

**Total Annual Insurance-Related Expenditures  
by Residence**

**For All Ages**

Residence Type	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized
Out-of-State	0					
Home of Parent or Guardian	421	\$585,108	\$1,746,544	\$1,390	\$4,149	33.5%
Independent Living or Supported Living	1	\$2,480	\$10,800	\$2,480	\$10,800	23.0%
Developmental Center/State Hospital	0					
Correctional Institution	0					
Community Care Facility (CCF)	0					
ICF Facility & Continuous Nursing	0					
Skilled Nursing Facility (SNF)	0					
Foster Home, Children	0					
Family Home, Adults	0					
Psychiatric Treatment Facility	0					
Rehabilitation Center	0					
Acute General Hospital	0					
Sub-Acute	0					
Community Treatment Facility	0					
Hospice	0					
Transient/Homeless	0					
Other	0					
<b>Totals:</b>	<b>422</b>	<b>\$587,588</b>	<b>\$1,757,344</b>	<b>\$1,392</b>	<b>\$4,164</b>	<b>33.4%</b>

**For Birth to age 2 years, inclusive**

Out-of-State	0					
Home of Parent or Guardian	173	\$168,178	\$407,963	\$972	\$2,358	41.2%
Independent Living or Supported Living	0					
Developmental Center/State Hospital	0					
Correctional Institution	0					
Community Care Facility (CCF)	0					
ICF Facility & Continuous Nursing	0					
Skilled Nursing Facility (SNF)	0					
Foster Home, Children	0					
Family Home, Adults	0					
Psychiatric Treatment Facility	0					
Rehabilitation Center	0					
Acute General Hospital	0					
Sub-Acute	0					
Community Treatment Facility	0					
Hospice	0					
Transient/Homeless	0					
Other	0					
<b>Totals:</b>	<b>173</b>	<b>\$168,178</b>	<b>\$407,963</b>	<b>\$972</b>	<b>\$2,358</b>	<b>41.2%</b>

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.

**Total Annual Insurance-Related Expenditures  
by Residence**

**For age 3 years to 21 years, inclusive**

Residence Type	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized
Out-of-State	0					
Home of Parent or Guardian	244	\$405,071	\$1,290,320	\$1,660	\$5,288	31.4%
Independent Living or Supported Living	0					
Developmental Center/State Hospital	0					
Correctional Institution	0					
Community Care Facility (CCF)	0					
ICF Facility & Continuous Nursing	0					
Skilled Nursing Facility (SNF)	0					
Foster Home, Children	0					
Family Home, Adults	0					
Psychiatric Treatment Facility	0					
Rehabilitation Center	0					
Acute General Hospital	0					
Sub-Acute	0					
Community Treatment Facility	0					
Hospice	0					
Transient/Homeless	0					
Other	0					
<b>Totals:</b>	<b>244</b>	<b>\$405,071</b>	<b>\$1,290,320</b>	<b>\$1,660</b>	<b>\$5,288</b>	<b>31.4%</b>

**For age 22 years and older**

Out-of-State	0					
Home of Parent or Guardian	4	\$11,859	\$48,260	\$2,965	\$12,065	24.6%
Independent Living or Supported Living	1	\$2,480	\$10,800	\$2,480	\$10,800	23.0%
Developmental Center/State Hospital	0					
Correctional Institution	0					
Community Care Facility (CCF)	0					
ICF Facility & Continuous Nursing	0					
Skilled Nursing Facility (SNF)	0					
Foster Home, Children	0					
Family Home, Adults	0					
Psychiatric Treatment Facility	0					
Rehabilitation Center	0					
Acute General Hospital	0					
Sub-Acute	0					
Community Treatment Facility	0					
Hospice	0					
Transient/Homeless	0					
Other	0					
<b>Totals:</b>	<b>5</b>	<b>\$14,339</b>	<b>\$59,060</b>	<b>\$2,868</b>	<b>\$11,812</b>	<b>24.3%</b>