

ICF/MR PROGRAM TRENDS

The following information includes changes occurring in ICFs/MR specifically with regard to fiscal size and yearly expenditures. This list also includes trends in the ICF/MR population. Please be advised this is the most recent statistical data now available on this website. Trends and patterns for fiscal years 1998-1999 are being researched, and will be posted accordingly.

The ICF/MR program grew rapidly in the 1970's, but the number of beneficiaries has not increased much since 1982.

--On June 30, 1982, there were approximately 141,000 residents of ICF/MR facilities. The states project that approximately 129,000 people were to be served in FY 97 (including both private and public settings).

ICF/MR expenditures have increased significantly since the early years of the program and continue to rise.

--Federal/state expenditures rose from \$1.1 billion in 1977 to 9.7 billion in fiscal year 1996.

--Although the number of participants has gone down, costs continue to escalate.

The average size of ICF/MR facilities continues to decline.

--in 1977, only 1.6% of ICF/MR residents were in facilities serving 15 or fewer people. By 1997 the number had risen to 35%.

--The average number of people served in 1992 was 23 per ICF/MR facility; in 1986 it was 45; in 1977, prior to the expansion of the program for small community-based group homes, the average size was 185.

--There were 5065 ICF/MR facilities for 4 - 8 people (70% of all ICF/MR facilities) by 1997.

--Over 88% of all ICF/MR certified facilities served 15 or fewer people in 1997. This rose from 84% in 1992, 77% in 1986, 65% in 1982 and only 33 % in 1977.

There has been a steady shift toward private operation of ICF/MR facilities.

--In 1986, small (15 person or less) private ICF/MR facilities made up 66% of the total number of certified facilities. By 1992, there were 4,763 small private ICF/MR facilities, 73.7% of a total of 6,460 ICF/MR certified facilities as of 1992.

--Although over 97% of large state institutions are certified as ICF/MR facilities, there has been a decrease nationwide since the late 1980s in the use of the ICF/MR program to finance care in these facilities.

--The number of people served in large state institutions has been declining since 1967. Recent declines in censuses have averaged about 4% a year. States continue to downsize and close large public facilities.

Despite declines in the number served, state facilities of all sizes continue to consume a large share of the ICF/MR benefit, as the majority of people served by this program still reside in large public ICFs/MR (as of June 1996, 88% of facilities had 16 or fewer certified beds, but 63% of the people served lived in facilities that served 17 or more people, and 57% of all people served lived in facilities that served more than 50 people).

--State operated ICF/MR facilities consumed 62% of total ICF/MR expenditures in FY 1993.

-- The average cost of services in large state institutions reached \$81,900 (\$224 per day) in 1993 - 46% higher than the 1986 level. In 1/3 of the states, annual costs in 1993 were more than \$100,000 per year per person.

There are significant differences among the states in their use of the ICF/MR program.

--The average number of ICF/MR residents per 100,000 state general population in 1992 was 56.9, ranging from 10 per 100,000 in three states to over 100 per 100,000 in six states.

--Nationally, ICF/MR residents averaged 50.7% of the total number of people with mental retardation and related conditions in residential services programs in 1991.

--In 1992, seven states accounted for 78% of the 15,169 ICF/MR residents in the smallest facilities (4-6 people), while 20 states had no ICF/MR facilities of this size.

--New Hampshire, Washington D.C. and Rhode Island have no large public ICF/MR institutions.

The ICF/MR program generally serves people with more severe disabilities than non-ICF/MR residential services.

--Approximately 25% of those served need 24 hour medical care-nursing services.

--Nearly 70% of all ICF/MR residents and 74% of the residents of larger facilities were identified as people with severe or profound mental retardation in a 1987 survey. The same study found that only 35% of people in non-ICF/MR residential settings were considered to have severe or profound retardation.

--In 1993, almost 82% of state institution residents were people with severe or profound mental retardation, - 19% in the severe range and 53% in the profound range.

Generally, the ICF/MR population nationwide continues to age, as fewer and fewer young people are institutionalized.