

DEVELOPING COMMUNITY-BASED RESIDENTIAL ALTERNATIVES:

A MANUAL FOR PROSPECTIVE DEVELOPERS

Minnesota Department of Public Welfare
Mental Retardation/Developmental Disabilities
Program Office Prepared by an Ad Hoc
Committee on
Community Alternatives

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Michael W. Reagan, Minnesota Learning Center, Chairperson
Cristine Boswell, Technical Assistance Project Consultant
Evelyn Carlson, Minnesota Association for Retarded Citizens
Christine Heath, Technical Assistance Project Consultant
Charles Kroeger, Nekton Frost
Wayne Larson, Homeward Bound
Joanne Lavern, Prospective facility developer, Region V
Robert Miller, REM, Inc.
Kathryn Roberts, Technical Assistance Project Consultant
Jean Searles, Technical Assistance Project Consultant
Gary Sonju, Mental Retardation Specialist, Southwestern Mental Health Center

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PREFACE

The Legislature of Minnesota and the Department of Public Welfare of Minnesota have made commitments to deinstitutionalize state operated programs for the developmentally disabled. This commitment involves both the reform of institutional programs to make them more effective and normalized, and the establishment of community-based residential facilities (Community Alternatives), with programs to meet the needs of the residents they serve.

The underlying philosophy behind most private facilities is that persons who are developmentally disabled (those who are mentally retarded, or who have cerebral palsy or epilepsy) are entitled to a way of life that is as NORMAL, UNRESTRICTIVE, and HUMANE as possible - a life in the community.

The philosophy in the United States is that every citizen has a right to pursue happiness, and this includes making choices. The citizen who is "different" has been faced with limited options in making choices, one of which is the choice of the type of home, as well as the location of that home.

Added to the choice and location of a home, the resident has the right to all the factors which make a home a pleasant and relaxing place in which to live. When a person can live in a home where there is an atmosphere of emotional stability, where the furnishings are comfortable, pleasant and adequate (drapes, pictures, colors), there is a stimulus to growth and progress.

Community living also means that a range of choices may be offered and permitted which will allow for movement to other programs which offer a maximum opportunity for progress.

These guidelines have been drawn up to assist developers in providing a range of choices in homes for persons who are developmentally disabled. Communities and groups differ widely, and what may apply in one community or situation may not apply in another. Therefore, the developer should start at a point which applies to the situation in the particular community.

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Because of various needs of individuals to be served by residential programs, the following steps in the planning of community residential alternatives are suggested.

I. THE NEED: (See Step 1* in Flow Chart)

A. Area Board Need Determination

Identification of the people who are to be served in a residential program and assessing their needs is of prime importance. It must be established that a home is needed to serve a particular group, and that there is a reasonable assurance that there will be a number of residents available to use that home. Area Board need determination has been identified as a procedure to: 1) identify that a facility is needed to serve a group of individuals; 2) identify the supportive services necessary to meet needs of people in residential programs; and 3) to ensure that the residential program will not be an unnecessary duplication of other programs.

The formal procedure for determination of need is to contact your area Mental Health/Mental Retardation Board (sometimes called "human services board", or "mental health center"). Attached is a map by which to identify your area and a list of Mental Retardation Generalists for each area.

B. 1122 Capital Expenditure Review (See Step 1* in Flow Chart)
(The 1122 Review is often mistakenly referred to as a "determination of need" or "Certificate of Need".)

Programs that anticipate providing services to residents whose care is funded through Title XIII, Medical Assistance (Medicaid), may need to participate in a capital expenditure review process under Section 1122 of the Social Security Act. The purpose of this review process is to determine the need for capital expenditure in communities. A capital expenditure is an expense not normally attributed to operation and maintenance. Section 1122 covers capital expenditures which:

1. Amount to over \$100,000, including the cost of studies, surveys, planning, and other preliminary expenses; or

*This refers to step 1 in the flow chart on pages 20 & 21. Any steps which are starred refer to that chart.

2. Change the bed capacity of a facility; or
3. Substantially change the services provided by the institution.

The procedure for identifying whether you come under Review 1122 is to contact your local, area-wide Comprehensive Health Planning Agency (see Appendix II). This agency, in consultation with the State Comprehensive Health Planning Agency, will make a determination of the necessity for review.

If it is determined that a formal review is needed for your proposed program, the area-wide agency submits its findings and recommendations to the state agency. The state notifies the Region 5 office of HEW of its decision. If the proposed program is denied, there are formal processes through which the denial may be appealed.

II. ORGANIZATIONAL ISSUES:

(See Step 4* in Flow Chart)

A. In order for an individual or group of individuals to operate a residential program for developmentally disabled individuals, a specific form of business organization must be selected to operate the residential program. The post commonly used forms are:

1. Sole proprietorship - one person owns and is responsible for the business operation.
2. Partnership - more than one person shares the ownership and responsibility; each partner is usually able to represent the business.
3. Business corporation (sometimes called "for profit corporation") - a distinct entity under the law, owned by stock holders (shareholders), operated by an elected board of directors.
4. Non-profit corporation - a distinct entity under the law, usually having members instead of stockholders. A non-profit corporation is prohibited from distributing any surplus to members and must reinvest in the business any operational "profit". Provision must be made, legally, for distribution of assets to another non-profit corporation in the event the business is dissolved.
5. Other, less commonly used forms of business can be described by your attorney or the office of the Minnesota Secretary of State.

B. In the eyes of regulatory agencies, the various forms of business organization have only one distinguishing characteristic and they are divided into only two areas:

1. "Proprietary" - Section II. A. 1, 2, 3;
2. "Non-Profit" - Section II. A. 4.

This distinction appears in only two exceptions to regulations that are otherwise identical for both "proprietary" and "non-profit" programs, earning allowance and allowable interest: See Rule 52.

C. Other items you may wish to consider in making your decision as to the type of business organization you wish to adopt are:

1. Availability of loans - bank and personal.
2. Public sentiment toward an organizational type.
3. Limits of liability.
4. Availability of grants or donations.
5. Tax status - income, property, sales, etc., as related to non-profit or proprietary organizations.

6. Governing body – commitment and number of members needed.
7. Flexibility and decision-making ability of board members and staff.
8. Need for representation of various groups or disciplines on either the governing body and/or advisory board.

III. FUNDING AND CAPITAL REQUIREMENTS: (See Step 10* in Flow Chart)

A. Pre-Operating Funds:

1. Need for funds:

a. For new construction:

- i. Start-up costs (pre-operating nonconstruction expenses) - land, legal and architectural services, planning, training, inspection fees, licensing fees, etc.
- ii. Interim construction financing - cost of facility incurred and coming due during the construction stage.
- iii. Permanent financing - mortgage.
- iv. Initial operating expenses - cash flow.
- v. Capital expenditures - equipment, vehicle, furniture, etc.

b. For existing construction:

- i. Remodeling or renovation.
- ii. Other needs as above.

c. Renting and Leasing - start-up costs, cash flow, capital expenditures, remodeling, if any are appropriate.

2. Some sources of funds:

a. Lending institutions:

- i. Conventional loans.
- ii. Insured loans.
 - a. FHA-HUD
 - b. Small Business Administration
 - c. Minnesota Housing Finance Agency
 - d. Other

b. Bonds:

- i. Tax-exempt.
- ii. Corporate bonds.

c. Gifts or grants - public or private.

d. Private sources.

Operating Expenses: (See Step 13* in Flow Chart)

1. Needs for funds to implement program, residential living, health and general administrative expenses include:

- a. Salaries and employment cost.
- b. Mortgage or loan payment (including interest) or rent or lease.
- c. Supplies.
- d. Maintenance and utilities.
- e. Food.
- f. Transportation.
- g. Equipment.
- h. Laundry and housekeeping.
- i. Other purchased services, etc.

2. Sources of funds for operating include:

- a. Medical assistance (Medicaid or Title XIX of Social Security Act).
- b. "Cost of Care" (for children).
- c. "SSI" or "MSA".
- d. Private sources (insurance).
- e. Purchase of Services (Title XX of Social Security Act).
- f. Private or governmental retirement and insurance programs, etc.
- g. Rent subsidy.

SPECIAL NOTE: Rates that may be charged for services to persons for whom payment is made from either Title XIX or Cost of Care funds is determined by the Department of Public Welfare's Rule 52. A per diem (per day) rate is determined by adding all specifically allowable costs (see Rule 52) and dividing by the planned number of resident days, for a one-year period. Call Robert Rau at DPW for more information (612/296-2738). As stated by Mr. Rau, "The overlying premise on the allowability and reasonableness of costs is that the costs must be necessary and ordinary costs related to resident care, and they must be costs that prudent and cost-conscious management would pay for a given item or service". At the end of the first year of operation, a facility may receive additional payments or may have to return some monies, depending on actual allowable costs for the year. A new rate will be determined for the second year of operation. (See Step 14* in Flow Chart.)

IV. ARCHITECTURAL AND BUILDING SITE ISSUES: (See Steps 8* & 9 in Flow Chart)

A. Factors to consider in selecting a site: (See step 3* in the flow chart.)

In selecting a location for a program, there are several questions to be considered in making a wise choice. These questions depend on several decisions which must already have been made: the needs of the residents, the size of the intended program, and what type of services to be offered.

1. Questions related to the property itself:

- a. Is the building conducive to normalized living for your intended population?
- b. Does the building conform to local, state, and federal health codes, building codes, fire codes, etc.? If not, can it be made to do so?
- c. Will the site support a facility? It is suggested you consider things such as soil conditions, access to water, sewer, and sufficient yard space.
- d. Is the building designed for easy and economical maintenance, heating, and cooling?
- e. Is an existing building in good repair?
- f. Will the building materials stand up to hard wear?
- g. Is there sufficient living space, storage space, closet space, etc.?
- h. Could the building be sold, if necessary, for another use?
- i. Is there sufficient parking and vehicle access?

2. Questions related to the location of the property:

- a. Residents of school age are entitled to a school program by state law. The facility should be near a school and such other programs as DAC's, preschools, sheltered workshops, work activity centers, etc. with available openings for the residents.

- b. Is the site close to community services such as businesses, recreational opportunities, churches, health services, public transportation, and employment?
- c. Is the site within a land-use zone in which programs such as this are allowed?
- d. Will your property hold its value in this location?
- e. Is the site close to the homes of the clients to be served?
- f. Is the site in a pleasant neighborhood?
- g. Does the site have fire and police protection?
- h. Are there any natural hazards for the residents?
- i. What is the concentration of human services programs in the area?
Is there an excessive concentration of similar residential programs in the area?

3. General questions regarding site selection;

- a. Does the purchase agreement itemize those items to be sold with the house such as curtains, appliances, fences, fixtures, etc.?
- b. Is the price right?
- c. Is there clear title to the property? Are there any judgments, liens, or assessments against the property?
- d. Are potential residents or their families involved in the selection process?

B. Zoning Issues: (See Step 8* in Flow Chart)

"Zoning" is simply the legal means by which a local governing body controls the use of property within its boundaries. That is, municipalities are usually divided into zoning districts, (e.g.), single family residential, multi-family residential, commercial and industrial. Local zoning ordinances then prescribe the property uses which are permitted in each district. Until recent state legislature, most community-based residential facilities had to obtain a special permit from local zoning authorities to operate in residential areas. New Minnesota legislation supersedes local zoning ordinances to allow community-based residential facilities for 6 or fewer mentally retarded persons in a single family residential zone without a special permit and community-based residential facilities for 7 to 16 mentally retarded persons in a multi-family residential zone without a special permit. Community-based facilities which are larger than those described must usually obtain a special or conditional use permit from the local zoning body. In order to determine whether your facility needs a permit and the procedure involved in obtaining a permit, consult the zoning appendix to this manual. To obtain assistance for a hearing, should one be necessary, contact the TAP Project and the local ARC.

C. Architectural Services; (See Steps 8*, 9*, 13*, & 16*)

1. Architectural services include:
 - a. Designing a building which is comfortable, conforms to codes and regulations, is pleasing to look at, pleasant to live in, and within the necessary budget;
 - b. Coordinating with the fire marshal's office, the health department, the building code office, the insurance company, etc. to make sure the building will meet with their approvals;
 - c. Drawing up floor plans, drawings, and blueprints necessary to get preliminary approvals which are useful in obtaining financing;
 - d. Seeking sources of financing, working with local governmental officials on such matters as building codes, zoning regulations, etc., and obtaining community support for a project.
2. Some sources of these services include architects, contractors, and engineers.

D. Codes, Regulations, and Standards which may have to be met;
(See Steps 2*, 3*. 6*, 7*, 11*, 12*, & 17* in Flow Chart)

Following is a list of applicable codes, regulations, licensure requirements, etc., which may have impact on the design of the building. Also listed are the names of the appropriate contact people to learn more about these issues."

- | | | |
|----|--|---|
| 1. | DPW Rules 34 and/or 80:
(Program License) | Barbara Kaufman Department of
Public Welfare |
| 2. | Supervised Living Facility,-SLF
(State Health License) | Carol Hirschfeld
Minnesota Health De-
partment |
| 3. | Intermediate Care Facility for the
Mentally Retarded (Federal
Certification) | Clarice Seufert
Minnesota Health De-
partment |
| 4. | Life Safety Code
(Fire Regulation) | Paul Williams State Fire
Marshal's Office |
| 5. | State Building Code
(Certification of occupancy
required for all buildings
serving 6 or more residents) | Richard Brooks or Sivert
Hendrickson Building Code
Division |
| 6. | Local Building Codes
(Where Applicable) | Contact Your Local Building Codes
Official at city Offices |
| 7. | ANSI (American National
Standards Institute) -
Regulations Regarding
Architectural Barriers | Hans Larsen or Clarice
Seufert Minnesota Health
Department |

V. SUPPORT: (See Steps 5*, 6*, 13*, 19*, & 21* in Flow Chart)

A. Why is there a need for support?

Programs do not begin in a vacuum, nor may they operate on a day-To-day basis without interrelating to other community activities. The following support groups have an impact on initial development, ongoing operation, and integration of the residential program into the community surrounding it.

B. What are the sources of support?

<u>Support Groups</u>	<u>Types of Support</u>
1. Technical Assistance Project (Department of Public Welfare)	1.1. Assistance in process of developing new community residential programs. 1.2. Ongoing assistance with operation of existing residential programs in areas of compliance with state and federal rules and regulations.
2. Community Mental Health Boards	2.1. The Board is responsible for the determination of need in a region for various kinds of programs. 2.2. The Board must provide a written letter of support to the Comprehensive Health Planning Agency, sometimes called "The B Agency". (1122 Review Process.) 2.3. The Board is responsible for planning for day and residential services.
3. County Welfare Departments (Family Service Departments, Social Service Departments, etc.)	3.1. Referrals to residential programs of prospective clients. 3.2. Determination of method of payment to be made for individuals served by programs. (See funding on page 4.) 3.3. Ongoing social services - casework responsibility for residents. 3.4. Referrals of individuals to alternative services when there is a need for a different residential program. Also referral to day programs.

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|--|--|
| 4. Regional Developmental Disability Planners (Most located in Regional Comprehensive Health Planning Agencies) | 4.1. In some regions, the planner is the staff person to contact for completing the 1122 Review Process.

4.2. Planning for persons who are developmentally disabled in a given region of the state. |
| 5. Day Activity Centers, Sheltered Workshops, Special Education Classes, Work Activity Centers, Competitive Employment | 5.1. These are day programs/ jobs which provide a continuum of developmental and training programs. Planning for involvement of persons in programs such as these is required for licensure of residential programs under DPW Rule 34. |
| 6. City Councils, Township Boards, Planning Commissions, County Board | 6.1. General support by these groups can be helpful in getting started. |
| 7. Other Residential Programs | 7.1. Mutual support - expertise in past program development.

7.2. Continuum of services for residents when alternative placements are indicated. |
| 8. State Hospitals Serving Developmentally Disabled Persons | 8.1. You may wish to consider working with a state hospital in identifying and developing various programs to meet the needs, of hospital residents returning to the community. |
| 9. Association of Residences for the Retarded in Minnesota (ARRM) | 9.1. State-wide information and referral service for private facilities.

9.2. Mutual support to programs in affecting "the system" impacting the individual residential programs.
9.3. Assisting in improving the quality of service.
9.4. Disseminating information.
9.5. In-service training through workshops, etc. |

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|---|---|
| 10. Associations for Retarded Citizens (ARC's)—local and state. See page 29. | 10.1. Information and support is available for community program development. |
| | 10.2. Parental and professional ongoing support. |
| 11. Legal Advocacy Project for the Developmentally Disabled | 11.1. Legal advocacy for individual residents. |
| 12. Churches, Community Groups, Local TV, and Radio Stations, Newspapers, Service Clubs, etc. | 12.1. Ongoing community support, volunteer support, public information. |
| 13. Families and Relatives | 13.1. Potential support in ongoing programs, volunteer activity, etc. |
| 14. Professional Organizations
Mental Health Center
ARRM
ARC's | 14.1. Training through workshops. |
| | 14.2. Professional standards. |
| | 14.3. Placement bureau for staff recruitment. |
| 15. Continuing Education
Agencies (Colleges,
Vocational Schools,
etc.) | 15.1. In-service training. |
| | 15.2. Consulting. |
| | 15.3. Staff recruitment. |
| | 15.4. Volunteers and field placements. |
| | 15.5. Workshops for staff. |

C. What are methods of generating support?

Initially, it will be useful to become generally familiar with each of the groups of persons identified in part B above. With some of them, contacts will tend to become more formalized, such as those with county welfare departments or area boards. With others, you may wish to develop communication along more informal channels. Whether working with formal groups or informal groups, you will want to identify and work with those key people who are more likely to have information you need, or who are the decision-makers relating to your specific concern. Opinion leaders in the community can persuade people to endorse your residential program as it develops and when it is in operation. It is important to consider the timing in involving various groups or individuals. For example, it may be more important to focus on getting neighborhood support when asking for a zoning change if you anticipate strong opposition. However, organizing this support would not come first if you have not yet assessed whether there is a need for the program.

VI. PROGRAM DESIGN ISSUES: (See Steps 2*, 3*, 18*, & 21* in Flow Chart)

A. General residential program issues:

1. In this context, the term "program" describes the methods and resources you will use to meet the needs of the persons you are serving. General residential program issues are defined in your objectives and goals for the program. Initially, a determination must be made concerning:
 - a. Residents - Who do you intend to serve? What ages? Disability levels?
 - b. Needs of the residents - What services will the residents require? Consideration should be given to all DAC's, schools, sheltered workshops, medical support, transportation, community support, physical plant requirements, independent employment, etc.
 - c. Objectives of the program - What goals do you intend to strive for? Consideration should be given to independent living skills, self-help skills, developmental skills, emotional growth and adjustment, etc.
2. After these decisions are made, the program description can be written. This description should include several factors including:
 - a. Specification of the physical plant needed to support and house the program;
 - b. Specification of the on-site and supporting services that will ensure that the goals and objectives of the program can be met;
 - c. Specification of the policy and procedures that you will use in meeting the needs of the residents;
 - d. Specification of the budget that will be required in order to operate the program.

B. Individualized program planning:

A more specific level of programming refers to individualized program plans for the residents. Rule 34, Rule 80, and Federal ICF/MR Regulations (see page 18) require that each resident shall have a program tailored to meet that individual's needs. (See step 21* of the flow chart.) Subsequently, periodic evaluations must be conducted to determine progress and successive areas of need for programming. Several programming tools are available to help meet these requirements. Assistance is available from the MR Program Office at the Department of Public Welfare.

C. Social Service Issues:

After the program has been determined, you are ready to obtain referrals. A county welfare department social worker is usually responsible for referring residents to your program. A determination of "appropriateness" of the placement is determined by a number of factors outlined in Rule 34 and Rule 30.

VII. PERSONNEL: (See Steps 2*, 5*, 7*, 13*, 13*, & 19* in Flow Chart)

A. Introduction:

The function of a staff is to carry out those activities required by the needs of the residents and the various regulations which apply to facilities and programs. There are a number of ways to go about ensuring that those tasks are accomplished. The purpose of this section is to provide some information and raise some issues to be considered in planning for the personnel aspects of a program.

B. Staffing patterns:

Staffing patterns in residential programs vary widely. The particular needs, habits and schedules of the residents in your program must dictate the exact pattern you use, within the limits of law and regulation such as wage and hour laws. Some patterns or functions to be considered include: consultants, interns, live in staff, relief staff, resident workers, shift staff, student teachers, volunteers. (Volunteers should not be thought of as staff, but as aides to the staff.)

C. Qualifications of staff in ICF/MR facilities:

1. Each program is required to have a "qualified mental- retardation professional" according to standards spelled out in the ICF/MR regulations. (See page 18.)
2. The chief executive officer of each facility is required to be either a qualified mental retardation professional or a licensed nursing home administrator according to the ICF/MR regulations.
3. All staff who administer medications to residents must either be licensed to do so or have passed a state approved course in medications administration.
4. Those professional persons employed by a program must be licensed or certified by established accreditation agencies where applicable - e.g., nurses, speech therapists, occupational therapists, etc.

D. Sources of recruitment:

1. For employees:
 - a. College, university, and vocational-technical school placement offices.
 - b. Ads in professional periodicals.
 - c. Personal contacts with persons in various professions.
 - d. Newspaper ads.
 - e. State employment office or private employment agencies.

VII. D. 2. For volunteers:

- a. Relatives of residents.
- b. ARC's.
- c. Youth organizations.
- d. Church groups.
- e. Colleges, universities, vocational schools, etc.
- f. Service clubs.

E. Compensation and working conditions:

1. Compensation: Factors to consider:

- a. Wage and hour laws.
- b. Minimum wage standards.
- c. Rule 52 limitations.
- d. Fringe benefits.
- e. Payroll taxes.
- f. Workmen's compensation.

2. Working conditions:

- a. Authority/responsibility.
- b. Holidays.
- c. Hours.
- d. Occupational Safety and Health Act standards.
- e. Physical surroundings.
- f. Vacations.

F. Personnel policies:

Rule 34 requires the inclusion of a written personnel policy in its application for licensure. Such policies should include the following topics:

- 1. Hiring practices.
- 2. Grievance procedures.
- 3. Dismissal policy.
- 4. Job descriptions.
- 5. Organizational authorities.
- 6. Others.

VIII. LICENSURE AND CERTIFICATION: (See Step 17* in Flow Chart)

A. Rule 34:

1. Rule 34 is a licensure regulation from the Minnesota Department of Public Welfare. Its purpose is to ensure the delivery of adequate individualized programming to the residents. In short, Rule 34 is a program license.
2. To learn more about Rule 34, contact:

Barbara Kaufman
Department of Public Welfare

Be sure to include in your request for information the capacity of the facility to be developed, its location, and a request for a license application. There are licensing consultants assigned to different regions of the state to assist the provider and the department in the licensing process. Ask for the name, address, and the telephone number of the consultant for your area.

B. Supervised Living Facility:

1. A Supervised Living Facility License is issued by the State Board of Health. A supervised living facility may be defined as one which provides services such as meals, lodging, house keeping, and supervision in a homelike setting for persons who are identified as being mentally retarded, mentally ill, chemically dependent, or physically handicapped.
2. To learn more about SLF, contact:

Carol Hirschfeld	or	Hans Larsen
Minnesota Health Department		Minnesota Health Department

C. ICF/MR certification:

1. When Congress passed the Social Security Act, in its most recent revision, it stipulated that each resident must receive active treatment in order to be eligible for Medicaid money. To ensure this, the Secretary of Health, Education and Welfare (HEW) published a set of regulations known as Intermediate Care Facility/Mentally Retarded (ICF/MR) Regulations. In Minnesota, the Department of Health has contracted to administer these regulations. In order for a facility to receive money under Medicaid, it must be certified as being in compliance with ICF/MR Regulations. This certification comes as a result of a "survey" made on the site by "surveyors" from the Minnesota Department of Health and the Minnesota Department of Public Safety (Fire Marshal's office).
2. To learn more about the Medical Assistance Regulations and the ICF/MR Regulations and survey forms, contact:

Clarice Seufert
Minnesota Department of Health

D. Other codes, regulations, and standards which may apply to a facility or program:

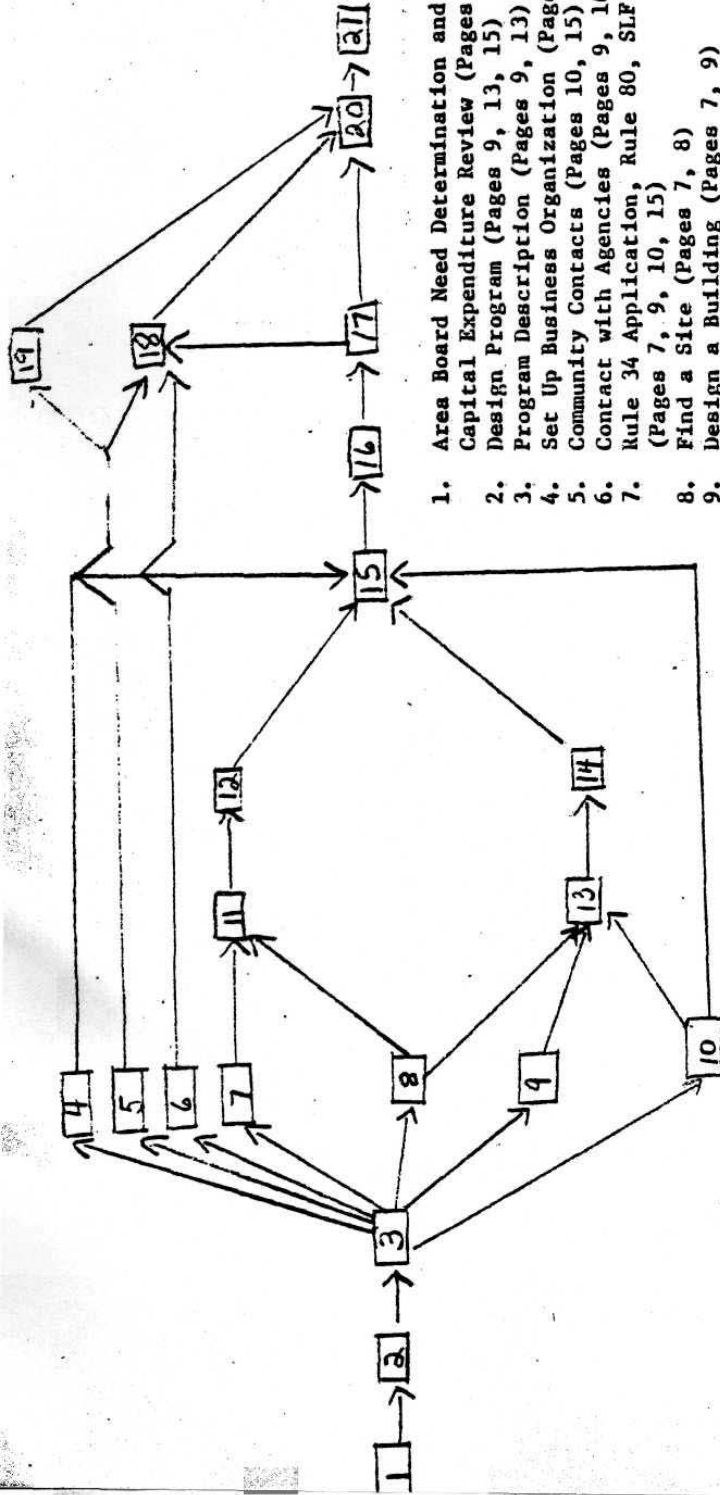
Contact the persons listed on page 9 of this document.

APPENDIX I: EXPLANATION OF THE FLOW CHART

On the next page is a chart outlining the various steps to be considered in developing a residential program. The steps are numbered in sequence and referenced throughout the text of this manual.

Most of the steps are explained in great detail in this document. The purpose of this page is to make some additional comments to describe some steps which are only lightly touched upon in the text.

1. Steps 4 through 10 can all be implemented simultaneously. That is why they are arranged to fall at the same point in time.
2. The arrows serve to indicate a contingency relationship between steps. Higher numbered steps can only be accomplished when those steps with arrows leading to the higher numbered steps have been accomplished. In other words, follow the arrows.
3. Step 18 refers to the development of a plan which specifies which individuals will be transferred from their present setting to the new program, when the transfer will occur, who will make the transfer, etc. Such a plan is the responsibility of the County Welfare Department except in cases of persons who are paying for their own care. The developer must work very closely with the County Welfare Department to arrange for a transfer.
4. Step 21 actually occurs after the program has been developed and started. However, it is mentioned because it is a natural consequence of the activities in which the developer has been engaged throughout the whole process. The many resources, e.g. MR Generalist, TAP, local ARC, DAC, ARRM, special education departments at public schools, which proved useful throughout the development of start-up process can also be helpful in developing and implementing individual programs for the persons served by the program.



SOME MAJOR STEPS IN THE DEVELOPMENT OF A RESIDENTIAL PROGRAM FOR PERSONS WHO ARE DEVELOPMENTALLY DISABLED IN MINNESOTA

1. Area Board Need Determination and 1122 Capital Expenditure Review (Pages 1, 11)
2. Design Program (Pages 9, 13, 15)
3. Program Description (Pages 9, 13)
4. Set Up Business Organization (Page 3)
5. Community Contacts (Pages 10, 15)
6. Contact with Agencies (Pages 9, 10)
7. Rule 34 Application, Rule 80, SLF, ICF/MR (Pages 7, 9, 10, 15)
8. Find a Site (Pages 7, 8)
9. Design a Building (Pages 7, 9)
10. Search for Funds (Page 5)
11. Review by Licensing and Other Regulatory Authorities (Page 9)
12. Obtain Approvals and Permits (Page 9)
13. Build a Budget (Pages 6, 15)
14. Rule 52 Application (Page 6)
15. Obtain Mortgages and Start-Up Funds (Page 5)
16. Build or Remodel (Page 9)
17. Licensure and Certification (Pages 9, 17)
18. Specific Transfer Plan (Pages 10, 13, 15)
19. Recruit Staff (Pages 10, 15)
20. Open Doors
21. Individual Program Planning (Pages 10, 13)

APPENDIX II: DEVELOPMENTAL DISABILITY PLANNERS

Allan Erickson
D. D. Project Director
123 DeMers
East Grand Forks, Minnesota 56721
Regions 1 & 2

Behavioral & Development Disabilities Office
2205 E. Fifth Street
Duluth, Minnesota 55812
Region 3

Jerry Nelson
MinDAK Area-Wide
CHP Council
Box 915
Moorhead, Minnesota 56560
Region 4

George Gottfried
D. D. Specialist
Central Minnesota CHP
1528 N. Sixth Avenue
St. Cloud, Minnesota 56301
Regions 5 & 7

Joe Modec
D. D. Planner
c/o Willing Hands, Inc.
1317 E. Bridge
Redwood Falls, Minnesota 56283
Regions 6E, 6W, 8

Carol Bothe
Health Planner
709 N. Front Street
Mankato, Minnesota 56001
Region 9

Douglas Butler
1903 S. Broadway
Rochester, Minnesota 55901
Region 10

Toni Lippert
D. D. Planner Metro Health Board
300 Metro Square Building
St. Paul, Minnesota 55155
Region 11

APPENDIX III: AREA PROGRAM DIRECTORS (MHC)

MR GENERALIST

George Steiner, MSW
ANOKA COUNTY HUMAN RESOURCES OFFICE
Anoka County Courthouse
325 E. Main Street
Anoka, Minnesota 55303
Phone: 612/421-4760, Ext. 234

H. James Snope
CARVER MH-MR AREA PROGRAM
609 West 1st Street
Waconia, Minnesota 55387
Phone: 612/445-3725

Edmund W. Schnettler,
MSW CENTRAL MINNESOTA MENTAL HEALTH CENTER, INC.
1321 - 13th Street North
St. Cloud, Minnesota 56301
Phone: 612/252-5010

Nicholas Even
DAKOTA COUNTY MENTAL HEALTH CENTER, INC.
744 - 19th Avenue North
South St. Paul, Minnesota 55075
Phone: 612/455-9651

James L. Williams,
MSW FIVE COUNTY HUMAN DEVELOPMENT PROGRAM, INC.
205 - 2nd Street S.W.
Braham, Minnesota 55006
Phone: 612/396-3333

H. Leonard Boca
HENNEPIN COUNTY MH-MR AREA PROGRAM
McGill Building - Second Floor
527 Park Avenue South
Minneapolis, Minnesota 55415
Phone: 612/348-7994

Miller A. Friesen,
ACSW HIAWATHA VALLEY MENTAL HEALTH CENTER
76 East Fourth Street
Winona, Minnesota 55987
Phone: 507/454-4341

Roy L. Anderson,
MSW LAKE LAND MENTAL HEALTH CENTER
126 East Alcott Avenue
Fergus Falls, Minnesota 56537
Phone: 218/736-6987

Mary Ann Bush

Gene Theisen

Eleanor Fackler

Ed Wilcox

Robin Reich

Carl Klug

Marilyn Moen

Gordon Fuller, Ph.D.
MINNESOTA VALLEY MENTAL HEALTH CENTER
402 North 5th Street
Mankato, Minnesota 56001
Phone: 507/388-2993

Joe Harding

Lawrence Maier, Ph.D.
MOWER COUNTY CONSULTATION CENTER, INC.
306 - 1st Avenue NW
Austin, Minnesota 55912
Phone: 507/433-7389

Ann Flannagan

Jack LaMar
NORTHEAST MINNESOTA AREA MH-MR-I BOARD
424 W. Superior Street Suite 300
Duluth, Minnesota 55302
Phone: 213/727-5074

Ruth Thomas,
HSU NORTHERN PIKES MENTAL HEALTH
CENTER 101 1/2 E. Broadway
Little Falls, Minnesota 56345
Phone: 612/632-6647

Jim Murray

Thomas Bounds
NORTHLAND AREA MH-MR PROGRAM
415 South Pokegama Avenue
Grand Rapids, Minnesota 55744
Phone: 213/326-3423

Dale Olson

Roy O. Waters,
MSW NORTHWESTERN MENTAL HEALTH CENTER
College Avenue
Crookston, Minnesota 56716
Phone: 213/231-3940

Dan Wilson

RANGE AREA HUMAN RESOURCES BOARD
624 - 13th Street South Box 1188
Virginia, Minnesota 55792

Joe Caulfield

John Carlin
ST. PAUL-RAMSEY COMMUNITY MENTAL HEALTH CENTER
529 Jackson Street
St. Paul, Minnesota 55101
Phone: 612/298-4613

Steve Katz

Thomas Lindquist SCOTT COUNTY
MH-MR PROGRAM 440 South
Atwood Street Shakopee,
Minnesota 55379 Phone:
612/445-5454

Bill Lyons

Arlyn Vierkant
SIOUX TRAILS MENTAL HEALTH CENTER
k407 South State Street
New Ulm, Minnesota 56073
Phone: 507/354-3181

Roselyn Skillman

Samuel Selzer, Ph.D.
SOUTHERN MINNESOTA HUMAN DEVELOPMENT CENTER
139 1/2 South Broadway
P.O. Box 649
Albert Lea, Minnesota 56007
Phone: 507/373-1491

Ann Flannagan

Gary Selvy,
MSW SOUTHWESTERN MENTAL HEALTH CENTER
306 North McKenzie Street
P.O. Box D
Luverne, Minnesota 56156
Phone: 507/283-2396

Gary Sonju

Donald E. Frees
UPPER MISSISSIPPI MENTAL HEALTH CENTER
722 - 15th Street
Box 646
Bemidji, Minnesota 56601
Phone: 218/751-3230

Mort Sorenson

Stanley Keeley,
MSW WASHINGTON COUNTY HUMAN SERVICES, INC.
3430 Hudson Road
Lake Elmo, Minnesota 55042
Phone: 612/738-0080

Denny Johnson

P.V. Mehmel, Ph.D.
WEST CENTRAL COMMUNITY SERVICES
1125 S.E. 6th Street & 711 E. Willmar Avenue
Willmar, Minnesota 56201
Phone: 612/235-4613

Norman Tempel

Wilbur Aiken, Ph.D.
WESTERN HUMAN DEVELOPMENT CENTER, INC.
1106 East College Drive
Box 450
Marshall, Minnesota 56258
Phone: 507/532-3236

Jean Leary

Cliff Schroeder, Ph.D.
LUTHER W. YOUNGDAHL HUMAN RELATIONS CENTER 215 South Oak
Street
Owatonna, Minnesota 55060
Phone: 507/451-2630

Liz Hartle

Robert G. Zabel,
MSW ZUMBRO VALLEY MENTAL HEALTH CENTER
2100 East Center Street
Rochester, Minnesota 55901
Phone: 507/288-1873

Ron Davis

KEY

- Location of Program Office

Counties Served:

- Kittson
- Mahnomen
- Marshall
- Norman
- Pennington
- Polk
- Red Lake

Northwestern Mental Health Center

- Crookston

Counties Served:

- Beltrami
- Cass
- Clearwater
- Hubbard
- Lake of the Woods
- Roseau

Upper Mississippi Mental Health Center

- Bemidji

Counties Served:

- Aitkin
- Itasca
- Koochiching

Northland Area MH-MR Program

- Grand Rapids

County Served:

- St. Louis (Upper 2/3)

Range Mental Health Center

- Virginia

Counties served:

- Carlton
- Cook
- Lake
- St. Louis (Lower 1/3)

Human Development Center - Duluth Area

- Duluth

Counties Served:

- Becker
- Clay
- Douglas
- Grant
- Otter Tail
- Pope
- Stevens
- Traverse
- Wilkin

Lakeland Mental Health Center

- Fergus Falls

Counties Served:

- Crow Wing
- Morrison
- Todd
- Wadena

Little Falls

Northern Pines Mental Health Center

Counties Served:

- Chisago
- Isanti
- Kanabec
- Miller
- Lacs
- Pine

Five County Mental Health Center

- Braham

Central Minnesota Mental Health Center

- St. Cloud

Counties Served:

- Benton
- Sherburne
- Stearns
- Wright

Anoka-Anoka County Human Resources Office

St. Paul-St. Paul-Ramsey Community Mental Health Center

Lake Elmo-Washington County MH-MR Program Board

Minneapolis-Hennepin County Area MH-MR Program

South St. Paul-Dakota County Mental Health Center

Shakopee-Carver-Scott MH-MR Program Board

Mankato-Minnesota Valley Mental Health Center

Rochester-Zumbro Valley Mental Health Center

Winona-Hiawatha Valley Mental Health Center

Owatonna-Luther Youngdahl Human Relations Center

Counties Served:

- Big Stone
- McLeod
- Chippewa
- Maack
- Kandiyohi
- Renville
- Lac qui Parle
- Swift

Willmar

West Central Mental Health Center

Counties Served:

- Lincoln
- Redwood
- Lyon
- Yellow
- Murray
- Medicine

Marshall

Western Mental Health Center

New Ulm

Counties Served:

- Carroll
- Hennepin
- Le Sueur
- Washington
- Winona

Counties Served:

- Blue Earth
- Le Sueur
- Owatonna

Counties Served:

- Steele
- Waseca

Counties Served:

- Faribault
- Freeborn
- Southern
- Minnesota

Counties Served:

- Albert Lea
- Austin
- Mower
- County

Counties Served:

- Fillmore
- Goodhue
- Oliver

Counties Served:

- Houston
- Wabasha
- Winona

*** Carver-Scott Programs now separate.**

APPENDIX IV: LIST OF ABBREVIATIONS

ANSI - American National Standards Institute - Regulations regarding architectural barriers
ARC - Association for Retarded Citizens
ARRM - Association of Residences for the Retarded in Minnesota
CWD - County Welfare Department
DAC - Day Activity Center
DPW - Department of Public Welfare
DVR - Division of Vocational Rehabilitation (Division of Department of Education)
FHA - Federal Housing Administration
HEW - U.S. Department of Health, Education and Welfare
HUD - U.S. Department of Housing and Urban Development
ICF/MR - Intermediate Care Facility/Mental Retardation
MA - Medical Assistance (or Medicaid)
MDH - Minnesota Department of Health
MHFA - Minnesota Housing Finance Agency
MH/MR - Mental Health/Mental Retardation Board
MR - Mental Retardation
MSA - Minnesota Supplemental Assistance
OSHA - Occupational Safety and Health Act
SERC - Special Education Regional Consultant
SLF .- Supervised Living Facility
SPA - State Planning Agency
SRS - Social and Rehabilitation Services (Division of HEW)
SSI - Supplemental Security Income
TAP - Technical Assistance Project (Division of DPW)
WAC - Work Activity Center

APPENDIX V: NAMES AND ADDRESSES

Cristine Boswell
 Technical Assistance Project
 Regions 6E, 6W, 8, 9, 10
 MR/DD Division
 Centennial Building
 St. Paul, MN 55155
 612/296-4420

Richard Brooks
 Building Code Division
 Capitol Square Building
 St. Paul, MN 55101
 612/296-4634

Christine Heath
 Technical Assistance Project
 Regions 1, 2, 4, 5
 MR/DD Division
 Centennial Building
 St. Paul, MN 55155
 612/296-4977

Sivert Hendrickson
 Building Code Division
 Capitol Square Building
 St. Paul, MN 55101
 612/296-4629

Carol Hirschfeld
 Health Facilities Division
 Minnesota Health Department
 717 Delaware SE
 Minneapolis, MN 55440
 612/296-5405

Barbara Kaufman
 Licensing Division
 Bureau of Comprehensive Programs
 Department of Public Welfare Centennial
 Building
 St. Paul, MN 55155
 612/296-2539

Hans Larsen
 Engineering - Technical Services
 Minnesota Health Department
 717 Delaware SE
 Minneapolis, MN 55440
 612/296-5451

Neil McKellips
 Supplemental Security Income
 Department of Public Welfare
 Centennial Building
 St. Paul, MN 55155
 612/296-2754

David Miller
 State Comprehensive Health Planning
 Agency
 State Planning Agency
 550 Cedar Street
 St. Paul, MN 55101
 612/296-3375

Robert Rau
 Audits Division
 Department of Public Welfare
 Centennial Building
 St. Paul, MN 55155
 612/296-2738

Kathryn Roberts
 Technical Assistance Project
 Regions 3, 7
 MR/DD Division
 Centennial Building
 St. Paul, MN 55155
 612/296-4422

Jean Searles
 Technical Assistance Project
 Region 11
 MR/DD Division
 Centennial Building
 St. Paul, MN 55155
 612/296-2136

Clarice Seufert
 Health Facilities Division
 Minnesota Health Department
 717 Delaware SE
 Minneapolis, MN 55440
 612/296-5445

Clarence Terpstra
 Minnesota Supplemental Assistance
 Department of Public Welfare
 Centennial Building
 St. Paul, MN 55155
 612/296-2631

Paul Williams
Public Fire Marshal's Office
1247 University Avenue
St. Paul, MN 55103
612/296-7646

Ardo Wrobel
Director of MR/DD
Division Bureau of Comprehensive Programs
Department of Public Welfare
Centennial Building
St. Paul, MN 55155
612/296-2160

Minnesota Association for Retarded Citizens, Inc.
State Office
3225 Lyndale Avenue South
Minneapolis, MN 55403
612/827-5641

Regional Minnesota ARC Staff:
Sanna Brovold, Gully, MN
Linda Gress, Moorhead, MN
Mona Rosenberg, St. Cloud, MN
Jean Steffey LaMendola, Willmar, MN
Eleanor Larson, Hadley, MN
Barbara Schultz, Mankato, MN
Christie Downing, Rochester, MN

ARRM 459 Rice Street
St. Paul, MN 612/225-6551

Legal Aid Society of Minneapolis
Legal Advocacy Project
501 Park Avenue
Minneapolis, MN 55415
612/338-0968

APPENDIX VI:

GLOSSARY

"A" AGENCY-STATE COMPREHENSIVE
HEALTH PLANNING AGENCY

Public body with full-time staff which reviews and has power to take formal action on recommendations on various projects relating to health. Recommendations by the "B" Agency regarding the 1122 Review are referred to the "A" Agency for formal approval.

AMBULATORY

Able to walk independently and negotiate any barriers without assistance, e.g., as may be necessary to get in and out of the facility.

ANSI REGULATIONS

An American National Standards Institute Code. ICF/MR regulations require facilities to meet the ANSI for making buildings and facilities available to, and usable by, persons who are physically handicapped.

AREA BOARD OR AREA MENTAL HEALTH
PROGRAM

Public nonprofit corporation which:

- 1) Serves as the comprehensive coordinating and planning agents for MH/MR programs;
- 2) Negotiates for the purchase of such programs and services to develop a comprehensive MH/MR program for the area (one or more counties) which it serves.

"B" AGENCY-AREA-WIDE COMPREHENSIVE
HEALTH PLANNING AGENCY

Public nonprofit regional organization with a full-time staff and a council comprised of a majority of consumers which makes recommendations to "A" Agency on various projects relating to health.

CERTIFICATE OF NEED/1122 CAPITAL
EXPENDITURE REVIEW

Review of a proposed residential project required before any capital expenditures for residential facilities may be made through Title XIX.

CERTIFICATION

As referred to in this document, recognition that standards and regulations are being met in order to receive federal Medical Assistance monies.

<u>COST OF CARE</u>	<p>Minnesota rule governing the administration of reimbursement to county welfare boards for the cost of boarding care outside state institutions for children who are mentally retarded. Cost of Care is:</p> <ol style="list-style-type: none">1) An eligibility procedure for determining the maximum financial liability of parents for their children (up to age 13) residing in private residential facilities; and2) An administrative procedure for the reimbursement to county welfare boards of up to 70% of the cost of residential care not borne by the parents or other resources.
<u>DAY ACTIVITY CENTER (DAC'S)</u>	<p>A day program of less than 24 hours serving more than four persons who have cerebral palsy or mental retardation. Centers providing formal, structured classes for retarded preschool-age children or adults and for school-age children who have been demitted from the public school system.</p>
<u>DEVELOPMENTAL DISABILITY</u>	<p>A disability which:</p> <ol style="list-style-type: none">1) Is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other similar neurological conditions related to mental retardation.2) Originates before age 18 years and is expected to continue indefinitely.3) Constitutes a substantial handicap to the individual.
<u>DIRECT CARE STAFF</u>	<p>Staff who work directly with persons who are mentally retarded.</p>
<u>EXECUTIVE OFFICER</u>	<p>The individual appointed by the governing body of a facility to act in its behalf in the overall management of the facility. Job titles may include, but are not limited to, superintendent, director and administrator.</p>
<u>GOVERNING BODY</u>	<p>The policy-making authority, whether an individual or group, that exercises general direction over the affairs of a facility and establishes policies about its operation and the welfare of the individuals it serves.</p>

<u>ICF/MR REGULATIONS</u>	Regulations promulgated by the Federal Department of Health, Education and Welfare under the Social Security Act governing Intermediate Care Facilities for persons who are mentally retarded and related conditions.
<u>INDEPENDENT LIVING SKILLS</u>	Behavior necessary for living in the community. Skills include transportation, maintenance of clothes and living area, personal hygiene, money management, group living and recreation, etc.
<u>INTERDISCIPLINARY TEAM</u>	A team of persons representing professions, disciplines, or service areas as are relevant in each particular case, often including parents, the resident, and the referring agency. The interdisciplinary team shall evaluate the resident's needs, plan an individualized program to meet identified needs and periodically review the resident's response to his program.
<u>LICENSING</u>	State rules and regulations which must be met to qualify as a legal operation of a service.
<u>LIFE SAFETY CODE</u>	Regulations which govern fire and emergency safety measures in both new and existing construction. This model has been adopted in the ICF/MR regulations.
<u>MEDICAL ASSISTANCE/TITLE XIX</u>	The federal funding base that provides a percentage of federal per diem reimbursement for eligible residents in certified Intermediate Care Facilities.
<u>MENTAL RETARDATION</u>	Significant subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.
<u>MENTAL RETARDATION PROGRAM DIVISION</u>	The division of the Department of Public Welfare that is mandated to coordinate those services relating to mental retardation.
<u>MINNESOTA DEPARTMENT OF HEALTH TECHNICAL TRAINING AND CONSULTATION UNIT</u>	Team of professionals which provide consultation to health facilities. Team members include a dietician, occupational and physical therapists, a pharmacist, nurse, speech pathologist and an education coordinator.

<u>MR GENERALIST/MR COORDINATOR</u>	The staff person designated responsible for planning and coordination of services for persons who are mentally retarded at the Area Board level. This person is responsible for assessing area need for day and residential program development.
<u>MINNESOTA SUPPLEMENTAL AID</u>	MSA is a welfare program established to provide additional financial assistance to aged, blind and disabled persons whose living needs cannot be adequately met with the benefits being received under the Federal SSI Program.
<u>MOBILE</u>	Ability to move independently from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.
<u>MULTIPLE HANDICAPPED</u>	An incoordinative or sensory disability (that may or may not include mental retardation) that culminates in significant reduction of mobility, flexibility, coordination or perception and interferes with an individual's ability to function independently.
<u>NON-AMBULATORY</u>	Inability to walk independently or without assistance.
<u>NON-MOBILE</u>	Inability to move independently from place to place.
<u>NONPROFIT, CORPORATION OR ORGANIZATION</u>	One in which no part of the net earnings may lawfully financially benefit any private stockholder or individual.
<u>NORMALIZATION PRINCIPLE</u>	Philosophy that the patterns and conditions of everyday life, as well as the norms of the mainstream of society, are available as close to the norm as possible to people who are developmentally disabled.
<u>PROPRIETARY AGENCY, CORPORATION OR ORGANIZATION</u>	A general corporation in which part of the net earnings may lawfully financially benefit any private stockholder or individual. Additionally, in the State of Minnesota, most general corporations in this field will also qualify as limited dividend sponsors. May be sole proprietorship, partnership, business corporation, etc.
<u>RESIDENT</u>	Individual who receives service from a residential facility.

RESIDENTIAL FACILITY

A residential service that has a physical plant and an administrative organization and/or structure for the purpose of providing room, board, training and supervision for more than four individuals who are mentally retarded.

RULE 34

Minnesota licensing regulations governing the programmatic operation of any facility or service engaged in the provision of residential services for more than four persons who are mentally retarded.

RULE 52

Minnesota funding regulation for determining per diem reimbursement rates for ICF/MR providers under the Title XIX Medical Assistance Program and for providers reimbursed through Cost of Care.

RULE 30

Minnesota licensing regulation which establishes standards for residential facilities and services providing for five or more persons who are physically handicapped.

SUPERVISED LIVING FACILITY

A facility which provides lodging, meals, supervision and developmental habilitative services in accordance with provisions of rules of the Department of Public Welfare (i.e., Rule 34, Rule 52) to five or more persons who are mentally retarded, chemically dependent, mentally ill or physically handicapped*. "

SUPERVISED LIVING FACILITY
LICENSE -SLF

Regulations of the Minnesota State Board of Health for construction, equipment, maintenance and operation of Supervised Living Facilities.

SUPPLEMENTAL SECURITY INCOME
(SSI)

A program, effective January 1, 1974, of supplemental security income for aged, blind and disabled people with limited income and resources.

SUPPORTIVE SERVICES

Program and/or services provided by the community in conjunction with the facility program. Services offered by a community may include health services, schools, recreation, DACs, mental health services, etc.

TECHNICAL ASSISTANCE
PROJECT -MR DIVISION,
DEPARTMENT OF PUBLIC
WELFARE

Federally funded project which provides technical assistance to existing and developing residential programs to meet licensure and certification standards.

UNIFORM BUILDING CODE

National code which incorporates all codes governing the physical structure of a facility. The Code regulates and controls the design, construction, quality of materials, use and occupancy, location and maintenance of all buildings and structures.

WORK ACTIVITY CENTER
(WAC)

Program offering work activity or work adjustment skills. This program is designed to develop vocational and personal behavior based upon individual potential and disability needs. The program utilizes a work setting supplemented by supervisor and counseling.