Planned Services	0	0	10	0	12	0	0	28	1	0	1
Otter Tail											
Current Services	6	21	40	0	71	2	1	138	14	4	4
Planned Services	3	17	34	0	65	2	1	147	13	4	2
Pope											
Current Services	0	1	3	0	19	0	0	24	7	0	1
Planned Services	0	1	1	0	20	0	0	25	7	0	1
Stevens											
Current Services	0	6	9	1	29	0	0	37	9	1	0
Planned Services	0	6	7	1	29	0	0	36	9	1	0
Traverse											
Current Services	0	1	5	0	6	0	0	4	3	0	0
Planned Services	0	1	4	0	5	0	0	4	3	0	0
Wilkin											
Current Services	0	2	2	0	16	0	0	13	5	1	0
Planned Services	0	1	1	0	17	0	0	14	5	2	0

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 05 - Central Cass											
Current Services	1	1	19	3	45	2	0	66	2	1	2
Planned Services	1	2	19	0	45	2	0	67	2	1	0
Crow Wing											
Current Services	0	2	14	4	97	6	4	135	12	4	12
Planned Services	0	4	14	4	85	7	4	139	13	2	9
Morrison											
Current Services	0	16	20	1	82	2	1	27	7	0	0
Planned Services	0	16	22	1	74	2	1	29	9	0	0
Todd											
Current Services	2	5	8	1	46	2	10	39	5	0	1
Planned Services	1	5	9	2	42	2	9	40	6	1	1
Wadena											
Current Services	1	14	6	0	28	0	1	25	5	0	2
Planned Services	1	13	6	0	29	0	1	27	5	0	2

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 06 - Southwest Central Big Stone											
Current Services	0	12	5	0	11	2	0	10	1	0	0
Planned Services	0	12	4	0	11	1	0	10	2	0	0
Chippewa											
Current Services	0	8	6	0	18	0	0	42	11	0	1
Planned Services	0	6	6	0	24	0	0	50	10	0	0
Kandiyohi											
Current Services	0	24	13	0	60	2	5	242	68	2	5
Planned Services	0	17	14	0	56	2	5	253	73	3	5
Lac Qui Parle											
Current Services	0	7	4	0	16	0	0	17	4	0	0
Planned Services	0	8	3	0	15	0	0	17	4	0	0
Mc Leod											
Current Services	0	7	7	0	76	2	1	58	10	2	2
Planned Services	0	5	7	0	64	2	1	67	13	1	3
Meeker											
Current Services	0	1	12	0	42	0	0	37	6	0	0
Planned Services	0	1	11	1	43	0	0	40	13	0	0
Renville											
Current Services	0	14	10	0	39	1	0	39	9	2	0
Planned Services	0	10	7	0	35	1	0	44	8	3	0
Swift											
Current Services	0	3	2	0	38	0	0	23	4	0	1
Planned Services	0	4	3	0	37	1	0	30	4	0	0
Yellow Medicine											
Current Services	0	21	8	0	24	0	0	26	5	0	0
Planned Services	0	14	10	0	24	1	1	33	6	0	0

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 07 - East Central Benton											
Current Services	0	13	21	1	72	1	11	67	9	0	4
Planned Services	0	11	21	2	72	1	10	69	10	1	4
Chisago											
Current Services	1	22	7	0	118	7	7	123	10	1	1
Planned Services	1	20	4	1	109	5	8	136	12	1	2
Isanti											
Current Services	12	8	6	1	33	2	3	41	4	1	3
Planned Services	9	10	6	1	34	1	3	50	5	1	3
Kanabec											
Current Services	0	0	3	0	24	2	1	31	9	1	1
Planned Services	0	0	3	0	24	3	2	32	9	1	1
Mille Lacs											
Current Services	0	1	12	0	60	5	1	25	3	1	1
Planned Services	0	1	12	1	57	5	0	33	4	1	0
Pine											
Current Services	1	9	8	0	34	3	0	59	2	2	1
Planned Services	1	8	7	0	34	3	0	56	4	2	0
Sherburne											
Current Services	2	25	12	1	147	1	5	61	3	1	1
Planned Services	1	27	13	1	143	2	5	61	3	1	1
Stearns											
Current Services	0	35	42	2	176	10	24	190	29	6	7
Planned Services	0	30	42	0	163	9	24	210	33	6	4
Wright											
Current Services	0	24	19	1	207	4	6	131	33	1	9
Planned Services	0	23	18	1	200	2	7	144	33	0	9

DD Client Screening Information by County of Residence
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	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 08 - Southwest Cottonwood											
Current Services	0	39	6	0	39	1	1	34	4	0	0
Planned Services	0	36	4	0	38	1	1	37	5	0	1
Jackson											
Current Services	0	1	4	0	15	0	0	7	5	0	1
Planned Services	0	2	1	0	14	0	0	8	5	0	0
Lincoln											
Current Services	0	18	1	0	8	0	0	7	2	0	0
Planned Services	0	11	2	0	9	0	0	13	2	0	0
Lyon											
Current Services	0	20	4	0	36	0	0	83	11	3	2
Planned Services	0	14	2	0	35	0	0	90	14	5	0
Murray											
Current Services	1	22	7	0	10	0	1	18	2	0	1
Planned Services	0	21	6	0	9	0	1	20	2	0	1
Nobles											
Current Services	0	17	7	5	41	1	1	67	17	1	3
Planned Services	0	16	4	4	32	2	2	73	18	1	1
Pipestone											
Current Services	0	11	9	1	15	1	0	14	0	0	2
Planned Services	0	11	7	1	14	0	0	15	1	0	0
Redwood											
Current Services	1	19	18	0	26	1	1	65	3	1	1
Planned Services	1	20	15	0	18	1	1	71	5	1	1
Rock											
Current Services	0	11	2	0	25	0	0	24	5	0	4
Planned Services	0	8	2	0	24	0	0	25	5	0	4

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 09 - South Central Blue Earth											
Current Services	1	72	24	3	67	1	6	207	65	3	8
Planned Services	1	70	24	4	61	1	6	215	64	3	12
Brown											
Current Services	2	17	11	0	35	0	1	68	16	3	1
Planned Services	0	11	10	0	34	0	1	77	15	3	1
Faribault											
Current Services	0	2	10	0	58	0	0	18	13	0	1
Planned Services	0	0	10	0	55	0	0	24	12	0	1
Le Sueur											
Current Services	0	14	6	0	74	5	0	45	3	0	1
Planned Services	0	11	7	0	73	5	0	47	4	0	1
Martin											
Current Services	1	34	12	0	54	0	2	85	16	0	6
Planned Services	0	27	12	0	47	0	2	96	18	0	7
Nicollet											
Current Services	8	21	2	0	39	0	0	52	9	1	2
Planned Services	1	21	4	0	40	1	0	52	8	1	1
Sibley											
Current Services	0	15	4	0	29	1	0	6	4	0	0
Planned Services	0	16	5	0	29	1	0	6	4	0	0
Waseca											
Current Services	0	19	15	1	28	0	1	59	5	0	2
Planned Services	0	14	12	0	28	0	1	66	6	0	1
Watsonwan											
Current Services	1	19	6	0	25	0	0	8	6	0	0
Planned Services	0	16	6	0	21	0	1	12	9	0	0

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 10 - Southeast Dodge											
Current Services	0	8	4	1	41	1	0	34	6	1	2
Planned Services	0	8	4	1	41	0	0	35	7	1	2
Fillmore											
Current Services	0	15	8	0	22	1	2	25	8	2	3
Planned Services	0	13	7	0	20	1	2	27	7	1	2
Freeborn											
Current Services	0	45	17	1	38	0	0	66	11	0	0
Planned Services	0	41	10	4	33	1	1	73	10	0	1
Goodhue											
Current Services	1	52	29	0	80	3	1	91	33	2	1
Planned Services	2	42	21	0	69	2	1	101	37	3	3
Houston											
Current Services	0	22	10	0	40	1	0	41	7	5	1
Planned Services	0	21	11	0	36	1	0	46	7	5	2
Mower											
Current Services	0	41	15	1	80	3	3	97	32	1	2
Planned Services	0	38	15	2	75	4	3	99	33	2	0
Olmsted											
Current Services	4	83	7	3	335	7	23	277	56	3	8
Planned Services	0	49	7	2	311	7	25	323	62	3	7
Rice											
Current Services	7	36	7	4	106	1	6	187	8	2	6
Planned Services	1	26	12	5	104	1	7	202	7	1	7
Steele											
Current Services	0	29	7	0	80	0	0	77	24	2	2
Planned Services	0	25	7	0	79	1	0	80	20	4	3
Wabasha											
Current Services	0	4	6	0	30	0	0	40	7	1	0
Planned Services	0	4	6	0	29	0	0	40	8	1	1
Winona											
Current Services	1	6	17	1	89	3	0	87	24	0	5
Planned Services	0	4	16	0	86	2	0	92	25	1	3

DD Client Screening Information by County of Residence

Attachment: F

	RTC	ICFMR	NF	Board & Lodge	Immediate Family	Extended Family	Live-in CareGiver	Shift Staff	Own Home < 24 Hour	Own Home 24 Hour	Other
Region 11 - Metro Anoka											
Current Services	0	77	16	4	814	13	14	207	130	3	11
Planned Services	1	78	16	10	770	12	14	252	144	4	10
Carver											
Current Services	0	76	8	0	124	4	1	60	12	2	0
Planned Services	0	66	7	0	119	5	1	74	13	2	1
Dakota											
Current Services	0	102	22	0	1,092	25	45	337	113	11	15
Planned Services	1	92	20	0	1,068	26	48	367	114	13	16
Hennepin											
Current Services	7	433	191	5	2,425	58	64	1,383	349	28	64
Planned Services	5	392	165	4	2,346	46	75	1,619	382	38	45
Ramsey											
Current Services	0	331	124	2	1,522	46	165	805	193	18	48
Planned Services	4	352	126	5	1,526	44	182	918	209	19	44
Scott											
Current Services	1	71	12	0	268	4	3	60	32	1	5
Planned Services	2	69	13	0	266	4	5	78	48	5	3
Washington											
Current Services	1	25	19	0	446	11	25	207	22	2	5
Planned Services	0	20	16	0	397	8	26	246	30	2	7

DD Client Screening Information by County of Residence

Attachment: F