This report presents State and national statistics on facilities for the mentally retarded from the 1986 Inventory of Long-Term Care Places. Included are facility characteristics such as type of ownership, type of facility, and number of beds and residents. Also included are occupancy rates, residents per population, age of residents, and number of black and Hispanic residents.
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Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.
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Characteristics of facilities for the mentally retarded, 1986
by Al Sirrocco, Division of Health Care Statistics

Introduction and background

This report presents data by State on facilities for the mentally retarded from the 1986 Inventory of Long-Term Care Places (ILTCP). Its focus will be on facility characteristics such as type of ownership, type of facility, number of beds, and number of residents. Also included are occupancy rates, residents per population, numbers of black and Hispanic residents, and age of residents.

The National Center for Health Statistics, in cooperation with the National Center for Health Services Research and Health Care Technology Assessment and the Health Care Financing Administration, employed staff of the U.S. Bureau of the Census to conduct the 1986 ILTCP. The purpose of the ILTCP was to provide a current sampling frame for two segments of the institutional component of the 1987 National Medical Expenditure Survey. The two segments were nursing and related care homes and facilities for the mentally retarded.

The ILTCP had not been conducted prior to the 1986 survey. However, a similar survey, the National Master Facility Inventory (NMFI), had been conducted many times between 1967 and 1982\(^1\). Each year the NMFI was conducted, nursing homes were surveyed, but mental retardation (MR) facilities had not been surveyed since the 1976 NMFI\(^2\). The types of questions asked in the ILTCP and the NMFI were similar enough that a decision was made to publish the ILTCP data as a means of updating the NMFI nursing home data. At the same time, the ILTCP data on MR facilities would provide baseline information on these facilities.

In creating the mailing list of MR facilities, the ILTCP updated a 1982 listing of facilities from a study by the University of Minnesota's Center for Residential and Community Services.\(^3\) A description of how this mailing list was created is given in appendix I.

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\(^3\)Hill BK, Lakin KC. Classification of residential facilities for mentally retarded people; brief no 24. Minneapolis: Center for Residential and Community Services, University of Minnesota. 1984.
During the 1986 ILTCP, 14,639 facilities for the mentally retarded were identified. At the time of the survey, these facilities had 269,954 beds and 250,472 residents (table 1). California had the most facilities (2,798), beds (31,499), and residents (28,143), with Michigan second in facilities (1,858) and New York second in beds (25,649) and residents (24,331). Alaska and Wyoming had the fewest facilities (15 and 16), with Alaska also having the fewest beds (205) and residents (169).

Although counts of facilities, beds, and residents are important as measures of availability, States with large populations invariably will have the most of these, and States with low populations will have the least. Relating these data to State population figures would, therefore, give more meaningful measurements. Because mental retardation cuts across all age groups, rates for the entire population were necessary. This is in contrast to nursing home rates, which are better measured using the elderly populations (such as 65 years and over, 75 years and over, 85 years and over, and so forth).

Accordingly, table 2 presents the rate per 100,000 population of residents in facilities for the mentally retarded for each State and gives the rankings from the highest to the lowest State. As shown, the highest four rates occurred in four contiguous States in the Midwest, namely, Iowa, Minnesota, North Dakota, and South Dakota, respectively. The rates for these four States were substantially higher than those for the rest of the States, with the fourth highest, South Dakota, having a rate (183.5) 15 percent higher than the rate for the fifth highest State, Massachussetts (159.3). The gap between the highest two States, Iowa and Minnesota, was even more substantial (258.1 versus 203.0, or 27 percent).

In the States ranked 5th through 12th, two more midwestern States appear—Michigan (6th) and Wisconsin (11th). In addition, this group includes five northeastern States—Massachusetts (5th), Maine (8th), Vermont (9th), New York (10th), and Rhode Island (12th).

At the other end of the ranking, the lowest 12 rates included seven southern States (Alabama, Florida, Georgia, Kentucky, Mississippi, Virginia, and West Virginia) and the District of Columbia along with four western States (Alaska, Arizona, Nevada, and New Mexico).

This regional grouping of the highest and lowest 12 States suggests strong regional differences in these rates. Table A shows these strong regional differences, which ranged from a high of 130.2 for the Midwest to a low of 80.5 for the South. Table A also shows that when the regions are subgrouped into census divisions, the differences are even more striking. The West North Central division (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota), with its rate of 167.6, and the New England division (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont), with its rate of 136.1, had rates that were more than double those of the East South Central division (Alabama, Kentucky, Mississippi, and Tennessee) and the Mountain division (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming), 59.1 and 67.2, respectively. Figure 1 shows these geographic differences quite clearly.

Table 3 shows the State distribution of facilities for the mentally retarded by bed-size groups. Almost three-fourths had fewer than 10 beds; less than 3 percent had 100 beds or more (table 4). Only Mississippi had a proportionally high number of large facilities (100 beds or more)—10 out of 29, or 34.5 percent.

Table 5 presents the number of residents in facilities for the mentally retarded by bed-size groups and State, and table 6 presents the percent distribution of these residents in each State. As table 6 shows, almost half of all mental retardation (MR) residents were in facilities with 100 beds or more, despite the fact that only 2.8 percent of the facilities had this many beds. In Mississippi, 91 percent of all MR residents were in these large facilities, and in each of five other States about three-fourths of the MR residents.
Figure 1. Residents in facilities for the mentally retarded per 100,000 population: United States, 1986

were in these large facilities (Alabama, Louisiana, New Jersey, Texas, and Virginia). At the other end of the facility spectrum, three States (Hawaii, Montana, and Nevada) and the District of Columbia showed more than half of their MR residents in the very small facilities (one to nine beds). Two other States (Michigan and New Hampshire) had almost half of their residents in these small facilities.

Table 7 shows the number and percent distribution of facilities and residents when ownership groups were crossed with bed-size groups. The government MR facilities, whose numbers were less than a third those of the profit or nonprofit facilities, had many more residents than either of the other two ownership types. One reason for this was that there were many more large (100 beds or more) government facilities (242) than there were large nongovernment facilities (163). Another reason was that these large government facilities were larger than the large nongovernment facilities. This can be found from table 7, where the large government facilities had an average of 403 residents compared with an average of 155 residents in the nongovernment facilities. (The average number of residents was 135 for the profit facilities and 173 for the nonprofit.) Of the 1,913 government facilities shown in table 7, 1,853 were State or local government and 60 were Federal. Of the 242 large facilities, only one was Federal. Table 8 gives the State breakdowns by ownership and condensed bed categories.

Table 9 gives the ownership breakdown of MR facilities and residents for each State. The majority of residents in facilities for the mentally retarded were in government facilities, and the table shows this was true in most States. However, in California, Michigan, and Maine, where an overwhelming number of MR facilities were profit, an overwhelming number of residents were also in profit facilities. On a smaller scale, but equally high in percents, the vast majority of MR residents in Alaska and the District of Columbia were in nonprofit facilities. It should also be noted that Colorado, whose nonprofit facilities outnumbered its government ones by 105 to 6, still had more residents in its government facilities.

The occupancy rate in facilities for the mentally retarded was 92.8 percent (table 10). Only eight States had rates below 90 percent and, of these, only two had rates below 86 percent—Nevada (71.3 percent) and Alaska (82.4 percent).

Table 11 shows the age distribution of residents in facilities for the mentally retarded in each State, and table 12 gives the percent distribution for these ages. Table B shows the percents by region.

As these tables show, most residents in facilities for the...
mentally retarded were neither young nor old. The vast majority (76 percent) were between 22 and 64 years of age. In contrast, only 55 percent of the U.S. population in 1986 was in this age group. Conversely, only 16.4 percent of MR residents were under 22 years of age, compared with almost twice that (32.5 percent) in the U.S. population. Similarly, persons 65 years and over constituted 7.6 percent of the MR residents and 12.1 percent of the U.S. population. This can be seen in figure 2.

The number of residents in facilities for the mentally retarded per 100,000 U.S. population shown in table 2 was 103.9. Computing this rate for each of the three age groups also resulted in large differences between the group 22 to 64 years of age (142.7) and the other two groups (52.2 in the group under 22 years of age and 65.3 in the group 65 years and over). The reason for this age distribution of MR residents is unclear, but one possible explanation is that many mentally retarded children remain at home and many mentally retarded older people are in psychiatric facilities or nursing and related care homes. Table 13 shows the prevalence of mentally retarded residents in nursing and related care homes. When the 18,978 residents 65 years and over in facilities for the mentally retarded are combined with the 30,900 MR residents in nursing homes, the rate per 100,000 population aged 65 years and over increases from 65.3 to 171.0. When the 8,627 MR residents in residential facilities are added, this rate increases to 200.5.

It can be seen in table 12, however, that not all States had these low percents of older MR residents. More than 20 percent of the MR residents in Hawaii and Vermont were 65 years and over, as were nearly 19 percent in New Hampshire. In the nine States where MR residents 65 years and over made up more than 10.0 percent of the total (table 12), eight (Hawaii, Idaho, Iowa, Michigan, New Hampshire, New Jersey, Texas, and Vermont) had more of these older residents in facilities for the mentally retarded than than they had MR residents in nursing homes (tables 11 and 13). This was not true of the States in table 12 with the lower percents of older residents. Indeed, these States showed many more MR residents in nursing homes than older residents in facilities for the mentally retarded (tables 13 and 11). In most of these States there were at least twice as many, and in some States there were more than 10 times as many. This suggests that a State with a relatively low proportion of older residents in its facilities for the mentally retarded tends to utilize nursing homes for its older mentally retarded population.

Table 14 shows the distribution of the residents in the three age groups crossed with ownership and bed-size groups. Among the profit facilities, small facilities had virtually the same age distribution as large ones. This also was true for government facilities. However, in nonprofit facilities, children were nearly twice as likely to be in large facilities as in small ones, while residents ages 22 to 64 years were somewhat more likely to be in the smaller facilities.

The large percent of residents in the age group 22 to 64 years tends to dominate table 14. Almost lost are the other

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**Table B. Percent distribution of residents in facilities for the mentally retarded by age of resident, according to geographic region: United States, 1986**

<table>
<thead>
<tr>
<th>Region</th>
<th>All ages</th>
<th>Under 22 years</th>
<th>22-64 years</th>
<th>65 years and over</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td>100.0</td>
<td>16.4</td>
<td>76.0</td>
<td>7.6</td>
</tr>
<tr>
<td>Northeast</td>
<td>100.0</td>
<td>12.8</td>
<td>77.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Midwest</td>
<td>100.0</td>
<td>14.5</td>
<td>77.3</td>
<td>8.2</td>
</tr>
<tr>
<td>South</td>
<td>100.0</td>
<td>19.2</td>
<td>73.4</td>
<td>7.3</td>
</tr>
<tr>
<td>West</td>
<td>100.0</td>
<td>20.1</td>
<td>75.5</td>
<td>4.4</td>
</tr>
</tbody>
</table>

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**Figure 2. Percent distribution of U.S. population and of residents in facilities for the mentally retarded, by age: United States, 1986**

- U.S. population
  - Under 22 years, 33 percent
  - 22–64 years, 55 percent
  - 65 years and over, 12 percent

- Residents in MR facilities
  - Under 22 years, 16 percent
  - 22–64 years, 78 percent
  - 65 years and over, 6 percent
two age groups, which, when compared with one another, reveal some interesting findings. For instance, nonprofit facilities had many times more children than aged residents, and this was true for all bed-size groups. Government facilities also had more children than aged residents in every bed-size group, but with not nearly the difference shown in the nonprofit facilities. The profit facilities with 10 to 15 beds actually had more aged residents than children. The other three profit bed-size groups had more children than aged, but with smaller differences—similar to those of the government facilities. Overall, table 14 shows that profit facilities tend to accept more aged residents and fewer children than nonprofit facilities. It has been suggested that older residents are less costly to treat and care for than younger residents; and it has been argued that profit facilities have more incentive to be less costly than nonprofit facilities.

Estimates of the numbers of black and Hispanic residents in facilities for the mentally retarded were obtained during the ILTCP. Table 15 shows the State counts of these residents, of which there were 29,442 black residents and 10,181 Hispanic residents. As mentioned earlier, the number of residents in facilities for the mentally retarded per 100,000 population was 103.9 (table 2). When this rate for black MR residents per 100,000 black population is computed and compared with the rate for residents who are not black, the difference is quite small—100.5 for black residents versus 104.4 for those who are not black. However, a similar comparison between Hispanic and non-Hispanic residents resulted in a rate for non-Hispanic residents (108.0) nearly twice that for Hispanic residents (55.0).

Table C was created to check State variations in these Hispanic rates. The table presents the nine States with the most Hispanic people in 1986, and compares the rates of Hispanic versus non-Hispanic residents in MR facilities per 100,000 Hispanic and non-Hispanic population. These nine States showed considerable variation from the total U.S. rates mentioned above (55.0 for Hispanic and 108.0 for non-Hispanic residents). In Arizona and Colorado, there was virtually no difference between the rates for Hispanic and non-Hispanic residents. In California, Illinois, and Texas, the Hispanic rate was approximately half the rate for non-Hispanic residents. In Florida, New Jersey, and New York, the Hispanic rate was about one-third that for the non-Hispanic residents. In the 41 States (and the District of Columbia) not shown, the Hispanic rate was less than two-thirds the non-Hispanic rate. Whether this reflects an undercounting of Hispanic residents in MR facilities, a lack of utilization of MR facilities by Hispanic persons, or a lower incidence of mental retardation for Hispanic persons is not known at this time. However, it is interesting to note that New Mexico had the opposite situation—its non-Hispanic rate was two-thirds the Hispanic rate.

There was little difference in the percent of black mentally retarded residents, regardless of size or ownership of the facility (table 16). The range of percents went from a low of 8.9 to a high of 14.3. The same also was true for the Hispanic residents, whose percents ranged from 2.9 to 5.9. When black MR residents were compared with MR residents who were not black (table 17), black residents were somewhat more likely to be in government facilities (54 to 45 percent). The largest difference between Hispanic and non-Hispanic MR resident populations was for the profit facilities, where 34 percent of Hispanic residents and 24 percent of non-Hispanic residents resided.

For this report, intermediate care facilities for the mentally retarded (ICF-MR's) are defined as facilities for the mentally retarded that either identified themselves as ICF-MR in question 6 or reported having ICF-MR beds in question 7d (see questionnaire in appendix II). In addition, facilities meeting either of these requirements needed four total beds or more to be counted as ICF-MR's. This latter requirement was added because of the ICF-MR participa-

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Table C. Estimated number of Hispanic non-Hispanic persons in the United States and in facilities for the mentally retarded, and rates of residents in these facilities per 100,000 corresponding population, by selected States: United States, 1986

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated populations</th>
<th>Residents in MR facilities</th>
<th>MR Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
<td>Hispanic</td>
</tr>
<tr>
<td>All States</td>
<td>18,497</td>
<td>222,518</td>
<td>10,181</td>
</tr>
<tr>
<td>California</td>
<td>6,192</td>
<td>20,789</td>
<td>3,701</td>
</tr>
<tr>
<td>Texas</td>
<td>3,511</td>
<td>12,774</td>
<td>2,167</td>
</tr>
<tr>
<td>New York</td>
<td>2,032</td>
<td>15,740</td>
<td>1,039</td>
</tr>
<tr>
<td>Florida</td>
<td>1,354</td>
<td>10,321</td>
<td>341</td>
</tr>
<tr>
<td>Illinois</td>
<td>769</td>
<td>10,783</td>
<td>416</td>
</tr>
<tr>
<td>New Jersey</td>
<td>616</td>
<td>7,003</td>
<td>188</td>
</tr>
<tr>
<td>Arizona</td>
<td>608</td>
<td>2,711</td>
<td>220</td>
</tr>
<tr>
<td>New Mexico</td>
<td>530</td>
<td>949</td>
<td>405</td>
</tr>
<tr>
<td>Colorado</td>
<td>363</td>
<td>2,904</td>
<td>275</td>
</tr>
<tr>
<td>Other States</td>
<td>2,122</td>
<td>133,607</td>
<td>1,427</td>
</tr>
</tbody>
</table>

1. 1986 State estimates of Hispanic persons were computed using a 1986 national estimate and 1980 and 1986 State estimates of the Hispanic population as reported by the U.S. Bureau of the Census.
tion requirements that specify that four persons or more, unrelated to the proprietor, be served. In addition, it has been found that respondents in the very small facilities frequently check the ICF-MR box erroneously because of a lack of understanding of the ICF-MR program. The definition of ICF-MR’s is given in appendix III, along with definitions of other terms used in this survey.

Based on this definition, there were 3,851 ICF-MR’s and 10,788 non-ICF-MR’s (other-MR), as shown in table 18. The table indicates that among the largest MR facilities, those with 100 beds or more, most were ICF-MR’s (78 percent). The opposite was true for the small facilities (4 to 9 beds): 73 percent were other-MR.

Similarly, table 19, which presents the distribution of residents in these same facility categories, shows that 87 percent of the residents in the largest facilities were in ICF-MR’s, and 71 percent in facilities with 4 to 9 beds were in other-MR’s.

If the percents were calculated in the other direction (by bed-size groups), the results would show that 70 percent of ICF-MR residents were in these largest facilities, compared with under 17 percent of the other-MR residents.

Regarding ownership, almost half (5,224) of the other-MR’s were profit facilities, compared with 29 percent (1,106) of the ICF-MR’s. The ICF-MR’s had somewhat higher cents of nonprofit facilities (50 to 42 percent) and government facilities (22 to 10 percent). These figures were derived from table 18.

The largest group of ICF-MR’s were the 1,222 nonprofit facilities with 4 to 9 beds that made up almost a third of all ICF-MR’s. There were two such large groups of other-MR’s, 2,774 profit facilities with 4 to 9 beds and 2,539 nonprofit facilities with 4 to 9 beds, each representing approximately one-fourth of all other-MR’s. If the next two largest groups of other-MR’s (profit and nonprofit facilities with 1 to 3 beds) were added to the above groups of 4 to 9 beds, these four would constitute 7,581 of all other-MR’s (70 percent).

Although most facilities for the mentally retarded were profit and nonprofit, the largest facilities were those owned by State or local governments. Table D shows that the average bed size of the State or local government facilities was 66.6 beds, compared with 10.5 for profit and 12.3 for nonprofit facilities. The ICF-MR’s, which averaged 134.5 beds (six to eight times higher than the profit and nonprofit facilities), were the major source of this differential. The other-MR’s averaged 13.8 beds in the State or local government facilities, which was only moderately higher than the profit (8.4 beds) and nonprofit (10.7 beds) facilities. Table D also indicates that ICF-MR’s were larger than other-MR’s in every ownership category.

Table 19 shows some distinctive differences between the numbers of residents in ICF-MR’s and residents in other-MR’s. For instance, more than 88 percent of all residents in government MR facilities were in ICF-MR’s. In contrast, only 35 percent of all residents in profit facilities and 40 percent in nonprofit facilities were in ICF-MR’s.

The largest group of ICF-MR residents was the 92,517 in government facilities having 100 beds or more—almost 61 percent of all ICF-MR residents. There was no one such large group of residents in any ownership or bed category for the other-MR’s; however, four groups stood apart from the rest: profit facilities with 4 to 9 beds, profit facilities with 16 to 99 beds, nonprofit facilities with 4 to 9 beds, and nonprofit facilities with 16 to 99 beds. Together, these four groups made up 57 percent of the total.

Table 20 presents the age breakdown of residents in ICF-MR’s versus other-MR’s by ownership categories.

Overall, there was less than a 4-percent difference between ICF-MR and other-MR residents in any of the age groups. This was somewhat misleading because of the very large numbers of residents in the age group 22 to 64 years. By ignoring this group and comparing only the groups for children and the aged, the differences between these two groups become clearer. As seen in table 14 and again here under all MR’s, the nonprofit facilities had many times more children than aged residents. Table 20 further shows that this was true whether the nonprofit facility was an ICF-MR or an other-MR. The profit facilities showed little distinction between ICF-MR’s and other-MR’s, with a slightly higher ratio of children to aged residents in the ICF-MR’s. However, in the government facilities a noticeable difference emerged. For ICF-MR’s there were nearly twice as many children as aged, but for other-MR’s there were more aged than children.

State counts of ICF-MR’s and other-MR’s are shown in table 21, and their residents are shown in table 22. Forty-five States had more other-MR’s than ICF-MR’s (in most cases, many times more). Five States (Indiana, Louisiana, Minnesota, Rhode Island, and Texas) and the District of Columbia had more ICF-MR’s; of these, Louisiana had almost 13 times as many ICF-MR’s, and Minnesota had more than 7 times as many.

Table 23 shows the percent distribution of black and Hispanic residents in facilities for the mentally retarded by type of ownership and type of MR facility, and then compares these with the corresponding percent distributions for residents who were not black and for non-Hispanic residents. The comparisons show very little difference between black residents and those who were not black, with no more than a 10.1-percent difference in any comparison. The difference was even less between Hispanic and non-Hispanic residents, with no more than a 5.0-percent difference in any of the comparisons.
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Table 1. Number of facilities for the mentally retarded, number of beds, and number of residents, by State: United States, 1986

<table>
<thead>
<tr>
<th>State</th>
<th>Facilities Number</th>
<th>Beds</th>
<th>Residents Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All States</td>
<td>14,639</td>
<td>269,954</td>
<td>250,472</td>
</tr>
<tr>
<td>Alabama</td>
<td>41</td>
<td>1,587</td>
<td>1,484</td>
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<tr>
<td>Alaska</td>
<td>15</td>
<td>205</td>
<td>189</td>
</tr>
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<td>Arizona</td>
<td>90</td>
<td>1,273</td>
<td>1,224</td>
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<td>Arkansas</td>
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<td>1,987</td>
<td>1,917</td>
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NOTE: Numbers may not add to totals due to rounding.
Table 5. Number of residents in facilities for the mentally retarded by bed-size group and State: United States, 1986

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Table 6. Percent distribution of residents in facilities for the mentally retarded by bed-size group, according to State: United States, 1986

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<th>16-99 beds</th>
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NOTE: Numbers may not add to totals due to rounding.
Table 7. Numbers and percent distributions of facilities for the mentally retarded and of residents by bed-size group, according to type of ownership: United States, 1986

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Table 10. Occupancy rates of facilities for the mentally retarded, by State: United States, 1986

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Table 11. Number of residents in facilities for the mentally retarded, by age group and State: United States, 1986

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1For facilities not reporting age groups, imputed data were used.
### Table 12. Percent distribution of residents in facilities for the mentally retarded by age group, according to State: United States, 1986

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NOTE: Numbers may not add to totals due to rounding.

### Table 13. Number of mentally retarded residents in nursing and related-care homes, by type of home and State: United States, 1986

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<td>117</td>
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<tr>
<td>Tennessee</td>
<td>251</td>
<td>227</td>
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<tr>
<td>Texas</td>
<td>1,131</td>
<td>1,099</td>
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<td>Utah</td>
<td>129</td>
<td>129</td>
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<tr>
<td>Vermont</td>
<td>86</td>
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<tr>
<td>Virginia</td>
<td>1,011</td>
<td>531</td>
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<td>Washington</td>
<td>1,026</td>
<td>867</td>
</tr>
<tr>
<td>West Virginia</td>
<td>319</td>
<td>267</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1,733</td>
<td>1,695</td>
</tr>
<tr>
<td>Wyoming</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

1Includes hospital-based facilities.
Table 14. Percent distribution of facilities for the mentally retarded by age of residents, according to type of ownership and bed size: United States, 1986

<table>
<thead>
<tr>
<th>Type of ownership and bed size</th>
<th>All ages</th>
<th>Under 22 years</th>
<th>22–64 years</th>
<th>65 years and over</th>
<th>Percent distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100.0</td>
<td>16.4</td>
<td>76.0</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>1–9 beds</td>
<td>100.0</td>
<td>15.2</td>
<td>78.6</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>10–15 beds</td>
<td>100.0</td>
<td>10.7</td>
<td>82.0</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>16–99 beds</td>
<td>100.0</td>
<td>20.9</td>
<td>70.5</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>100 beds or more</td>
<td>100.0</td>
<td>16.0</td>
<td>76.4</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>Profit</td>
<td>100.0</td>
<td>15.8</td>
<td>72.6</td>
<td>11.6</td>
<td></td>
</tr>
<tr>
<td>Nonprofit</td>
<td>100.0</td>
<td>19.9</td>
<td>76.6</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>1–9 beds</td>
<td>100.0</td>
<td>13.5</td>
<td>83.3</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>10–15 beds</td>
<td>100.0</td>
<td>13.3</td>
<td>83.6</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>16–99 beds</td>
<td>100.0</td>
<td>25.6</td>
<td>70.3</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>100 beds or more</td>
<td>100.0</td>
<td>24.9</td>
<td>69.6</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>100.0</td>
<td>14.4</td>
<td>77.5</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>1–9 beds</td>
<td>100.0</td>
<td>14.3</td>
<td>79.5</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>10–15 beds</td>
<td>100.0</td>
<td>7.9</td>
<td>85.3</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>16–99 beds</td>
<td>100.0</td>
<td>15.2</td>
<td>71.8</td>
<td>13.1</td>
<td></td>
</tr>
<tr>
<td>100 beds or more</td>
<td>100.0</td>
<td>14.5</td>
<td>77.6</td>
<td>7.9</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Numbers may not add to totals due to rounding.

Table 15. Number of black and Hispanic residents in facilities for the mentally retarded, by State: United States, 1986

<table>
<thead>
<tr>
<th>State</th>
<th>Black residents</th>
<th>Hispanic residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All States</td>
<td>29,442</td>
<td>10,181</td>
</tr>
<tr>
<td>Alabama</td>
<td>311</td>
<td>()</td>
</tr>
<tr>
<td>Alaska</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Arizona</td>
<td>57</td>
<td>223</td>
</tr>
<tr>
<td>Arkansas</td>
<td>392</td>
<td>10</td>
</tr>
<tr>
<td>California</td>
<td>2,496</td>
<td>3,701</td>
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<tr>
<td>Colorado</td>
<td>90</td>
<td>275</td>
</tr>
<tr>
<td>Connecticut</td>
<td>262</td>
<td>89</td>
</tr>
<tr>
<td>Delaware</td>
<td>120</td>
<td>6</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>273</td>
<td>()</td>
</tr>
<tr>
<td>Florida</td>
<td>1,746</td>
<td>341</td>
</tr>
<tr>
<td>Georgia</td>
<td>1,134</td>
<td>6</td>
</tr>
<tr>
<td>Hawaii</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Idaho</td>
<td>()</td>
<td>10</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,867</td>
<td>418</td>
</tr>
<tr>
<td>Indiana</td>
<td>391</td>
<td>40</td>
</tr>
<tr>
<td>Iowa</td>
<td>99</td>
<td>25</td>
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<tr>
<td>Kansas</td>
<td>158</td>
<td>57</td>
</tr>
<tr>
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<td>164</td>
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<td>Louisiana</td>
<td>1,566</td>
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<tr>
<td>Maine</td>
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<td>3</td>
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<tr>
<td>Maryland</td>
<td>996</td>
<td>26</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>293</td>
<td>74</td>
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<tr>
<td>Michigan</td>
<td>1,411</td>
<td>147</td>
</tr>
<tr>
<td>Minnesota</td>
<td>89</td>
<td>36</td>
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<tr>
<td>Mississippi</td>
<td>649</td>
<td>7</td>
</tr>
<tr>
<td>Missouri</td>
<td>735</td>
<td>51</td>
</tr>
<tr>
<td>Montana</td>
<td>()</td>
<td>6</td>
</tr>
<tr>
<td>Nebraska</td>
<td>38</td>
<td>15</td>
</tr>
<tr>
<td>Nevada</td>
<td>34</td>
<td>15</td>
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<tr>
<td>New Hampshire</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>New Jersey</td>
<td>985</td>
<td>188</td>
</tr>
<tr>
<td>New Mexico</td>
<td>23</td>
<td>405</td>
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<tr>
<td>New York</td>
<td>2,729</td>
<td>1,039</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1,618</td>
<td>30</td>
</tr>
<tr>
<td>North Dakota</td>
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<td>()</td>
</tr>
<tr>
<td>Ohio</td>
<td>1,448</td>
<td>231</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>326</td>
<td>31</td>
</tr>
<tr>
<td>Oregon</td>
<td>49</td>
<td>26</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1,312</td>
<td>172</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>43</td>
<td>9</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,344</td>
<td>13</td>
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<td>South Dakota</td>
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<td>()</td>
</tr>
<tr>
<td>Tennessee</td>
<td>634</td>
<td>4</td>
</tr>
<tr>
<td>Texas</td>
<td>2,175</td>
<td>2,167</td>
</tr>
<tr>
<td>Utah</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Vermont</td>
<td>3</td>
<td>()</td>
</tr>
<tr>
<td>Virginia</td>
<td>1,040</td>
<td>7</td>
</tr>
<tr>
<td>Washington</td>
<td>89</td>
<td>69</td>
</tr>
<tr>
<td>West Virginia</td>
<td>47</td>
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</tr>
<tr>
<td>Wisconsin</td>
<td>170</td>
<td>59</td>
</tr>
<tr>
<td>Wyoming</td>
<td>3</td>
<td>47</td>
</tr>
</tbody>
</table>

1 Fewer than 3 reported.
### Table 16. Number and percent of black and Hispanic residents in facilities for the mentally retarded, by type of ownership and bed size: United States, 1986

<table>
<thead>
<tr>
<th>Type of ownership and bed size</th>
<th>Black residents</th>
<th>Hispanic residents</th>
<th>Black residents</th>
<th>Hispanic residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>29,442</td>
<td>11.8</td>
<td>10,181</td>
<td>4.1</td>
</tr>
<tr>
<td>All types of ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–15 beds</td>
<td>6,835</td>
<td>9.3</td>
<td>3,147</td>
<td>4.3</td>
</tr>
<tr>
<td>16 beds or more</td>
<td>22,607</td>
<td>12.8</td>
<td>7,034</td>
<td>4.0</td>
</tr>
<tr>
<td>Profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–15 beds</td>
<td>2,720</td>
<td>9.6</td>
<td>1,590</td>
<td>5.6</td>
</tr>
<tr>
<td>16 beds or more</td>
<td>3,783</td>
<td>11.8</td>
<td>1,905</td>
<td>5.9</td>
</tr>
<tr>
<td>Nonprofit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–15 beds</td>
<td>3,228</td>
<td>8.9</td>
<td>1,177</td>
<td>3.2</td>
</tr>
<tr>
<td>16 beds or more</td>
<td>3,710</td>
<td>9.6</td>
<td>1,139</td>
<td>2.9</td>
</tr>
<tr>
<td>Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–15 beds</td>
<td>887</td>
<td>10.2</td>
<td>380</td>
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</tr>
<tr>
<td>16 beds or more</td>
<td>15,114</td>
<td>14.3</td>
<td>3,990</td>
<td>3.8</td>
</tr>
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</table>

### Table 17. Percent distribution of residents in facilities for the mentally retarded by type of ownership, according to race and Hispanic origin: United States, 1986

<table>
<thead>
<tr>
<th>Type of ownership</th>
<th>All residents</th>
<th>Black residents</th>
<th>Other than black residents</th>
<th>Hispanic residents</th>
<th>Non-Hispanic residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent distribution</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Profit</td>
<td>24.2</td>
<td>22.1</td>
<td>24.5</td>
<td>34.3</td>
<td>23.7</td>
</tr>
<tr>
<td>Nonprofit</td>
<td>30.0</td>
<td>23.6</td>
<td>30.9</td>
<td>22.7</td>
<td>30.3</td>
</tr>
<tr>
<td>Government</td>
<td>45.8</td>
<td>54.3</td>
<td>44.7</td>
<td>42.9</td>
<td>45.9</td>
</tr>
</tbody>
</table>

**NOTE:** Numbers may not add to totals due to rounding.
Table 18. Number and percent distribution of facilities for the mentally retarded by type of facility, according to type of ownership and bed size: United States, 1986

<table>
<thead>
<tr>
<th>Type of ownership and bed size</th>
<th>All</th>
<th>Intermediate care</th>
<th>Other</th>
<th>All</th>
<th>Intermediate care</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
<td></td>
<td>Percent distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14,639</td>
<td>3,851</td>
<td>10,788</td>
<td>100.0</td>
<td>26.3</td>
<td>73.7</td>
</tr>
<tr>
<td>1-3 beds</td>
<td>2,590</td>
<td>2,250</td>
<td>340</td>
<td>100.0</td>
<td>87.0</td>
<td>13.0</td>
</tr>
<tr>
<td>4-9 beds</td>
<td>8,016</td>
<td>5,840</td>
<td>2,176</td>
<td>100.0</td>
<td>72.3</td>
<td>27.7</td>
</tr>
<tr>
<td>10-15 beds</td>
<td>2,097</td>
<td>1,507</td>
<td>590</td>
<td>100.0</td>
<td>72.3</td>
<td>27.7</td>
</tr>
<tr>
<td>16-99 beds</td>
<td>1,531</td>
<td>962</td>
<td>569</td>
<td>100.0</td>
<td>62.3</td>
<td>37.7</td>
</tr>
<tr>
<td>100 beds or more</td>
<td>405</td>
<td>89</td>
<td>316</td>
<td>100.0</td>
<td>21.7</td>
<td>78.3</td>
</tr>
<tr>
<td>Profit</td>
<td>6,330</td>
<td>5,224</td>
<td>1,106</td>
<td>100.0</td>
<td>82.5</td>
<td>17.5</td>
</tr>
<tr>
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<td>6,386</td>
<td>4,481</td>
<td>1,915</td>
<td>100.0</td>
<td>70.1</td>
<td>29.9</td>
</tr>
<tr>
<td>1-3 beds</td>
<td>806</td>
<td>806</td>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>4-9 beds</td>
<td>3,761</td>
<td>2,539</td>
<td>1,222</td>
<td>100.0</td>
<td>67.5</td>
<td>32.5</td>
</tr>
<tr>
<td>10-15 beds</td>
<td>1,062</td>
<td>649</td>
<td>413</td>
<td>100.0</td>
<td>61.1</td>
<td>38.9</td>
</tr>
<tr>
<td>16-99 beds</td>
<td>683</td>
<td>448</td>
<td>235</td>
<td>100.0</td>
<td>65.6</td>
<td>34.4</td>
</tr>
<tr>
<td>100 beds or more</td>
<td>84</td>
<td>39</td>
<td>45</td>
<td>100.0</td>
<td>46.4</td>
<td>53.6</td>
</tr>
<tr>
<td>Government</td>
<td>1,913</td>
<td>1,083</td>
<td>830</td>
<td>100.0</td>
<td>56.6</td>
<td>43.4</td>
</tr>
<tr>
<td>1-3 beds</td>
<td>322</td>
<td>322</td>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>4-9 beds</td>
<td>833</td>
<td>527</td>
<td>306</td>
<td>100.0</td>
<td>63.3</td>
<td>36.7</td>
</tr>
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<td>10-15 beds</td>
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<td>136</td>
<td>162</td>
<td>100.0</td>
<td>45.6</td>
<td>54.4</td>
</tr>
<tr>
<td>16-99 beds</td>
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<td>79</td>
<td>139</td>
<td>100.0</td>
<td>36.2</td>
<td>63.8</td>
</tr>
<tr>
<td>100 beds or more</td>
<td>242</td>
<td>19</td>
<td>223</td>
<td>100.0</td>
<td>7.9</td>
<td>92.1</td>
</tr>
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</table>

NOTE: For this report, mental retardation facilities with fewer than 4 beds did not qualify as intermediate care facilities for the mentally retarded.

Table 19. Number and percent distribution of residents in facilities for the mentally retarded by type of facility, according to type of ownership and bed size: United States, 1986

<table>
<thead>
<tr>
<th>Type of ownership and bed size</th>
<th>All</th>
<th>Intermediate care</th>
<th>Other</th>
<th>All</th>
<th>Intermediate care</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
<td></td>
<td>Percent distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>250,472</td>
<td>152,755</td>
<td>97,717</td>
<td>100.0</td>
<td>61.0</td>
<td>39.0</td>
</tr>
<tr>
<td>1-3 beds</td>
<td>5,358</td>
<td></td>
<td>5,358</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-9 beds</td>
<td>44,691</td>
<td>12,938</td>
<td>31,753</td>
<td>100.0</td>
<td>28.9</td>
<td>71.1</td>
</tr>
<tr>
<td>10-15 beds</td>
<td>23,444</td>
<td>14,220</td>
<td>9,224</td>
<td>100.0</td>
<td>36.9</td>
<td>63.1</td>
</tr>
<tr>
<td>16-99 beds</td>
<td>54,690</td>
<td>30,140</td>
<td>24,550</td>
<td>100.0</td>
<td>55.7</td>
<td>44.3</td>
</tr>
<tr>
<td>100 beds or more</td>
<td>122,889</td>
<td>106,748</td>
<td>16,141</td>
<td>100.0</td>
<td>86.9</td>
<td>13.1</td>
</tr>
<tr>
<td>Profit</td>
<td>60,560</td>
<td>39,270</td>
<td>21,290</td>
<td>100.0</td>
<td>64.8</td>
<td>35.2</td>
</tr>
<tr>
<td>Nonprofit</td>
<td>75,193</td>
<td>45,171</td>
<td>30,022</td>
<td>100.0</td>
<td>60.1</td>
<td>39.9</td>
</tr>
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<td>1-3 beds</td>
<td>1,836</td>
<td></td>
<td>1,836</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-9 beds</td>
<td>22,611</td>
<td>15,140</td>
<td>7,471</td>
<td>100.0</td>
<td>33.0</td>
<td>67.0</td>
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<td>10-15 beds</td>
<td>11,922</td>
<td>7,124</td>
<td>4,798</td>
<td>100.0</td>
<td>40.2</td>
<td>59.8</td>
</tr>
<tr>
<td>16-99 beds</td>
<td>34,227</td>
<td>14,320</td>
<td>19,907</td>
<td>100.0</td>
<td>42.1</td>
<td>57.9</td>
</tr>
<tr>
<td>100 beds or more</td>
<td>14,502</td>
<td>6,494</td>
<td>8,008</td>
<td>100.0</td>
<td>44.8</td>
<td>55.2</td>
</tr>
<tr>
<td>Government</td>
<td>114,719</td>
<td>15,726</td>
<td>99,093</td>
<td>100.0</td>
<td>88.4</td>
<td>11.6</td>
</tr>
<tr>
<td>1-3 beds</td>
<td>665</td>
<td></td>
<td>665</td>
<td>100.0</td>
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</tr>
<tr>
<td>4-9 beds</td>
<td>4,810</td>
<td>2,597</td>
<td>2,213</td>
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<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>10-15 beds</td>
<td>3,033</td>
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<td>1,565</td>
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<td>16-99 beds</td>
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<td>5,268</td>
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<td>100 beds or more</td>
<td>97,633</td>
<td>5,116</td>
<td>92,517</td>
<td>100.0</td>
<td>54.8</td>
<td>45.2</td>
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</table>

NOTE: For this report, mental retardation facilities with fewer than 4 beds did not qualify as intermediate care facilities for the mentally retarded.
Table 20. Number and percent distribution of residents in facilities for the mentally retarded by age of resident, according to type of facility and type of ownership: United States, 1986

<table>
<thead>
<tr>
<th>Type of facility and ownership</th>
<th>All ages</th>
<th>Under 22 years</th>
<th>22–64 years</th>
<th>65 years and over</th>
<th>All ages</th>
<th>Under 22 years</th>
<th>22–64 years</th>
<th>65 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent distribution</td>
<td></td>
<td></td>
<td>Number</td>
<td>Percent distribution</td>
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<td></td>
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<tr>
<td>Total</td>
<td>1,237,145</td>
<td>100.0</td>
<td>16.4</td>
<td>76.0</td>
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</tr>
<tr>
<td>Profit</td>
<td>56,084</td>
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<td>72.6</td>
<td>11.6</td>
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<tr>
<td>Nonprofit</td>
<td>71,039</td>
<td>100.0</td>
<td>19.9</td>
<td>76.5</td>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>110,022</td>
<td>100.0</td>
<td>14.4</td>
<td>77.5</td>
<td>8.1</td>
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</tr>
<tr>
<td>Intermediate care</td>
<td>146,177</td>
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<td>15.8</td>
<td>77.5</td>
<td>6.7</td>
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<td></td>
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<tr>
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<td>20,176</td>
<td>100.0</td>
<td>15.0</td>
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<td>8.1</td>
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<tr>
<td>Government</td>
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<td>100.0</td>
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<td>77.6</td>
<td>7.5</td>
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<tr>
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<td>Profit</td>
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<td>100.0</td>
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<tr>
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<td>100.0</td>
<td>9.9</td>
<td>77.0</td>
<td>13.1</td>
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</tr>
</tbody>
</table>

1Excludes 13,327 residents for whom age was not reported.
Table 21. Number of facilities for the mentally retarded, by type of facility and State: United States, 1986

<table>
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<tr>
<th>State</th>
<th>All</th>
<th>Intermediate care</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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<td>All States</td>
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<td>3,851</td>
<td>10,788</td>
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<td>41</td>
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<tr>
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<td>15</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Arizona</td>
<td>90</td>
<td>–</td>
<td>90</td>
</tr>
<tr>
<td>Arkansas</td>
<td>40</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>California</td>
<td>2,798</td>
<td>329</td>
<td>2,469</td>
</tr>
<tr>
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<td>142</td>
<td>19</td>
<td>33</td>
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<tr>
<td>Connecticut</td>
<td>236</td>
<td>79</td>
<td>157</td>
</tr>
<tr>
<td>Delaware</td>
<td>22</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>60</td>
<td>35</td>
<td>22</td>
</tr>
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<td>Florida</td>
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<td>114</td>
<td>333</td>
</tr>
<tr>
<td>Georgia</td>
<td>279</td>
<td>34</td>
<td>245</td>
</tr>
<tr>
<td>Hawaii</td>
<td>138</td>
<td>20</td>
<td>118</td>
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<tr>
<td>Idaho</td>
<td>49</td>
<td>20</td>
<td>29</td>
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<td>85</td>
<td>126</td>
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<tr>
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<td>232</td>
<td>167</td>
<td>65</td>
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<tr>
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<td>14</td>
<td>196</td>
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<td>64</td>
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<tr>
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<td>94</td>
<td>12</td>
<td>82</td>
</tr>
<tr>
<td>Louisiana</td>
<td>139</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Maine</td>
<td>218</td>
<td>14</td>
<td>169</td>
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<tr>
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<td>164</td>
<td>25</td>
<td>130</td>
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<td>59</td>
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<td>10</td>
<td>19</td>
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<td>77</td>
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<td>63</td>
<td>10</td>
<td>53</td>
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<tr>
<td>Nebraska</td>
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<td>10</td>
<td>169</td>
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<td>19</td>
<td>53</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>723</td>
<td>112</td>
<td>611</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>119</td>
<td>95</td>
<td>24</td>
</tr>
<tr>
<td>South Carolina</td>
<td>112</td>
<td>47</td>
<td>65</td>
</tr>
<tr>
<td>South Dakota</td>
<td>51</td>
<td>20</td>
<td>31</td>
</tr>
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<td>Tennessee</td>
<td>181</td>
<td>33</td>
<td>148</td>
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<td>Texas</td>
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<tr>
<td>Utah</td>
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<td>11</td>
<td>13</td>
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<tr>
<td>Vermont</td>
<td>88</td>
<td>22</td>
<td>66</td>
</tr>
<tr>
<td>Virginia</td>
<td>112</td>
<td>25</td>
<td>87</td>
</tr>
<tr>
<td>Washington</td>
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<td>46</td>
<td>134</td>
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<td>West Virginia</td>
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<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>293</td>
<td>46</td>
<td>247</td>
</tr>
<tr>
<td>Wyoming</td>
<td>16</td>
<td>–</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 22. Number of residents in facilities for the mentally retarded, by type of facility and State: United States, 1986

<table>
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<th>State</th>
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<th>Intermediate care</th>
<th>Other</th>
</tr>
</thead>
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<td>306</td>
</tr>
<tr>
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<td>169</td>
<td>105</td>
<td>64</td>
</tr>
<tr>
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<td>–</td>
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</tr>
<tr>
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<td>1,917</td>
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<td>496</td>
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<td>28,143</td>
<td>8,592</td>
<td>19,551</td>
</tr>
<tr>
<td>Colorado</td>
<td>2,526</td>
<td>1,593</td>
<td>853</td>
</tr>
<tr>
<td>Connecticut</td>
<td>3,406</td>
<td>2,253</td>
<td>1,153</td>
</tr>
<tr>
<td>Delaware</td>
<td>669</td>
<td>496</td>
<td>173</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>363</td>
<td>296</td>
<td>67</td>
</tr>
<tr>
<td>Florida</td>
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<td>4,788</td>
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<td>512</td>
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<tr>
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<td>525</td>
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<td>1,212</td>
<td>659</td>
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<td>5,520</td>
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<td>788</td>
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<td>4,532</td>
<td>9,513</td>
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<td>24,321</td>
<td>15,727</td>
<td>8,604</td>
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<td>5,349</td>
<td>3,663</td>
<td>1,686</td>
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<td>764</td>
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<td>13,354</td>
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<td>110</td>
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<tr>
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<td>Virginia</td>
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</tr>
<tr>
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</table>
Table 23. Percent distribution of residents in facilities for the mentally retarded by race, Hispanic origin, and type of facility, according to type of ownership: United States, 1986

<table>
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<tr>
<th>Race, Hispanic origin, type of facility</th>
<th>All types of ownership</th>
<th>Profit</th>
<th>Nonprofit</th>
<th>Government</th>
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<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
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<td>93.7</td>
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<tr>
<td>Other</td>
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<td>Total</td>
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<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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<tr>
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<td>57.1</td>
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<td>85.1</td>
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<td>14.9</td>
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<tr>
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<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
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<td>61.2</td>
<td>35.5</td>
<td>39.8</td>
<td>88.6</td>
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<tr>
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<td>38.8</td>
<td>64.5</td>
<td>60.2</td>
<td>11.4</td>
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</table>
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Appendix I
Technical notes

Creation of the Inventory of Long-Term Care Places file

The 1982 National Master Facility Inventory (NMFI) was used as the starting point in the creation of the nursing and related-care home portion of the 1986 Inventory of Long-Term Care Places (ILTCP). There were approximately 26,000 homes in this file. For facilities for the mentally retarded, the starting point was a 1982 study by the University of Minnesota's Center for Residential and Community Services (CRCS). There were about 15,000 mental retardation (MR) facilities on this file.

To update both files, letters were sent to over 200 State and national agencies in July 1985 asking them to send any and all listings and directories that they maintained for nursing and related-care homes and facilities for the mentally retarded. In September, followup letters were sent to those agencies that had not responded. These letters would very often name the specific types of facilities (for example, adult foster care homes, family care homes, and congregate living facilities) for which directories had not been received and that the agency was known to license or regulate. Additional contacts were made to nonresponding agencies from October through December.

The Minnesota CRCS file included place names obtained through contacts with local area MR sources. Because of extremely tight time constraints, the National Center for Health Statistics (NCHS) was unable to contact all these local area sources. The only ones contacted were those located in States where the number of MR facilities reported by NCHS sources was significantly lower than the number reported by CRCS.

As the listings and directories of facilities were received, they were manually matched against the 26,000 nursing and related-care homes or the 15,000 MR facilities. Any facility that could not be found on these two master files was considered new and was assigned a unique identification number. This number, along with the new facility's name and address, was added to the appropriate nursing home or MR file.

While working with the CRCS file, almost 1,500 places were found with no names or addresses; they were merely given numbers (for example, Home No. 78). The reason for this, apparently, was that certain States wanted to keep the location of these facilities confidential. To do this, the data were collected by the State and given to CRCS with all identifiers removed. Without addresses, these places had to be removed from the MR file. (It is likely that many of these 1,500 facilities were in the new listings obtained from the NCHS State sources and were added back into the file as new MR facilities.)

Cleanup of file

After adding new facilities, a matching process was begun for removing duplicates from within and between the two files. The nursing home file was sorted three ways: (1) by State, first 10 characters of city and first 10 characters of address; (2) by State, first 10 characters of city and first 10 characters of name; and (3) by State, zip, and first 10 characters of address. (In choosing only the first 10 characters of the name, address, and city fields, more matches were created and more duplicates could be caught and removed.) The same procedures were repeated with the MR file. The nursing home and MR files then were merged and the above procedures were repeated once again. If there were any doubts as to whether two facilities were duplicates, both were kept on the file. Whatever duplicates still remained on the file would, in theory, be reported by the respondents (per instructions on the questionnaire) and removed later.

Mailout

The first questionnaire mailout was begun by the U.S. Bureau of the Census on February 14, 1986; this was followed by a reminder letter a week later. On March 14, a second questionnaire was sent to all nonresponding facilities, and on April 4 a third questionnaire was sent to the remaining nonrespondents.

By the end of the third mailout, nearly 3,300 questionnaires had been returned by the post office. These were reviewed to determine which ones would or would not be eligible for telephone and personal interview field followup. As a result of this review, approximately 1,400 cases were declared eligible for followup, and about 1,900 were declared ineligible. The 1,900 rejects fell into the following three main categories:

1. Small residential and family care homes
2. Unknown types of facilities from New Jersey
3. Places with incomplete names and addresses
The facilities in the first category, with names like "Jane Smith's Guest Home" and "Douglas Family Home," probably had gone out of business. More than 600 of these were located in California and Michigan. These two States combined had more than 8,500 of these small residential care facilities in the 1982 NMFI file, and virtually all of them were retained on the ILTCP file. (Only the duplicates were removed.) Experience has shown that these types of places are constantly going in and out of business. The fact that the post office could not locate them even with complete addresses led to the decision to treat them as out of business and not subject to field followup.

The second category consisted of names of facilities originally obtained from New Jersey's Bureau of Rooming and Boarding House Standards. The Bureau's listing included everything from board-and-care facilities (in scope) to rooming houses and dormitories (out of scope). Although each facility listed by this bureau had a classification code, a sizable number were classified as unknown (because they had not yet been visited and classified). To avoid losing the board-and-care places that might be present in this unknown group, a decision was made to include all the unknowns and remove those that were out of scope during the survey. Approximately 350 of these unknown facilities were found among the Post Master returns and eliminated from the field followup.

The third category consisted of names of facilities with inadequate and undeliverable names and addresses (for example, "Resident, Fairfax Street, Putnam, CT 06260" and "Group Home, Marietta, GA 30060").

The field followup was completed in July, and the final overall response rate was 96 percent.

Scope of the survey

The survey contains two broad categories of facilities: (1) nursing and related-care homes and (2) facilities for the mentally retarded. The first category includes skilled nursing facilities (SNF's), intermediate care facilities (ICF's), licensed but uncertified nursing homes, and residential care facilities (for example, homes for the aged, personal care homes, and board-and-care homes).

NCHS classified any nursing home with SNF beds as an SNF, and any nursing home with ICF beds but no SNF beds as an ICF. Hospital-based nursing homes can be SNF, ICF, or uncertified.

The second category, facilities for the mentally retarded, includes intermediate care facilities for the mentally retarded (ICF-MR) and all other facilities for the mentally retarded. An ICF-MR is a facility that has met certification requirements set forth in Medicaid regulations.

Editing

All nonresponding facilities were removed from this file. Also removed were facilities that provided day care only, outpatient care only, or served an out-of-scope population (for example, only served unwed pregnant women or blind, deaf, alcoholic, or drug abusing persons).

Edits were conducted to correct inconsistencies between data items. For missing items, every attempt was made to impute data from existing information, but when this was not possible, 1982 data were substituted when available.
Appendix II
Questionnaire used in the survey

Dear Administrator,

As part of our responsibility to provide information on the Nation's health resources, the National Center for Health Statistics and the National Center for Health Services Research and Health Care Technology Assessment collect information about facilities providing health care including hospitals, nursing and related care homes, and facilities that provide some kind of personal care, board and care, or domiciliary care. We are interested in all homes, even those with only one bed, as long as care is provided to nonrelatives. This information is collected under the authority of Sections 304 and 306 (42 U.S.C. 242b and 242k) of the Public Health Service Act and, as in past years, we have asked the Bureau of the Census to conduct the survey for us.

The purpose of this survey is to obtain current information from each facility on its ownership, number of beds, certification status, and other related facility characteristics. The questionnaire is short and will take only a few minutes of your time. The information that you provide for sections A and B of the questionnaire will be made available by the Centers upon request. However, the data from section C will be held in strict confidence, will be used only for statistical purposes, and will not be released to anyone under any circumstances other than as statistical summaries. These summaries will only be presented in a manner which will ensure that no individual facility can be identified.

Your participation in this survey is voluntary and there are no penalties for your refusal to participate. However, the information you can provide is needed by the health industry and your cooperation would be greatly appreciated. Please mail the completed form to the Bureau of the Census within 5 days in the enclosed envelope which requires no postage.

Sincerely yours,

Manning Feinleib, M.D., Dr. P.H.
Director
National Center for Health Statistics

John E. Marshall, Ph. D.
Director
National Center for Health Services Research and Health Care Technology Assessment
**Section A  IDENTIFICATION OF FACILITY**

*Note:* Detailed identification information is needed to prevent duplicate listings and to assure that your facility is properly represented in this survey.

1. **Is the NAME of your home or facility correct as shown on the mailing label?**
   - 1. Yes
   - 2. No — What is the correct name?

2. **Is the ADDRESS on the mailing label correct?**
   - 1. Yes
   - 2. No — What is the correct mailing address?
     - Number or box, street or route
     - City or town
     - County
     - State
     - ZIP Code

3. **What is the telephone number of your home or facility?**
   - Area code
   - Number

**Section B  FACILITY INFORMATION**

4. **Which of these best describes the type of ownership of your home or facility?**
   *Mark (X) only one box.*
   - 1. For profit (an individual, partnership, or a corporation)
   - 2. Nonprofit (for example, a religious group or nonprofit corporation)
   - 3. Federal government
   - 4. State or local government

5a. **What age group does your facility PRIMARILY serve?**
   *Mark (X) only one box.*
   - 1. Adults — What ages?
   - 2. Children — What ages?
   - 3. Both

5b. **Which of these groups of persons does your home or facility serve PRIMARILY or EXCLUSIVELY?**
   *Mark (X) only one box.*
   - 1. Mentally ill only
   - 2. Mentally retarded or developmentally disabled only
   - 3. Mentally retarded or mentally ill
   - 4. Other neurologically or physically handicapped
   - 5. Blind or deaf
   - 6. Unwed mothers
   - 7. Alcoholics or drug abusers
   - 8. Orphans or other dependent children
   - 9. Terminally ill
   - 10. Some other special group — Specify

   o Does not serve one special group primarily or exclusively

Remarks
Section B  FACILITY INFORMATION — Continued

6. Which of these categories describes your home or facility or a unit of your facility? Mark (X) all that apply.

- A Skilled Nursing Facility (SNF), certified under either Medicare or Medicaid
- An Intermediate Care Facility (ICF), certified under Medicaid
- An Intermediate Care Facility for the Mentally Retarded (ICF-MR) certified under Medicaid
- A licensed but not certified nursing home
- A long-term care wing/unit of a licensed hospital
- A nursing care unit of a retirement center
- A sheltered or custodial care home, including home for the aged, adult foster care home, board and care home
- Some other kind of nursing or personal care home
- A foster home for the mentally retarded/developmentally disabled
- A group residence for the mentally retarded/developmentally disabled
- A State institution for the mentally retarded/developmentally disabled
- Some other kind of place for the mentally retarded/developmentally disabled
- Day care facility or outpatient facility only
- None of the above — Describe your kind of place

7a. How many beds does your home or facility CURRENTLY have set up and staffed for use? Do not include beds for day care only patients, if a hospital or retirement center, include only beds for your long-term care unit.

b. How many beds are certified as Skilled Nursing Facility (SNF) beds by —

(1) Medicare?
(2) Medicaid?

c. How many beds are certified as Intermediate Care Facility (ICF) beds by Medicaid? Exclude beds that are certified as mentally retarded ICF-MR.

d. How many beds are certified as Intermediate Care Facility for the Mentally Retarded (ICF-MR) beds by Medicaid?

NOTE: If this is a licensed hospital with a long-term care wing or unit, please respond for the long-term care unit only. If this is a nursing care unit of a retirement center, please respond only for the nursing care unit.

8a. Between January 1, 1985 and December 31, 1985, APPROXIMATELY how many admissions did your home or facility have?

b. Were you in operation for all of 1985?

- Yes
- No — How many months were you in operation in 1985?


c. How many residents or patients stayed in this facility LAST NIGHT?

Remarks
**Section C**

**CONFIDENTIAL INFORMATION**

Information contained in this section which would permit identification of any individual or establishment is being collected with a guarantee that it will be held in strict confidence by the Bureau of the Census, NCHSR, and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone, other than authorized staff of NCHSR and NCHS without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

**NOTICE:**

In addition to room and board, does your home or facility routinely provide residents —

Please answer yes or no for each activity.

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. nursing or medical care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. supervision over medications that may be self-administered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. help with bathing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. help with dressing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. help with correspondence or shopping?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. help with walking or getting about?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. help with eating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. room and board ONLY?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Does your facility provide 24-hour-a-day, seven-day-a-week supervision of its residents?

11. APPROXIMATELY how many persons who stayed last night in your home or facility, or long-term care unit if a hospital or retirement center, were —

   a. residents whose care is contracted by the Veterans Administration? *(If VA facility, mark (X) box.)*

   b. Black residents?

   c. residents of Hispanic origin or ancestry (e.g., Cuban, Mexican, Puerto Rican, etc.)?

<table>
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<tr>
<th>Age Description</th>
<th>21 years or less</th>
<th>22-64 years of age</th>
<th>65 years or older</th>
<th>Mentally retarded</th>
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</thead>
<tbody>
<tr>
<td>d. age 21 or less?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. age 22 through 64?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. age 65 or older?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Mentally retarded?</td>
<td></td>
<td></td>
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**REMARKS**
Appendix III
Classification and definitions of terms

Types of facilities

Many factors were considered before a facility was classified as a mental retardation (MR) facility. Responses to the Inventory of Long-Term Care Places (ILTCP) questionnaire items concerning what groups of persons were primarily served (Q.5b), which categories describe the facility (Q.6), how many intermediate care facility for the mentally retarded beds (Q.7d), and how many MR residents (Q.11g) were used in combination with questions intended for nursing home identification (such as presence of skilled nursing facility (SNF) or intermediate care facility (ICF) beds and provision of nursing or medical care). If a facility could not be clearly classified after examining these factors, the director (or directors) that listed this facility was located, and the agency sending the directory was identified. If the agency dealt exclusively with MR facilities, the facility then would be classified as MR.

Intermediate care facility for the mentally retarded (ICF-MR)—A facility whose primary function is to serve residents who are mentally retarded. It must have four total beds or more and must participate in the ICF-MR Medicaid program.

Other facility for the mentally retarded (other-MR)—A facility whose primary function is to serve residents who are mentally retarded. It can have one bed or more, but cannot participate in the ICF-MR Medicaid program.

Nursing homes—Facilities had to have three beds or more. A home was classified as a nursing home if it was (1) certified as an SNF, (2) certified as an ICF, (3) not certified but licensed as a nursing home, (4) identified as a nursing care unit of a retirement center, or (5) determined to provide nursing or medical care, and/or provide supervision over medications that may be self-administered.

Hospital-based facilities—Facilities had to have three beds or more. A facility was classified as hospital based if it was (1) identified as such by the Health Care Financing Administration or (2) reported itself to be exclusively hospital based on the ILTCP questionnaire.

Residential facilities—Facilities had to have three beds or more. A facility was classified as residential if it (1) was not classified as a nursing home or hospital-based facility as described above and (2) provided personal care or supervision to its residents, not just room and board (for example, help with bathing, dressing, eating, walking, shopping, or corresponding).

Characteristics of facilities

Ownership—Type of organization that owns the home. Profit ownership includes control by an individual, partnership, or corporation. Nonprofit includes ownership by a religious group or by a nonprofit corporation. Government ownership refers to homes operated under Federal, State, or local government auspices.

Resident—A person who was admitted to, but not discharged from, a facility for the mentally retarded. All such persons who stayed in the facility the night prior to the survey were included.

Occupancy rate—Computed by dividing the number of residents by the total number of beds.

Geographic regions and divisions—The U.S. Bureau of the Census groups the 50 States plus the District of Columbia into the following regions and divisions:

- Northeast region—
  — New England division—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
  — Middle Atlantic division—New Jersey, New York, and Pennsylvania
- Midwest region—
  — East North Central division—Illinois, Indiana, Michigan, Ohio, and Wisconsin
  — West North Central division—Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota
- South region—
  — South Atlantic division—Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia
  — East South Central division—Alabama, Kentucky, Mississippi, and Tennessee
  — West South Central division—Arkansas, Louisiana, Oklahoma, and Texas
- West region—
  — Mountain division—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming
  — Pacific division—Alaska, California, Hawaii, Oregon, and Washington
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